NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

November 30 – December 1, 2022

Zoom

https://zoom.us/j/5886256671

Meeting ID: 5886256671

Please do not remove the book from the meeting room.

Nevada State Board of Pharmacy

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

Date Posted: November 18, 2022

AMENDED AGENDA

◈ PUBLIC NOTICE ◈

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday November 30, 2022, at 9:00 am. The meeting will continue, Thursday, December 1, 2022, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

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

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

Please Note:

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

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

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

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

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

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

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

◈ CONSENT AGENDA ◈

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

3. Approval of Board Meeting Minutes (**FOR POSSIBLE ACTION)**

   A. October 12-13, 2022
   B. November 18, 2022

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

   A. Bili Blanket Baby – Boulder, CO
   B. Medline Industries, LP – Tracy, CA
   C. Medline Industries, LP – Grayslake, IL
   D. Oticon Medical, LLC – Somerset, NJ
   E. Prism Medical Products, LLC – Elkin, NC

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

   Background Check Not Required by Law.

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

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

   F. AkaRx, Inc – Durham, NC
   G. American Health Services Sales Corp – Mettawa, IL
   H. BIOTRONIK, Inc. – Lake Oswego, OR
   I. Cintas Corporation No.2 – Middletown, OH
   J. CivicaScript LLC – Lehi, UT
   K. Cosette Pharmaceuticals NC Laboratories, LLC – Lincolnton, NC
   L. Leadiant Biosciences, Inc. – Gaithersburg, MD
   M. Medical Purchasing Solutions, LLC – Hilliard, OH
   N. Thea Pharma Inc – Lexington, MA
   O. Top Quality Manufacturing, LLC – Santa Fe Springs, CA

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

P. 3M Medical Solutions – Fresno, CA
Q. Cardinal Health 200, LLC – Jefferson, GA
R. Fennec Pharmaceuticals, Inc. – Hoboken, NJ
S. JG Pharma, Inc. – Scottsdale, AZ
T. Journey Medical Corporation – Scottsdale, AZ
U. Opiant Pharmaceuticals, Inc. – Santa Monica - CA

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

V. Dee Veterinary Products, LLC – Miami Gardens, FL

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

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

W. AbbVie US LLC – North Chicago, IL
X. Brasseler U.S.A. Dental, LLC – Savannah, GA
Y. Mirum Pharmaceuticals, Inc. – Foster City, CA

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

4.2.8 Background checks completed in compliance with NRS 639.500.

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

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

Z. 3M Medical Solutions – Las Vegas, NV

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

AA. DHL Supply Chain (USA) – Reno, NV

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

BB. Genoa Healthcare LLC (Maryland Pkwy)– Las Vegas, NV
CC. Genoa Healthcare LLC (Flamingo Rd) – Las Vegas, NV

4.5 Applications for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6944) – Non-appearance **(FOR POSSIBLE ACTION)**

DD. DME Healthcare Partners – Las Vegas, NV

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

EE. Musely Compounding Pharmacy – Salt Lake City, UT
FF. Park Compounding Pharmacy – Westlake Village, CA

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

GG. Fresenius Medical Care North America – Knoxville, TN
HH. Manifest Pharmacy – Greer, SC
II. Mosaic Pharmacy Service – Sterling, VA
JJ. NuFactor, Inc. – Flower Mound, TX
KK. Roman Health Pharmacy LLC – Peachtree Corners, GA
LL. Santa Barbara Specialty Pharmacy, LLC – Carpinteria, CA
MM. The Pharmacy Hub LLC – Miami, FL

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

NN. Canyon Ridge Surgery Center – Las Vegas, NV

◈ REGULAR AGENDA ◈

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

A.	CVS Pharmacy #10861	(18-008-PH-S)
B.	Yuna Eun, RPH	(18-008-RPH-A-S)
C.	Cynthia To, RPH	(18-008-RPH-B-S)
D.	CVS Pharmacy #9841	(19-257-PH-N)
E.	Rola Mseeh, RPH	(19-257-RPH-N)
F.	Walgreens Pharmacy #4854	(19-100-PH-S)
G.	Minhquang Nguyen, RPH	(19-100-RPH-S)
H.	Walgreens Pharmacy #4854	(18-021-PH-S)
I.	Minhquang Nguyen, RPH	(18-021-RPH-A-S)
J.	Diana Ebel, RPH	(18-021-RPH-B-S)
K.	Dimitris Efstathiou, RPH	(18-021-RPH-C-S)
L.	Maria Cruz, RPH	(18-021-RPH-D-S)
M.	Cyvada Sutton, APRN	(22-127-PR-S)
N.	Sherellen Gerhart, MD	(22-106-CS-N)
O.	William Smith, MD	(22-065-CS-S)
P.	Josette Spotts, MD	(22-396-CS-S)
Q.	Jonathan Sorelle, MD	(22-027-CS-S)
R.	Keith A. Breiland, MD	(20-180-CS-S)
S.	Rebecca Reilly, APRN	(22-154-PR-S)

T. Samuel Mujica-Trenche, MD (22-057-CS-S)
U. David Ludlow, MD (22-067-CS-S
V. Maria Regalado, MD (22-066-CS-S)
W. Complete Pharmacy and Medical Solutions LLC (22-082-PH-O)
X. Esan Forde, RPH (22-081-RPH-O)
Y. Susan Bell, APRN (21-084-CS-S)

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

A. Bazaar European Deli & Café (21-208-N)

7. Hearing on summary suspension pursuant NRS 233B.127(3). **(FOR POSSIBLE ACTION)**

Antonio Darrel Childs, PTT (22-353-PTT-S)

8. Hearing on Petition for Reconsideration of the Findings of Facts, Conclusions of Law and Order pursuant to NRS 233B.130(4). **(FOR POSSIBLE ACTION)**

A. Las Vegas Scripts Rx (19-243-PH-S)
B. Nathan Edouard, RPH (19-243-RPH-S)

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

A. Always Your Pharmacy LLC – Las Vegas, NV
B. St. Mary Pharmacy – Las Vegas, NV
C. Trinity Express Pharmacy – Las Vegas, NV

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

B2B Delivery, LLC – Las Vegas, NV - Background checks completed in compliance with NRS 639.500.

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

A. Maquet Cardiovascular, LLC – Wayne, NJ – Background Check Not Required – Manufacturer (NAC 639.593(7)(d))
B. Optime Care, Inc. – Earth City, MO – Background Check Not Required - VAWD-Accredited (NAC 639.593(7)(c))

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

A. Mayra Hernandez

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

    Danniel Garibay

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

    A. Bart Anderson
    B. Min Oh
    C. James Rotoli

15. Application for Pharmacist Registration by Score Transfer NRS 639.134) – Appearance (**FOR POSSIBLE ACTION**)

    Cesar Cabrera

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

    A. Kiarash Mirkia
    B. Rebecca Reilly
    C. James Zubernis

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

    A. Irfan Mirza
    B. Anjmun Sharma

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

    A. Quyen Nhu Doan
    B. Michelle Hon
    C. Maribeth Moran
    D. Catherine Oswald
    E. Kaylee Putney
    F. Bradley Rassuchine
    G. Ean Tucker
    H. Matthew Williams

19. Discussion and possible action on approval of Asher College as a program of training for pharmaceutical technicians pursuant to NAC 639.256. **(FOR POSSIBLE ACTION)**

20. Approval of Oncology Group Practice – Dispensing Practitioner Shared Inventory Site Application. **(FOR POSSIBLE ACTION)**

21. Discussion on audit by Casey Neilon pursuant to NRS 218G.400 for fiscal year ending June 30, 2022.

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

23. Executive Secretary Report:

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

◈ PUBLIC HEARING ◈

Thursday December 1, 2022 – 9:00 am

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

    A. **Amendment to Nevada Administrative Code (NAC) 453B.** The proposed amendments to NRS 453B broaden the previously established Cancer Drug Donation Program to include prescription drugs generally. The proposed amendments also define “donated prescription drug” and establish requirements for a person or a pharmacy to participate in the Prescription Drug Donation Program. (LCB File R007-22)

    B. **Amendment to Nevada Administrative Code (NAC) 639**. The proposed amendments establish the process and qualifications for a person to obtain a certificate of registration as a dispensing technician in training and a dispensing technician. (LCB File R178-22)

    C. **Amendment to Nevada Administrative Code (NAC) 639**. The proposed amendment authorizes the operation of an automated drug dispensing system at sites of certain governmental agencies. (LCB File R179-22)

    D. **Amendment to Nevada Administrative Code (NAC) 639**. The proposed amendments authorize practitioners working in reproductive healthcare center to utilize an automated dispensing device located at the practice site to dispense

reproductive health medications to their patients; establishes requirements that a reproductive healthcare center must follow when using such an automated drug dispensing system. (LCB File R180-22)

25. Date and Location of Next Scheduled Board Meeting:

December 8, 2022 - Via Videoconference at Zoom: https://zoom.us/j/5886256671 or Via Teleconference at 1 (669) 900-6833 Meeting ID: 588 625 6671.

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

27. Adjournment

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

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

Continuing Education credit will be given for in person attendance at this Board meeting pursuant to NAC 639.330(1)(b)(2).

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

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NEVADA STATE BOARD OF PHARMACY

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

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

• Web Page: bop nv.gov

MINUTES

October 12-13, 2022

BOARD MEETING

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, October 12, 2022, at 9:00 am. The meeting will continue, Thursday, October 13, 2022, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

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

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

Board Members Present:

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

Board Staff Present:

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

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

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

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

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

2. Public Comment October 12, 2022, 9:00 AM

There was no public comment.

◈ CONSENT AGENDA ◈

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

3. Approval of the September 7-8, 2022, Meeting Minutes (**FOR POSSIBLE ACTION)**

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve September 7-8, 2022, Board Meeting minutes.

Second: Wayne Mitchell

Action: Passed unanimously.

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

A. CCS Medical – Roanoke, VA
B. Lofta – La Jolla, CA

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

Background Check Not Required by Law.

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

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

C. AuroMedics Pharma LLC – East Windsor, NJ
D. Cognoa, Inc. – Palo Alto, CA

E. Curae Pharma360 Inc. – San Francisco, CA
F. Gynesonics, Inc. – Redwood City, CA
G. Hepalink USA Inc. – Langhorne, PA
H. House Rx Specialty Distribution LLC – Memphis, TN
I. Lumicell, Inc. – Newton, MA
J. Melinta Therapeutics, LLC – Lincolnshire, IL
K. Oliva Therapeutics, LLC – Ridgewood, NJ

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

L. Cardinal Health 200, LLC – Chicopee, MA
M. Cardinal Health 200, LLC – Deland, FL
N. Cardinal Health 200, LLC – Fort Mill, SC
O. Cardinal Health 200, LLC – Wabasha, MN

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

P. Life-Assist, Incorporated – Rancho Cordova, CA

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

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

Q. Acer Therapeutics Inc. – Newton, MA
R. Assertio Distribution, LLC – Lake Forest, IL
S. Cardinal Health 200, LLC – El Paso, TX
T. Cardinal Health 200, LLC – El Paso, TX
U. Seagen Inc. – Bothell, WA

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

V. Cardinal Health 200 LLC – Atlanta, GA
W. Cardinal Health 200, LLC – Earth City, MO
X. Cardinal Health 200, LLC – Swedesboro, NJ

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

Y. Bound Tree Medical, LLC – Grand Prairie, TX
Z. Bound Tree Medical, LLC – Jacksonville, FL
AA. LogiCare3PL – Olive Branch, MS

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

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

BB. 3M Medical Solutions – Sparks, NV

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

CC. City Pharmacy II – Las Vegas, NV
DD. Platinum Medical LTC – Las Vegas, NV

4.5 Applications for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6944) – Non-appearance **(FOR POSSIBLE ACTION)**

EE. Boutique at Renown – Reno, NV

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the Consent Agenda.

Second: Rolf Zakariassen

Action: Passed unanimously.

◈ REGULAR AGENDA ◈

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

A. Craig Harding (21-146-PT-S)

Craig Harding did not appear for his hearing.

No representative appeared on his behalf.

Courtney Lee, General Counsel for the Nevada Board of Pharmacy, prosecuted the case regarding Mr. Harding changing the beyond use date on oral syringe labels of dexamethasone 4mg/ml.

Ms. Lee called Darlene Nases as a witness.

Darlene Nases appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Lee questioned Ms. Nases on serving Mr. Harding with the Notice of Intended Action and Accusation.

Ms. Nases confirmed that she sent the Notice of Intended Action and Accusation by certified mail to Mr. Harding's last address of record.

Ms. Lee requested the Board to enter Exhibit 1, proof of personal service, into the record.

President Park entered Exhibit 1 into the record.

Ms. Lee commented that Ken Scheuber, Nevada Board of Pharmacy Investigator, personally served Mr. Harding the Notice of Hearing at his last known address.

Ms. Lee requested the Board to enter Exhibits 2-4 into the record, which included Craig Harding's statement to UMC, Craig Harding's statement to Board's investigator, and photographs of changed dexamethasone oral syringes.

President Park admitted Exhibits 2-4.

Board Action:

Motion: President Park moved to find that Craig Harding was properly noticed of the hearing and served the Notice of Intended Action and Accusation.

Second: Wayne Mitchell

Action: Passed unanimously.

President Park wanted confirmation that Mr. Harding did not request a continuance.

Ms. Lee confirmed that no continuance was requested.

Ms. Lee requested the Board find that they have jurisdiction consistent with paragraph 1 of the Notice of Intended Action and Accusation.

Board Action:

Motion: Wayne Mitchell moved to find that the Board has jurisdiction consistent with paragraph 1 of the Notice of Intended Action and Accusation.

Second: Krystal Freitas

Action: Passed unanimously.

Ms. Lee requested the Board to find the Findings of Fact consistent with paragraphs 2-11 of the Notice of Intended Action and Accusation.

Board Action:

Motion: President Park moved to make Findings of Fact consistent with paragraph 2-11 of the Notice of Intended Action and Accusation.

Second: Wayne Mitchell

Action: Passed unanimously.

Ms. Lee requested the Board to make Conclusions of Law consistent with paragraphs 19-21 in the Notice of Intended Action and Accusation.

Board Action:

Motion: Wayne Mitchell moved to make Conclusions of Law consistent with paragraph 19-21 of the Notice of Intended Action and Accusation.

Second: Krystal Freitas

Action: Passed unanimously.

Ms. Lee requested the Board to enter the attorney's fees and cost as Exhibit 5.

President Park admitted as Exhibit 5.

Ms. Lee requested that the Board make a finding that the attorney's fees and costs were reasonable, necessary, and actually incurred.

Board Action:

Motion: Wayne Mitchell moved to award the attorney's fees and costs of $856.50 on the basis that they were reasonable, necessary, and actually incurred.

Second: Gener Tejero

Action: Passed unanimously.

Ms. Lee proposed the following penalties for Craig Harding Certificate of Registration No. PT01062: 1) revoke registration for a period of one year; 2) pay a fine of $1,000 for the violations; and 3) pay attorney's fees and costs of $856.50.

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve the penalties for Craig Harding Certificate of Registration No. PT01062 as proposed by Ms. Lee.

Second: Wayne Mitchell

Board discussion ensued on if Mr. Harding will need to appear before the Board for reinstatement.

Mr. Wuest confirmed.

Action: Passed unanimously.

B.	Walgreens Pharmacy #4854	(18-055-PH-A-S)
C.	Walgreens Pharmacy #7864	(18-055-PH-B-S)
D.	Minhquang Nguyen, RPH	(18-055-RPH-A-S)
E.	Maria Cruz, RPH	(18-055-RPH-B-S)
F.	Tina Rizzolo, RPH	(18-055-RPH-C-S)

Gener Tejero disclosed that he has a business relationship with William Stilling but stated that he could participate in this matter fairly and without bias.

Krystal Freitas disclosed that she used to worked with Tina Rizzolo but stated that she could participate in this matter fairly and without bias.

William Stilling appeared as joint counsel on behalf of all Respondents.

Minhquang Nguyen, Managing Pharmacist, and Holly Prievo, Healthcare Supervisor for Walgreen's, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Mr. Stilling commented that Maria Cruz was dismissed, so she is not present for the hearing. In addition, Tina Rizzolo may be attending via Zoom but is retired and no longer is with Walgreen's.

Courtney Lee prosecuted the case regarding a misfill for a duplicate and mislabeled tramadol prescription dispensed for the wrong patient with the wrong prescriber's name.

Ms. Lee commented that the Notice of Intended Action and Accusation has Respondent Minhquang misspelled as "Minquang".

Ms. Lee presented a proposed Stipulation and Order for the Board's consideration.

The stipulated penalties for Minhquang Nguyen Certificate of Registration No. 15913 are the following: 1) pay a fine of $1,000 for the violations; 2) pay $500 to partially reimburse the Board for recoverable attorney's fees and investigative costs; and 3) shall complete two

hours of continuing education regarding proper dispensing practices and/or medication review which shall be forwarded to Board's staff within 90 days of this Order.

The disciplinary action for Maria Cruz Certificate of Registration No. 18166 shall be dismissed.

The stipulated penalties for Tina Rizzolo Certificate of Registration No. 17665 are the following: 1) pay a fine of $1,000 for the violations; and 2) pay $500 to partially reimburse the Board for recoverable attorney's fees and investigative costs.

The stipulated penalties for Walgreens #4854 Pharmacy License No. PH01293 are the following: 1) pay a fine of $2,000 for the violations; and 2) pay $1,000 to partially reimburse the Board for recoverable attorney's fees and investigative costs.

The stipulated penalties for Walgreens #7864 Pharmacy License No. PH01293 are the following: 1) pay a fine of $2,000 for the violations; and 2) pay $1,000 to partially reimburse the Board for recoverable attorney's fees and investigative costs.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the Stipulation and Order for Tina Rizzolo, Walgreen's #4854, and Walgreen's #7864 as presented by Ms. Lee.

Second: Krystal Freitas

Action: Passed unanimously.

G. Walgreens Pharmacy #4854 (18-067-PH-S)
H. Soyoung Eom, RPH (18-067-RPH-S)

William Stilling appeared as counsel on behalf of all Respondents.

Soyoung Eom appeared and was sworn in by President Park prior to answering questions and offering testimony.

President Park disclosed that she went to school with Soyoung Eom but stated that she could participate in this matter fairly and without bias.

Holly Prievo, Healthcare Supervisor for Walgreens, appeared and is still sworn in from a previous matter.

Courtney Lee prosecuted the case regarding a misfill of a prescription for montelukast 10 mg with the wrong drug, sildenafil 20 mg.

Ms. Lee presented a Stipulation and Order for the Board's consideration.

The stipulated penalties for Soyoung Eom Certificate of Registration No. 18126 are the following: 1) pay a fine of $1,000 for the violations; and 2) pay $500 to partially reimburse the Board for recoverable attorney's fees and investigative costs.

The stipulated penalties for Walgreens #4854 Pharmacy License No. PH01293 are the following: 1) pay a fine of $2,000 for the violations; and 2) pay $1,000 to partially reimburse the Board for recoverable attorney's fees and investigative costs.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the Stipulation and Order for Soyoung Eom and Walgreen's #4854 as presented by Ms. Lee.

Second: Krystal Freitas

Action: Passed unanimously.

I.	Walgreens Pharmacy #4137	(18-072-PH-S)
J.	Hiep Tran, RPH	(18-072-RPH-A-S)
K.	Thuthaporn Wongse-Sanit, RPH	(18-072-RPH-B-S)

William Stilling appeared as counsel on behalf of all Respondents.

Holly Prievo, Healthcare Supervisor for Walgreens, appeared and is still sworn in from a previous matter.

Krystal Freitas disclosed that she knows Thuthaporn Wongse-Sanit but stated that she could participate in this matter fairly and without bias.

Hiep Tran and Thuthaporn Wongse-Sanit appeared and were sworn in by President Park prior to answering questions and offering testimony.

Courtney Lee prosecuted the case regarding a misfill for the wrong dose of morphine sulfate 30 mg instead of the correct dosage of 15 mg.

Ms. Lee presented a Stipulation and Order for the Board's consideration.

The stipulated penalties for Hiep Tran Certificate of Registration No. 17091 are the following: 1) pay a fine of $1,000 for the violations; and 2) pay $500 to partially reimburse the Board for recoverable attorney's fees and investigative costs.

The stipulated penalties for Thuthaporn Wongse-Sanit Certificate of Registration No. 16891 are the following: 1) pay a fine of $1,000 for the violations; and 2) pay $500 to partially reimburse the Board for recoverable attorney's fees and investigative costs.

The stipulated penalties for Walgreens #4137 Pharmacy License No. PH01132 are the following: 1) pay a fine of $2,000 for the violations; and 2) pay $1,000 to partially reimburse the Board for recoverable attorney's fees and investigative costs.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the Stipulation and Order for Hiep Tran, Thuthaporn Wonse-Sanit, and Walgreen's #4137 as presented by Ms. Lee.

Second: Gener Tejero

Action: Passed unanimously.

L. Samuel Mujica-Trenche, MD (22-057-CS-S)

This matter was continued to a future Board Meeting.

N. Walgreens Pharmacy #5311 (19-027-PHN-S)
O. Rena Dawn Carrera, RPH (19-027-RPH-S)
P. Genevieve Balingit, PT (19-027-PT-S)

Krystal Freitas disclosed that Rena Dawn Carrera was a classmate but stated that she could participate in this matter fairly and without bias.

William Stilling appeared as counsel on behalf of Walgreen's Pharmacy #5311 only.

Holly Prievo, Healthcare Supervisor for Walgreens, appeared and is still sworn in from a previous matter.

Rena Dawn Carrera appeared and was sworn in by President Park prior to answering questions and offering testimony.

Genevieve Balingit was not present for the hearing.

Courtney Lee prosecuted the case regarding Genevieve Balingit falsely indicating that she had a high school diploma when she applied as a pharmaceutical technician in training.

DRAFT

Ms. Lee presented a proposed Stipulation and Order (only for Walgreen's #5311) for the Board's consideration.

Board discussion ensued.

The Board would like to address Rena Dawn Carrera's case before considering Walgreen's proposed Stipulation and Order.

Ms. Lee prosecuted the case regarding Respondent Carrera. Respondent Carrera agreed to stipulate to the facts as presented in the Accusation.

Ms. Lee requested the Board to enter Exhibits 1-2 into the record, which included Balingit's Walgreens employment application in May 2015 and Balingit's application as a pharmaceutical technician in training with the Board dated December 12, 2015.

Ms. Carrera has no objections to Exhibits 1-2.

President Park admitted Exhibits 1-2.

Ms. Lee requested that the Board dismiss disciplinary action against Ms. Carrera based on testimony regarding the pharmaceutical technician in training waiver.

Mr. Stilling agrees with dismissing Ms. Carrera if the Board determines that dismissal is appropriate.

Ms. Carrera provided testimony and commented that she thought that Ms. Balingit had a high school diploma since she was already working at the pharmacy prior to her becoming the Managing Pharmacist of pharmacy.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to dismiss the disciplinary action against Rena Dawn Carrera.

Second: Rolf Zakariassen

Action: Passed unanimously.

Ms. Lee prosecuted the case regarding Respondent Balingit.

Genevieve Balingit was not present for the hearing.

Ms. Lee requested the Board find that Ms. Balingit was properly served and noticed for the hearing on page 1343 of the Board Book.

Board Action:

Motion: President Park moved to find that Genevieve Balingit was properly served and noticed for the hearing.

Second: Wayne Mitchell

Board staff commented that the witness is usually called to confirm the Certificate of Service.

President Park withdrew her motion, and Wayne Mitchell withdrew his second motion.

Ms. Lee called Kristopher Mangosing as a witness.

Kristopher Mangosing appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Lee questioned Mr. Mangosing on serving Ms. Balingit with the Notice of Intended Action and Accusation.

Mr. Mangosing confirmed that he sent the Notice of Intended Action and Accusation by certified mail.

Ms. Lee requested the Board find that Ms. Balingit was properly served and noticed for the hearing.

Board Action:

Motion: President Park moved to find that Genevieve Balingit was properly served notice for the hearing.

Second: Wayne Mitchell

Action: Passed unanimously.

Ms. Lee requested that Exhibits 1-2 from Carrera's case be entered into the record for Ms. Balingit.

President Park admitted Exhibits 1-2 into the record.

Ms. Lee requested that based upon the Accusation beginning on page 1309 of the Board Book, that the Board make a finding that it has jurisdiction over Respondent Balingit consistent with paragraph 1.

Board Action:

Motion: Krystal Freitas moved to find that the Board has jurisdiction consistent with paragraph 1 of the Notice of Intended Action and Accusation.

Second: Rolf Zakariassen

Action: Passed unanimously.

Ms. Lee requested the Board to find the Findings of Fact consistent with paragraphs 2-8 of the Notice of Intended Action and Accusation.

President Park commented that paragraph 6 should be removed due to Carrera's case being dismissed.

Board Action:

Motion: President Park moved to make Findings of Fact consistent with paragraph 2-8 of the Notice of Intended Action and Accusation, with the modification to paragraph 6.

Second: Krystal Freitas

Action: Passed unanimously.

Ms. Lee requested the Board to make Conclusions of Law consistent with paragraph 17 in the Notice of Intended Action and Accusation.

Board Action:

Motion: Krystal Freitas moved to make Conclusions of Law consistent with paragraph 17 of the Notice of Intended Action and Accusation.

Second: Rolf Zakarissen

Action: Passed unanimously.

Me. Lee requested the Board to enter attorney's fees and costs as Exhibit 3.

President Park admitted into the record as Exhibit 3.

Board Action:

Motion: Gener Tejero moved to award the attorney's fees and costs of $116.25 on the basis that they were reasonable, necessary, and actually incurred.

Second: Wayne Mitchell

Action: Passed unanimously.

Ms. Lee recommended the following penalties for Respondent Genevieve Balingit, Certificate of Registration No. PT17726: 1) Revoke the PTT registration of Respondent Balingit for one year; 2) pay a fine of $1,000 for the violations; and 3) pay $116.25 to partially reimburse the Board for recoverable attorney's fees and costs.

Board Action:

Motion: Wayne Mitchell moved to approve the penalties for Respondent Genevieve Balingit Certificate of Registration No. PT17726 as proposed by Ms. Lee.

Second: Gener Tejero

Action: Passed unanimously.

Ms. Lee returned to prosecuting Walgreen's #5311 case.

Ms. Lee presented an amended Stipulation and Order for Walgreen's #5311 with the removal of paragraph 7B and 7C, modification to 7D, and removal of Respondent Carrera.

Mr. Stilling had no objections to the proposed amendments.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the amended Stipulation and Order for Walgreen's #5311 as proposed by Ms. Lee.

Second: Rolf Zakariassen

Action: Passed unanimously.

6. Hearing on summary suspension pursuant NRS 233B.127(3). **(FOR POSSIBLE ACTION)**

   Morgan Towler, PTT

Morgan Towler did not appear for her hearing.

No representative was present on her behalf.

Courtney Lee prosecuted case no. 22-096 regarding Ms. Towler's hearing on the summary suspension order by the Executive Secretary if he determines that there is an emergent situation that impacts the safety, health, or welfare of the public.

Ms. Lee called Kristopher Mangosing as a witness.

Kristopher Mangosing is still sworn in from a previous matter.

Ms. Lee questioned Mr. Mangosing on serving Ms. Towler with the summary suspension order and notice of hearing.

Mr. Mangosing confirmed that he certified and mailed out the summary suspension order and notice of hearing to Ms. Towler.

Ms. Lee requested the Board find that Ms. Towler was properly served and noticed for the hearing.

Board Action:

Motion: President Park moved to find that Morgan Towler was properly served and noticed for the hearing.

Second: Krystal Freitas

Action: Passed unanimously.

Ms. Lee requested the Board to enter Exhibits 1-3 into the record, which included a voluntary statement from Morgan Tower, Las Vegas Metropolitan Police report, and statement from Kerry Otero, Walgreens pharmacy manager.

President Park admitted Exhibits 1-3.

Ms. Lee requested that the Board continue the suspension of Morgan Towler's Certificate of Registration No. PT23168 based on the evidence presented.

Board Action:

Motion: President Park moved to suspend Morgan Towler's Certificate of Registration No. PT23168 based on the evidence presented by Ms. Lee.

Second: Wayne Mitchell

Action: Passed unanimously.

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

M. CVS Pharmacy #8779 (19-067-PH-N)

Rolf Zakariassen recused himself due to his employment with CVS.

Brian Convery, CVS Representative, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan, General Counsel for the Nevada Board of Pharmacy, prosecuted the case regarding the pharmacy's failure to keep accurate records of controlled substances.

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

The stipulated penalties for CVS #8779 Pharmacy License No. PH01613 are the following: 1) pay a fine of $1,000 for the violations; and 2) pay $500 to partially reimbursed the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Mr. Convery commented that this was an old issue, but CVS has fixed their systems so this does not happen again.

Dave Wuest agrees that CVS has fixed this issue.

Jade Jacobo recused herself due to her employment with CVS.

Board discussion ensued.

Board Action:

Motion: President Park moved to approve the Stipulation and Order for CVS Pharmacy #8779 as presented by Mr. Keegan.

Second: Wayne Mitchell

Action: Passed unanimously (Jacobo and Zakariassen recused).

Q. David Khuzistani, RPH (20-186-RPH-A-N)
R. Jason Rasmussen, RPH (20-186-RPH-B-N)
S. CVS Pharmacy #8801 (20-186-PH-N)

Jade Jacobo and Rolf Zakariassen recused themselves due to their employment with CVS.

Brian Convery appeared as a representative on behalf of Jason Rasmussen and CVS Pharmacy #8801. Mr. Convery is still sworn in from a previous matter.

Terry Johnson appeared as counsel on behalf of David Khuzistani.

David Khuzistani was not present for the hearing.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case regarding a misfill which resulted in harm to a patient.

Mr. Kandt presented a Stipulation and Order for the Board's consideration for CVS #8801 and. Mr. Rasmussen.

The stipulated penalties for Jason Rasmussen Certificate of Registration No. 19298 are the following: 1) public reprimand; 2) pay a fine of $1,000 for the violations; and 3) complete two extra hours of continuing education (CE) on error prevention.

The stipulated penalties for CVS #8801 Pharmacy License No. PH01613 are the following: 1) pay a fine of $2,000 for the violations; and 2) pay $750 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the Stipulation and Order for CVS #8801 and Jason Rasmussen as presented by Mr. Kandt.

Second: Krystal Freitas

Action: Passed unanimously (Jacobo and Zakariassen recused).

Mr. Kandt presented a Stipulation and Order for the Board's consideration for David Khuzistani.

The stipulated penalties for David Khuzistani Certificate of Registration No. 19725 are the following: 1) public reprimand; 2) pay a fine of $500 for the violations; and 3) complete two extra hours of continuing education (CE) on error prevention.

Board discussion ensued.

Board Action:

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

Second: Wayne Mitchell

Action: Passed unanimously (Jacobo and Zakariassen recused).

T. Heather Carroll, APRN (22-025-CS-N)

Tracy Singh appeared as counsel on behalf of Heather Carroll.

Heather Carroll was not present for the hearing.

Brett Kandt prosecuted the case regarding Heather Carroll who served as the Medical Director for Tahoe Cosmetics, LLC and ShellBelle Beauty Nurse, LLC. She allowed Shelly Martin, Registered Nurse, to act under her authority as practitioner to operate and have access to dangerous drugs without proper supervision.

Shelley Martin was sent a Cite and Fine letter which she has paid the fine.

Mr. Kandt presented a Stipulation and Order for the Board's consideration.

The stipulated penalties for Heather Carroll Certificate of Registration No. CS25399 are the following: 1) public reprimand; 2) pay a fine of $5,000 for the violations; 3) pay $1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and 4) policies and procedures are in place at the practice to ensure all laws are complied with in regards to a bona fide relationship and ordering, possessing, administering, and/or dispensing dangerous drugs.

Board discussion ensued.

Board Action:

Motion: President Park moved to approve the Stipulation and Order for Heather Carroll as presented by Mr. Kandt.

Second: Rolf Zakariassen

Action: Passed unanimously.

U. Morgan Grace Nicholson, PT (22-012-PT-N)

No representative present on behalf of Morgan Grace Nicholson.

Brett Kandt commented that Ms. Nicholson is receiving treatment in Oregon which is why she is not present.

Mr. Kandt prosecuted the case regarding Ms. Nicholson being under the influence while performing the duties as a pharmaceutical technician at Raley's Pharmacy #113.

Mr. Kandt presented a Stipulation and Order for the Board's consideration.

The stipulated penalties for Morgan Grace Nicholson Certificate of Registration No. PT23427 are the following: 1) forfeit registration upon expiration pursuant to NRS 639.186 and shall not engage in practice as a pharmaceutical technician; and 2) must appear before the Board if she intends to apply for any license or permit by this Board.

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve the Stipulation and Order for Morgan Grace Nicholson as presented by Mr. Kandt.

Second: Wayne Mitchell

Action: Passed unanimously.

L. Samuel Mujica-Trenche, MD (22-057-CS-S)

This matter was continued to a future Board Meeting.

V. Keith A. Breiland, MD (20-180-CS-S)

This matter was continued to a future Board Meeting.

18. Executive Secretary Report:

A. Financial Report

Dave Wuest provided the financial report to the Board's satisfaction.

Board discussion ensued.

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

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

Board discussion ensued.

Public Comment October 12, 2022, 1:42 PM

There was no public comment.

President Park recessed the meeting for the night and reconvened the meeting the next morning.

Board Members Present:

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

Board Staff Present:

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

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

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

Call to Order and Roll Call – Establishment of Quorum

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

Public Comment October 13, 2022, 9:00 AM

Dr. Maureen Strohm, Board Certified Addiction Medicine Specialist and Family Physician in Nevada & Program Director for Nevada's Only and First Ever Addiction Medicine Fellowship for Physicians, commented that they are having trouble dispensing a lifesaving medicine – diamorphine to patients. Regulation File R087-22 is one step to remove barriers to care for patients who need medication-assisted treatment. It will allow practitioners provide access to care for patients who face difficulty accessing treatments.

◈ PUBLIC HEARING ◈

Thursday October 13, 2022 – 9:00 am

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

A. **Amendment to Nevada Administrative Code (NAC) 639**. The proposed amendments authorize who is registered with the Board to dispense controlled substances and practices in a hospital or independent center for emergency medical care to dispense a controlled substance that has been federally approved for the treatment of opioid use disorder without a certificate of registration to dispense controlled substances or dangerous drugs at the specific site where he or she practices. (LCB File R087-22)

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

President Park opened the floor to public comment.

Maureen Strohm requested clarification on if physicians can dispense directly from the Emergency Room (ER).

Mr. Wuest answered Ms. Strohm's question.

Lea Case from the Nevada Psychiatric Association expressed support of this proposed amendment.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to adopt the proposed Amendment to Nevada Administrative Code (NAC) 639. (LCB File R087-22)

Second: Rolf Zakariassen

Action: Passed unanimously.

B. **Amendment to Nevada Administrative Code (NAC) 639**. The proposed amendments establish the requirements for a group of practitioners practicing at a reproductive healthcare center to obtain a certificate of registration from the State Board of Pharmacy to maintain a single inventory of certain dangerous drugs for dispensing at a site of practice. (LCB File R181-22)

Brett Kandt provided background on public hearing item and prosed language changes.

President Park opened the floor to public comment.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to adopt the proposed Amendment to Nevada Administrative Code (NAC) 639. (LCB File R181-22)

Second: Gener Tejero

Action: Passed unanimously.

◈ WORKSHOP ◈

Thursday October 13, 2022 – 9:00 am

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

A. **Amendments to Nevada Administrative Code (NAC) 639.** The proposed amendments will add the American Red Cross as a provider of certification in life-saving techniques.

Yenh Long, Deputy Secretary of the Nevada Board of Pharmacy, provided background on proposed workshop item.

The Board suggested broadening the language so other providers can reach out to the Board to be considered a provider.

Board discussion ensued.

President Park opened the floor to public comment.

There was no public comment.

Board Action:

Motion: Gener Tejero moved to approve proposed regulation with modification to include other programs approved by the Board to Nevada Administrative Code (NAC) 639 and move to public hearing.

Second: Wayne Mitchell

Action: Passed unanimously.

B. **Amendment to the Nevada Administrative Code ("NAC") 453.** The proposed amendments concern the process by which persons apply to the Board to obtain a certificate of registration to dispense controlled substances, pursuant to NRS 453.226, and provide other matters properly relating thereto.

Brett Kandt provided background on proposed workshop item.

Mr. Kandt commented that an amendment should be made to the language on page 2222 of the Board Book. It should state 453.310.

Board discussion ensued.

President Park opened the floor to public comment.

There was no public comment.

Board Action:

Motion: Krystal Freitas moved to approve proposed regulation with modification to 453.210 to Nevada Administrative Code (NAC) 453.310 and move to public hearing.

Second: President Park

Action: Passed unanimously.

C. **Amendment to the Nevada Administrative Code ("NAC") 639.** The proposed amendments relate to the licensing requirements for facilities for treatment with narcotics and provide other matters properly relating thereto.

Brett Kandt provided background on proposed workshop item.

Board discussion ensued.

President Park opened the floor to public comment.

There was no public comment.

Board Action:

Motion: Gener Tejero moved to approve proposed regulation to Nevada Administrative Code (NAC) 639 and move to public hearing.

Second: Krystal Freitas

Action: Passed unanimously.

◈ REGULAR AGENDA ◈

16. Discussion and Determination related to security in the pharmacy. (**FOR POSSIBLE ACTION)**

Dave Wuest provided background on agenda item regarding pharmacies not being built with a five-foot wall or not having a dead bolt lock for Board discussion.

President Park opened the floor to public comment.

There was no public comment.

Board discussion ensued regarding re-evaluating the language.

Mr. Wuest will work with the industry and bring back proposed language after the legislative session.

7. Application for Ambulatory Surgery Center License (NAC 639.4992) - Appearance **(FOR POSSIBLE ACTION)**

B. Queensridge Surgery Center, LLC – Las Vegas, NV

Robert Lerma, Administrator, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Courtney Lee provided background on application and disclosures for Mary Grear regarding a grant funds investigation which she was cleared of and several disclosures for Dr. Michael Crovetti regarding back wages owed, negligent malpractice, a foreign substance left in a patient's body, misplacement of artificial implants in a patient's left knee, and neglect of patient's condition after surgery.

The Board questioned Mr. Lerma on the business model for the surgery center.

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

Ms. Grear commented that the surgery center will have the same policies and procedures as the other location in Coronado.

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve Ambulatory Surgery Center License for Queensridge Surgery Center, LLC.

Second: Gener Tejero

Action: Passed unanimously.

A. Surgery Nevada LLC – Reno, NV

Rick Williams, Clinical Director, and Ken Fernandes, Consultant Pharmacist, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan provided background on application.

The Board questioned Surgery Nevada LLC on their business model.

Mr. Williams and Mr. Fernandes answered questions to the Board's satisfaction.

Board Action:

Motion: Gener Tejero moved to approve Ambulatory Surgery Center License for Surgery Nevada LLC.

Second: Wayne Mitchell

Action: Passed unanimously.

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

A. Accumix Pharmacy – Elmhurst, IL

Marco Onoroto, Director of Pharmacy and Managing Pharmacist, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge provided background on application.

Mr. Dodge questioned on the business model, products being shipped into Nevada, last inspection results, and experience with sterile products.

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

Board discussion ensued.

Board Action:

Motion: President Park moved to approve Out-of-State Compounding Pharmacy License for Accumix Pharmacy.

Second: Wayne Mitchell

Action: Passed unanimously.

B. American Outcomes Management, LP – Fort Worth, TX

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

Shaylynn Veeder appeared as counsel on behalf of American Outcomes Management, LP.

Joe Dodge provided background on application regarding a change of ownership.

Ms. Veeder explained the change of ownership to the Board.

Mr. Dodge questioned on the business model, products being shipped into Nevada, cleaning procedures, and the results of their last state inspection.

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

Mr. Dodge questioned if they would like to remove the sterile compounding affidavit in the application as they are shipping sterile products into Nevada.

Ms. Veeder requested the affidavit be removed from the application.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Out-of-State Compounding Pharmacy License change of ownership for American Outcomes Management, LP.

Second: President Park

Action: Passed unanimously.

10. Applications for Nevada Medical, Devices, Equipment and Gases License

(NAC 639.6944) – Appearance **(FOR POSSIBLE ACTION)**

Wellness Essentials Inc. – Las Vegas, NV

Hripsime Madaryan, MDEG Administrator, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan provided background on application.

The Board questioned Ms. Madaryan on the business model, products provided, and what Ms. Madaryan has been doing since she has been hired.

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

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve the Nevada Medical Devices, Equipment, and Gases License for Wellness Essentials Inc.

Second: Krystal Freitas

Action: Passed unanimously.

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

The Ritedose Corporation – Columbia, SC

Julia Bales, Supervising Pharmacist, and Sarah Elizabeth Reed, Pharmacist, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge provided background on application regarding a change of ownership.

Mr. Dodge questioned on the change of ownership, any changes in the company, and their FDA inspection results.

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

Mohammed Sadeghi, Vice President of Quality, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Sadeghi provided further clarification on FDA inspection results to the Board.

Mr. Dodge recommends Board to request a statement from The Ritedose Corporation regarding FDA findings from November 5, 2021, to present.

Board discussion ensued.

Board Action:

Motion: Gener Tejero moved to approve the Out-of-State Outsourcing Facility change of ownership for The Ritedose Corporation pending satisfactory statement regarding FDA findings.

Second: Krystal Freitas

Action: Passed unanimously.

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

A. Integrated Medical Systems, Inc. – Henderson, NV – Background Check completed in compliance with NRS 639.500

Pat Diorio, President, and Laura Sexton, Vice President of Operations, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan provided background on application and disclosure for the Designated Representative regarding underage consumption of alcohol.

Mr. Medina was not present for the appearance due to COVID.

Board discussion ensued on if they should table application due to Mr. Medina not being present to answer questions his disclosure.

The Board questioned Integrated Medical Systems on the business model and if they have any disciplinary action in other states.

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

Board Action:

Motion: President Park moved to approve Nevada Wholesaler License for Integrated Medical Systems, Inc pending review of Manuel Medina's disclosure documents by Board staff.

Second: Rolf Zakariassen

Action: Passed unanimously.

B. Norco, Inc. – Elko, NV – Background Check completed in compliance with NRS 639.500
C. Norco, Inc. – Winnemucca, NV – Background Check completed in compliance with NRS 639.500

Roger Hudgens, Manager, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan provided background on application and disclosures regarding unlicensed activity for the Winnemucca location and for James Kissler regarding a DUI and business litigations.

Mr. Keegan wanted clarification on the Certificate of Liability as it does not reflect the Nevada locations.

Mr. Hudgens answered that the Certificate of Liability will cover all Norco locations.

The Board questioned Norco on the business model, products being shipped into Nevada, and their disclosures.

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

Board discussion ensued.

Board Action:

Motion: Gener Tejero moved to approve Nevada Wholesaler License for Norco, Inc for Elko and Winnemuca locations.

Second: Krystal Freitas

Action: Passed unanimously.

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

A. Skeletal Dynamics Inc. – Miami, FL – Background Check Not Required - Manufacturer (NAC 639.593(7)(d))

Tom Donaldson and Michael Rosen appeared as counsel on behalf of Skeletal Dynamics, Inc.

Anna Escagedo, President, and Tom Norman, Chief Operations Officer, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Courtney Lee provided background on application and disclosures regarding unlicensed wholesaling activity, a workman's compensation and personal injury complaint, a patent dispute relating to medical device, and Ms. Escagedo disclosure regarding a family estate pro-rate dispute.

Ms. Lee wanted to clarify that Mr. Norman provided an updated application to reflect the correct experience hours as the Designated Representative.

The Board questioned Skeletal Dynamics Inc on the business model.

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

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve Out-of-State Wholesaler License for Skeletal Dynamics Inc.

Second: Wayne Mitchell

Action: Passed unanimously.

B. Stemline Therapeutics, Inc. – New York, NY – Background Check Not Required - Manufacturer (NAC 639.593(7)(d))

Jeffrey Levitt appeared as counsel on behalf of Stemline Therapeutics, Inc.

Courtney Lee provided background on application and disclosure regarding securities violation.

Ms. Lee wanted clarification as they are non-publicly traded but at one time were publicly traded due to their disclosure.

Mr. Levitt answered that they were bought out by an Italian pharmaceutical company which is why they are now non-publicly traded.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve Out-of-State Wholesaler License for Stemline Therapeutics, Inc.

Second: Rolf Zakariassen

Action: Passed unanimously.

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

A. Leslie Baker

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

Rolf Zakarissen disclosed that Leslie Baker is a coworker but stated that he could participate in this matter fairly and without bias.

Dave Wuest provided background on application on her request to engage in the practice of pharmacy at a site other than a licensed pharmacy.

Ms. Baker explained the services that she intends to practice outside of a licensed pharmacy.

The Board questioned Ms. Baker on how she deals with helping patients who are apprehensive on getting help and if she works with the patient's actual practitioner.

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

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve Leslie Baker's request to engage in the practice of pharmacy at a site other than a licensed pharmacy.

Second: President Park

Action: Passed unanimously.

B. Arnitta Singh

Arnitta Singh appeared and was sworn in by President Park prior to answering questions and offering testimony.

President Park disclosed that she knows Arnitta Singh but stated that she could participate in this matter fairly and without bias.

Dave Wuest provided background on application on her request to engage in the practice of pharmacy at a site other than a licensed pharmacy.

Ms. Singh explained the services that she intends to practice outside of a licensed pharmacy.

Ms. Singh wanted to clarify that she is already providing these services, but she found through a recent inspection that she needed approval by the Board.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve Arnitta Singh's request to engage in the practice of pharmacy at a site other than a licensed pharmacy.

Second: Rolf Zakariassen

Action: Passed unanimously.

15. Request for Pharmacist Applicant to Retake the NAPLEX Exam (NRS 639.120(1)) – Appearance: **(FOR POSSIBLE ACTION)**

    Chris Huynh

Chris Huynh appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Huynh is requesting the Board to allow him to take the NAPLEX Exam for a sixth time.

President Park questioned what happened with his past tests and what he intends to do if he is granted another opportunity to take the NAPLEX Exam.

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

Board discussion ensued.

Board Action:

Motion: Gener Tejero moved to allow Chris Huynh to take the NAPLEX exam for the sixth time.

Second: Wayne Mitchell

Action: Passed unanimously.

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

A. NDOC ESP Pharmacy – Ely, NV
B. NDOC FMWCC Pharmacy – Las Vegas, NV
C. NDOC HDSP Pharmacy – Indian Springs, NV
D. NDOC LCC Pharmacy – Lovelock, NV
E. NDOC NNCC Pharmacy – Carson City, NV
F. NDOC SDCC Pharmacy – Indian Springs, NV

President Park recused herself from this item as she will be appearing as a representative.

Wayne Mitchell acted as the presiding officer on President Park's behalf.

Helen Park, Pharmacy Director for Nevada Department of Corrections, appeared and was sworn in by Wayne Mitchell prior to answering questions and offering testimony.

Dave Wuest provided background on application.

The Board questioned on the business model and current processes at the facilities.

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

Board discussion ensued.

Board Action:

Motion: Gener Tejero moved to approve Nevada Pharmacy License for the following locations: NDOC ESP Pharmacy, NDOC FMWCC Pharmacy, NDOC HDSP Pharmacy, NDOC LCC Pharmacy, NDOC LCC Pharmacy, NDOC NNCC Pharmacy, and NDOC SDCC Pharmacy.

Second: Rolf Zakariassen

Action: Passed unanimously (Park recused).

22. Public Comment October 12, 2022, 12:38 PM

There was no public comment.

21. Date and Location of Next Scheduled Board Meeting:

November 30, 2022 – December 1, 2022 – Las Vegas, NV

23. Adjournment

DRAFT

3B

NEVADA STATE BOARD OF PHARMACY

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

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

• Web Page: bop nv.gov

MINUTES

November 18, 2022

BOARD MEETING

The Nevada State Board of Pharmacy will conduct a meeting beginning Friday, November 18, 2022, at 9:00 am. The meeting will continue until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely at the following location:

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

Board Members Present:

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

Board Members Absent:

Wayne Mitchell

Board Staff Present:

Dave Wuest	Yenh Long	Shirley Hunting	Kristopher Mangosing
Brett Kandt	Peter Keegan		

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

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

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

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

2. Public Comment November 18, 2022, 9:00 AM

There was no public comment.

3. Discussion and possible action to file notice of appeal from the Judgement and Order Granting Petition for Writ of Mandamus and Request for Declaratory Relief entered on October 26, 2022, in *Cannabis Equity and Inclusion Community, et al., vs. Nevada State Board of Pharmacy,* Eighth Judicial District Court Case No. A-22-851232-W. Note: The Board may exclude the public for a report on potential or existing litigation pursuant to NRS 241.015(3)(b}(2). **(FOR POSSIBLE ACTION)**

Mr. Kandt provided background information on the outcome of the Cannabis Equity and Inclusion Community vs. Nevada State Board of Pharmacy lawsuit and requested the Board provide Board Staff with direction moving forward.

The Board discussed the outcome of the case and potential options moving forward.

After discussion, the Board agreed that filing an appeal and moving for a stay of the Court's Order would be in the best interest of the public's safety and welfare.

Board Action:

Motion: Richard Tomasso moved to authorize Board Staff to file a Notice of Appeal in the *Cannabis Equity and Inclusion Community, et al., vs. Nevada State Board of Pharmacy*, District Court Case No. A-22-851232-W and concurrently file for a stay of the Court's Order until the appeal has been resolved.

Second: Jade Jacobo

Action: Passed unanimously

4. Public Comment November 18, 2022, 9:30 AM

There was no public comment.

5. Date and Location of Next Scheduled Board Meeting:

November 30, 2022 – December 1, 2022 – Las Vegas, NV

6. Adjournment

DRAFT

4

4A

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

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

Section 1: General Information

Facility Name: Bili Blanket Baby

MDEG Physical Address: 4450 Arapahoe Ave Suite 100

City: Boulder State: CO Zip: 80303

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 877-593-2454 Website: www.biliblanketbaby.com

Email: orders@biliblanketbaby.com

Name of MDEG Administrator (NAC 639.694): Emma Rukhotskiy

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

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon:	■ Tue:	■ Wed:	■ Thurs:	■ Fri:
■ Sat:	■ Sun:	■ Holidays: 8am-8pm MT every day of the year		

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

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
Medicaid for State of Colorado Location ID:28567510

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

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

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Colorado

Parent Company (if any): _____

Corporation/Organization Name: Bili Blanket Baby

Mailing Address: 4450 Arapahoe Ave Suite 100

City: Boulder State: CO Zip: 80303

Telephone: 8775932454 Email: orders@biliblanketbaby.com

Contact Person Name: Emma Rukhotskiy

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon:	■ Tue:	■ Wed:	■ Thurs:	■ Fri:
■ Sat:	■ Sun:	■ Holidays: 8am-8pm MT every day of the year		

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

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
Medicaid for State of Colorado Location ID: 28567510

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

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

   a) A practicing health professional; or

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

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

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

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

Emma Rukhotskiy
Print Name of Authorized Person Submitting Application

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

Oct 7, 2022
Date

Board Use Only	Date Received: 10-12-22	Amount: 500.00 CC

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Bili Blanket Baby

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

Physical Address: 4450 Arapahoe Ave Suite 100

City: Boulder State: CO Zip: 80303

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 877-593-2454 Website: www.biliblanketbaby.com

Licensing Company Email: orders@biliblanketbaby.com

Section 2: Personal Information

First: Emma Middle: Last: Rukhotskiy

Alias(es, nicknames, name changes, etc.): maiden name- Emma Oakley

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

Mailing Address: [redacted] Hancock Drive

City: Boulder State: CO Zip: 80303

Telephone: [redacted] Email: emma@biliblanketbaby.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
University of Illinois at Chicago		08/2006-12/2014	
Address	**City**	**State**	**Zip**
385 Winnetka Ave	Chicago	IL	60607
Diploma/Degree obtained, if any			
PhD, MA			

School Name		From - To (MM/YY – MM/YY)	
University of Colorado at Boulder		08/1999-08/2003	
Address	**City**	**State**	**Zip**
1669 Euclid Ave	Boulder	CO	80309
Diploma/Degree obtained, if any			
BA			

School Name		From - To (MM/YY – MM/YY)	
Singapore American School		08/1996-6/1999	
Address	**City**	**State**	**Zip**
40 Woodlands Street 41	Singpoare		738547
Diploma/Degree obtained, if any			
High School Dipoloma			

School Name		From - To (MM/YY – MM/YY)	
New Trier High School		08/1995-06/1996	
Address	**City**	**State**	**Zip**
385 Winnetka Ave	winnetka	IL	60093
Diploma/Degree obtained, if any			

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/2015-present	[redacted] Hancock Drive	Boulder	CO	80303
08/2013-09/2015	[redacted] 37th Street	Boulder	CO	80303
2008-2013	[redacted] Cowper Ave	Evanston	IL	60201
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name: Bili Blanket Baby			From - To (MM/YY – MM/YY): 10/2014-present
Business Address: 4450 arapahoe ave suite 100	City: boulder	State: CO	Zip: 80303
Phone: 8775932454	Title: owner/founder		
Description of Duties: service equipment, make outbound sales calls, handle billing, council family on bili blanket usage			

Business Name: U Illinois at Chicago			From - To (MM/YY – MM/YY): 08/2006-2014
Business Address: 385 Winnetka Ave	City: Chicago	State: IL	Zip: 60607
Phone: (312) 996-7000	Title: Graduate student teacher and teaching assistant		
Description of Duties: be a teaching assistant and teach classes			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

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

Emma Rukhotskiy

Print Name (First, Last)

Emma Rukhotskiy

Original Signature (electronic, copies or stamps not accepted)

10/07/2022

Date

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

State of ~~DOROTHY STOWE~~ COLORADO, ss. County of BOULDER

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

Emma Rukhotskiy

Original Signature

10/07/2022

Date

Subscribed and Sworn to before me this 7 day of OCT.

Notary Public Signature

DOROTHY STOWE

DOROTHY STOWE
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20224010149
MY COMMISSION EXPIRES MARCH 14, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

NAC 639.694

1. **Each medical products provider or medical products wholesaler shall employ an administrator at all times. The administrator must:**
   a. Be a natural person;
   b. Have a high school diploma or its equivalent;
   c. Have:
      i. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
      ii. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
   d. Be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
   e. Be approved by the Board.
2. The administrator shall ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.
3. A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business days after the beginning of the employment.
4. A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

NAC 639.6946

1. Except as otherwise provided in NAC 639.6945, a medical products provider shall:
   a. Provide services for all medical products sold, leased or otherwise provided by the medical products provider, including, without limitation, set up, repair and maintenance.
   b. Employ an administrator and other employees sufficient to provide the services described in paragraph (a).

NAC 639.6957

1. A medical products wholesaler shall:
   a. Employ a facility administrator and other employees sufficient to operate, set up, repair, maintain and service all medical products sold, leased or otherwise provided by the medical products wholesaler.

Please mail this completed application and all other required documents with your MDEG and/or Wholesaler Application to the address indicated above.

If you have any questions, please contact the Nevada State Board of Pharmacy at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Bili Blanket Baby MDEG License # (if applicable): _____

Physical Address: 4450 Arapahoe Ave Suite 100

City: Boulder State: CO Zip: 80303

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 8775932454 Website: www.biliblanketbaby.com

Licensing Company Email: no license required in state of Colorado for DME

Section 2: Personal Information

First: Emma Middle: Louise Last: Rukhotskiy

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

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

Mailing Address: [redacted] Hancock Drive

City: Boulder State: CO Zip: 80303

Telephone: [redacted] Email: emma@biliblanketbaby.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
University of Illinois at Chicago		08/2006-12/2014	
Address	City	State	Zip
385 Winnetka Ave	Chicago	IL	60607
Diploma/Degree obtained, if any			
PhD, MA			

School Name		From - To (MM/YY – MM/YY)	
University of Colorado at Boulder		08/1999-08/2003	
Address	City	State	Zip
1669 Euclid Ave	Boulder	CO	80309
Diploma/Degree obtained, if any			
BA			

School Name		From - To (MM/YY – MM/YY)	
Singapore American School		08/1996-6/1999	
Address	City	State	Zip
40 Woodlands Street 41	Singpoare		738547
Diploma/Degree obtained, if any			
High School Dipoloma			

School Name		From - To (MM/YY – MM/YY)	
New Trier High School		08/1995-06/1996	
Address	City	State	Zip
385 Winnetka Ave	winnetka	IL	60093
Diploma/Degree obtained, if any			

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/2015-present	[redacted] Hancock Drive	Boulder	CO	80303
08/2013-09/2015	[redacted] 37th Street	Boulder	CO	80303
2008-2013	[redacted] Cowper Ave	Evanston	IL	60201

See Attached.

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Bili Blanket Baby			10/2014-present	
Business Address		**City**	**State**	**Zip**
4450 Arapahoe Ave Suite 100		Boulder	CO	80303
Phone	**Title**		**Number of Employed Hours**	
8775932454	owner/founder		~31,000	
Description of Duties				
owner, founder, service medical equipment, clean/disinfect equipment, council families on appropriate use of equipment, work with medical team at hospitals and clinics to process referrals, coordinate with delivery drivers, make outbound calls				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

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

I, Emma Rukhotskiy, **certify that as the MDEG Administrator for**

Bili Blanket Baby,

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

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

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

Emma Rukhotskiy

Print Name (First, Last)

Emma Rukhotskiy

Original Signature (electronic, copies or stamps not accepted)

10/07/2022

Date

Board Use Only	Date Received:

BILI BLANKET Baby NPI- 1134505290

LIST OF ALL OFFICERS AND DIRECTORS

1. EMMA RUKHOTSKIY- 100%

Gmail Bili Blanket Baby, LLC <biliblanketbaby@gmail.com>

RE: DME Licensure confirmation

Kathleen Wallace <Kathleen.Wallace@sos.state.co.us> Fri, Aug 18, 2017 at 11:30 AM
To: "Bili Blanket Baby, LLC" <biliblanketbaby@gmail.com>
Cc: Durable Medical Equipment <dme@sos.state.co.us>, Carla Hoke <Carla.Hoke@sos.state.co.us>, Alberta Bennett <Alberta.Bennett@sos.state.co.us>

Dear Dr. Rukhotskiy,

Pursuant to Colorado DME Statute §24-21-115, C.R.S., the licensing requirements apply solely to a person or entity that either:

1. Currently bills or plans to bill the Medicare program for services or products listed in the Centers for Medicare and Medicaid Durable Medical Equipment, Prosthetics, Orthotics, and Supplies competitive bid product categories in the state of Colorado [note: even if the person or entity is not actually bidding];

OR

2. Intends to bid for services or products listed in the Centers for Medicare and Medicaid Durable Medical Equipment, Prosthetics, Orthotics, and Supplies competitive bid product categories in the state of Colorado in the current calendar year.

Because you have confirmed that neither of these situations apply to Bili Blanket Baby, LLC, **you do not need to apply for a DME License through the State of Colorado.**

Should your company grow to the point that your situation changes, please feel free to contact us and we would be happy to help you with the application process.

Please feel free to submit this email directly to the insurance company who requested it. I would also be happy to answer any questions they may have.

I wish you the best of luck in your future business endeavors.

Yours Truly,

Kathleen Wallace

Kathleen Wallace | Legal Analyst/DME Specialist

Colorado Secretary of State's Office

1700 Broadway, Ste. 200, Denver, CO. 80290

Office: 303.860.6971

Email: Kathleen.Wallace@SOS.STATE.CO.US



From: Bili Blanket Baby, LLC [mailto:biliblanketbaby@gmail.com]
Sent: Friday, August 18, 2017 10:33 AM
To: Kathleen Wallace <Kathleen.Wallace@SOS.STATE.CO.US>
Cc: Durable Medical Equipment <dme@sos.state.co.us>; Carla Hoke <Carla.Hoke@SOS.STATE.CO.US>; Alberta Bennett <Alberta.Bennett@SOS.STATE.CO.US>
Subject: Re: DME Licensure confirmation

Ms Wallace,

Thank you so much for the thoughtful response and your willingness to put in writing that I do not need a license. This will be important for me to have on file as my company grows.

I looked at the short list on the link you provided and a bili blanket for home phototherapy (CPT-E0202) is not listed as a competitive bid product.

In addition, the exemption *may* apply. Specifically this portion:

(V) A person or entity that supplies or provides devices directly to a practitioner identified in 42 U.S.C. sec. 1395u (18) (C) or a physician that require a prescription for dispensing to the patient as part of his or her own services, whether mailed to the practitioner or physician for fitting or directly mailed to the patient.

The bili blankets are provided by me directly to patients either through them picking up at my

offices or via courier service or overnight mail. A prescription is always required from a pediatrician in order to dispense the equipment.

Thank you,

Emma

Emma Rukhotskiy, PhD

Owner

Bili Blanket Baby, LLC

720-593-BILI

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

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

Bili Blanket Baby LLC

is a

Corporation

formed or registered on 10/27/2014 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20141658009 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/05/2022 that have been posted, and by documents delivered to this office electronically through 10/07/2022 @ 14:41:12 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 10/07/2022 @ 14:41:12 in accordance with applicable law. This certificate is assigned Confirmation Number 14372948 .

Jena Griswold

Secretary of State of the State of Colorado

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

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

POLICY NUMBER: MHPK08012307

COMMERCIAL GENERAL LIABILITY
CG DS 01 10 01

COMMERCIAL GENERAL LIABILITY DECLARATIONS

Arch Insurance Company **PO Box 119, 200 Bay Street, Suite 3100** **Toronto, ON M5J2J3** **Phone: 866-413-5550**	**McNeil & Company, Inc.** **P.O. Box 5670** **67 Main Street** **Cortland, NY 13045**

NAMED INSURED: Bili Blanket Baby, LLC.
MAILING ADDRESS: 4450 Arapahoe Avenue, Suite 100
Boulder, CO 80303
POLICY PERIOD: FROM 02/02/2022 TO 02/02/2023 AT 12:01 A.M. TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT	$1,000,000	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	$100,000	Any one premises
MEDICAL EXPENSE LIMIT	$5,000	Any one person
PERSONAL & ADVERTISING INJURY LIMIT	$1,000,000	Any one person or organization
GENERAL AGGREGATE LIMIT		$3,000,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT		$3,000,000

RETROACTIVE DATE (CG 00 02 ONLY)

THIS INSURANCE DOES NOT APPLY TO "BODILY INJURY", "PROPERTY DAMAGE" OR "PERSONAL AND ADVERTISING INJURY" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.

RETROACTIVE DATE: None
(ENTER DATE OR "NONE" IF NO RETROACTIVE DATE APPLIES)

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

☐ INDIVIDUAL ☐ PARTNERSHIP ☐ JOINT VENTURE ☐ TRUST

☒ LIMITED LIABILITY COMPANY ☐ ORGANIZATION, INCLUDING A CORPORATION (BUT NOT INCLUDING A PARTNERSHIP, JOINT VENTURE OR LIMITED LIABILITY COMPANY)

BUSINESS DESCRIPTION: Home Medical Equipment Dealer

© ISO Properties, Inc., 2000

ALL PREMISES YOU OWN, RENT OR OCCUPY	
LOCATION NUMBER	ADDRESS OF ALL PREMISES YOU OWN, RENT OR OCCUPY
See CG DS01 - Supp - Classification Schedule	

CLASSIFICATION AND PREMIUM							
LOCATION NUMBER	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		ADVANCE PREMIUM	
				Prem/ Ops	Prod/Comp Ops	Prem/ Ops	Prod/Comp Ops
See CG DS01 - Supp - Classification Schedule							

	STATE TAX OR OTHER (if applicable)	$ PER ILDS00
	TOTAL PREMIUM (SUBJECT TO AUDIT)	$ 7,364
PREMIUM SHOWN IS PAYABLE:	AT INCEPTION	7,364
	AT EACH ANNIVERSARY	$
	(IF POLICY PERIOD IS MORE THAN ONE YEAR AND PREMIUM IS PAID IN ANNUAL INSTALLMENTS)	

AUDIT PERIOD (IF APPLICABLE)	[X] ANNUALLY	[ ] SEMI-ANNUALLY	[ ] QUARTERLY	[ ] MONTHLY

ENDORSEMENTS
ENDORSEMENTS ATTACHED TO THIS POLICY:
See attached 00 ML0207 00 Forms List

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned: 01/11/2022	By: Brian E Burkhart
(Date)	(Authorized Representative) McNeil & Company, Inc.

NOTE

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT THE COMPANY'S OPTION.

© ISO Properties, Inc., 2000

POLICY NUMBER: MHPK08012307

COMMERCIAL GENERAL LIABILITY SUPPLEMENTAL DECLARATIONS

LOCATION OF PREMISES
Location of All Premises You Own, Rent or Occupy: 4700 Hancock Drive, Boulder, CO 80303 4450 Arapahoe Avenue, Suite 100, Boulder, CO 80303

CLASSIFICATION AND PREMIUM

CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		ADVANCE PREMIUM	
			Prem/Ops	Prod/Comp Ops	Prem/Ops	Prod/Comp Ops
Medical, Hospital and Surgical Equipment and Supplies - rented to others [Includes Products and Completed Ops]	15300	S 800000	9.20500	Incl	Incl	Incl

Total Advance Premium Incl

Certificate of Accreditation

Exemplary Provider® Award

Granted To

Bili Blanket Baby, LLC

4450 Arapahoe Ave Ste 100 Boulder, CO 80303

for demonstrating
Outstanding Healthcare Delivery Practices
and
Compliance to

Safety • Honesty • Caring®

Accreditation Quality Standards

DMEPOS

Durable Medical Equipment, Prosthetics, Orthotics and Supplies

EXPIRATION DATE: NOVEMBER 30, 2022

Sandra Carey

Founder & CEO, The Compliance Team, Inc.

027245

October 02, 2019

Date

DMEPOS
PHARMACY
RURAL HEALTH
PATIENT-CENTERED MEDICAL HOME
CLINIC
PHYSICIAN
INFUSION
OCULARIST



The Promise of
HEALTHCARE
EXCELLENCE

October 10, 2022

To Whom It May Concern:

Thank you for reviewing our application to obtain a DME rental license in the state of Nevada. Enclosed please find:

1- Personal History Application
2- MDEG Administrator Application
3- List of All officers and Directors
4- Proof of No License needed in our home state of Colorado (email printed and attached here)
5- Certificate of Good Standing for State of Colorado
6- Commercial Insurance Declarations page, showing liability
7- MDEG Application
8- Certificate of Accreditation

If you need any more information or have any questions, please feel free to call my cell phone at [redacted]

Thank you

Emma Rukhotskiy

Emma Rukhotskiy, PhD
Founder and Owner
Bili Blanket Baby



Jessette Phaynarikone

From: Bili Blanket Baby <orders@biliblanketbaby.com>
Sent: Wednesday, October 12, 2022 2:28 PM
To: Jessette Phaynarikone
Subject: Re: MDEG Application - Bili Blanket Baby - Boulder, CO
Attachments: MDEG application edit 10.12.pdf

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

Hello Jessette,

Thanks for your email. This does not apply to us. Per your instruction, I have typed N/A, none on the form. Here it is (attached).

Thank you!
Emma

On Wed, Oct 12, 2022 at 3:18 PM Jessette Phaynarikone <jphaynarikone@pharmacy.nv.gov> wrote:

Good afternoon,

We are in receipt of your MDEG Application for Bili Blanket Baby – Boulder, CO. Please be advised that we are missing the below documentation –

MDEG Application – page 3 , section 4 – please write NA or NONE if this not apply to you. (You may email this page back to me)

4B

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
☐ New MDEG ☒ Ownership Change* ☐ Name Change* ☐ Location Change*	* If making a change, provide current license number: M P01384	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9) ☒ Partnership (complete sections 1, 2, 3, 4, 7, 9) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

MDEG Physical Address: 5701 Promontory Pkwy Suite 100

City: Tracy State: CA Zip: 95377

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield State: IL Zip: 60093

Telephone: 209-836-7027 Website: www.medline.com

Email: ralicensing@medline.com

Name of MDEG Administrator (NAC 639.694): Rudy Pena

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

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

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

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
National Medicare Provider# 0428930001
Please see attachment for list of Medical Provider Numbers

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

Name: N/A Credentials: _____ %: _____

Name: N/A Credentials: _____ %: _____

Name: N/A Credentials: _____ %: _____

Name: N/A Credentials: _____ %: _____

Name: N/A Credentials: _____ %: _____

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: Medline Industries, LP

Mailing Address: Three Lakes Drive - 3D

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Email: ralicensing@medline.com

Contact Person Name: Tanya Hughes

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Lara N. Simmons

Print Name of Authorized Person Submitting Application

Lara N Simmons

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

9-19-22

Date

Board Use Only	Date Received: 10-31-22	Amount: 500.00 CK-10123635b

Medline Industries, LP
FEIN 36-2596612

Limited Partnership Partners:

PARTNERS	Business Address	General or Limited	% of Ownership	FEIN
Mozart GP, LLC	Three Lakes Drive Northfield IL 60093	General	0%	87-2508203
Medline Borrower, LP	Three Lakes Drive Northfield IL 60093	Limited	100%	87-2530238

PARENT COMPANY INFORMATION:
Medline Intermediate, LP
FEIN 87-2521736
State of Formation: IL
Managing Members:

BUSINESS ADDRESS AND PHONE NUMBER FOR ALL LISTED HERE:

THREE LAKES DRIVE
NORTHFIELD IL 60093
PHONE #: 847-949-5500

Title	Name	Address
President	Andrew J. Mills	[redacted] Woodbridge Lane Highland Park, IL 60035
CEO	Charles N. Mills	[redacted] Shoreline Court, Glencoe, IL 60022
COO	James D. Abrams	[redacted] Sheridan Road Highland Park, IL 60035
CFO	Michael B. Drazin	[redacted] W. Kingsley Dr., Arlington Heights, IL 60004
President - QA/RA	Lara N. Simmons	[redacted]-60th Street Bristol, WI 53104

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 9TH *day of* MARCH *A.D.* 2022 .

Jesse White

SECRETARY OF STATE

Authentication #: 2206800282

Authenticate at: https://www.ilsos.gov

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Wholesale Drug Permit

LICENSE NO. WLS 6844

ISSUE DATE JANUARY 06, 2016

MEDLINE INDUSTRIES, L.P.

5701 PROMONTORY PARKWAY_STE 100
TRACY CA 95377

The above is licensed with the State Board of Pharmacy as a Corporation.

CORPORATION
JAMES ANTHONY TURNER — EXEMPTEE IN CHARGE

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

PLACE RENEWAL LICENSE HERE

VALID UNTIL JANUARY 01, 2023

RECEIPT NUMBER 00176933

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

In accordance with section 4060 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is NONTRANSFERABLE and must be renewed annually on or before the indicated date. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, shareholder (more than 10 percent share change), designated representative-in-charge, manager or vice president of operations. If you are planning to change location or designated representative-in-charge, the approval must be in advance of the change.

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

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

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

HOME MEDICAL DEVICE RETAIL LICENSE

Medline Industries L.P.
5701 Promontory Parkway
Suite 100
Tracy, CA 95377

LICENSE NUMBER: 115263
EXPIRATION DATE: 12/30/2022

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

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

Printed: 1/5/2022

OSP 07 102308

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/24/2022

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

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

PRODUCER MARSH USA INC. 540 W. MADISON CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-22-23 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries, LP 3 Lakes Dr Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** National Fire & Marine Insurance Co — 20079 **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010059544-36 **REVISION NUMBER:** 3

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			GL 4065036	07/01/2022	07/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	1,000,000 1,000,000 10,000 1,000,000 2,000,000 SEE BELOW
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	2,000,000
B	X **UMBRELLA LIAB** [X] OCCUR **EXCESS LIAB** [ ] CLAIMS-MADE DED [X] RETENTION $ 10,000			42-UMO-100007-10	07/01/2022	07/01/2023	EACH OCCURRENCE AGGREGATE	$ $	10,000,000 10,000,000
A A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [Y] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2022 07/01/2022	07/01/2023 07/01/2023	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000
B	Products/Completed Operations Liability			42-PCO-301515-07	07/01/2022	07/01/2023	Each Occurrence Aggregate		1,000,000 2,000,000

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

Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr, Uxbridge, MA 01569. B56 – 190 Medline Drive, Ste 200, Richmond Hill, GA 31324. C40 – 81 Campanelli Drive, Uxbridge, MA 01569. C42 – 3446 Highway 51 N. Southaven, MS 38672. C59 – 2100 Industrial Park Road, Hammond, LA 70401. D46 – 18601 Christopher Way, Ste 100. Lathrop, CA 95330. MXC – 16415 Cosmos St. Moreno Valley, CA 92551.

SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Marsh USA Inc.

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

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ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA INC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

Branch Locations:
A59 - 19230 S Hi Park LN, Hammond, IN 70403
A36 - 5786 Collett Road, Farmington, NY 14425
B01 - 1 Medline Place, Mundelein, IL 60060,
B02 - 1501 Harris Road, Libertyville, IL 60048,
B04 - NPS - 1160 North point Blvd., Waukegan, IL 60085,
B04 - RC - 1710 Lakeside Drive, Waukegan, IL 60085,
B04 - SPT - 1170 North point Blvd., Waukegan, IL 60085,
B05 - 10601 Southport Drive, Orlando, FL 32824,
B06 - 1 Medline Drive, Wilmer, TX 75172
B22 - 9670 NW 112th Ave., Miami, FL 33178,
B24 - 8001 SW 47th Street, Oklahoma City, OK 73179,
B25 - 1401 N. Universal Ave., Kansas City, MO 64120,
B26 - 650 S Perry Road, Ste 190, Plainfield, IN 46168,
B27 - 8005 SW Hunziker St., Tigard, OR 97223,
B28 - 735 County Road 4 East, Prattville, AL, 36067,
B29 - 13115 Brockton Lane N, Rogers, MN 55374-9571,
B30 - 1900 Meadowville Technology Pkwy.,, Chester, VA 23836,
B31 - 500 Sharkey Drive, Maumelle, AR 72113,
B33 - 917 E Powell Drive, Lincolnton, NC 28092,
B34 - 6645 Change point Drive, Anchorage, AK 99518,
B36 - 1989 Transit Way, Brockport, NY 14420,
B37 - 1659 Sauget Business Blvd., East St. Louis, IL 62206,
B40 - 560 West Street, Mansfield, MA 02048,
B43 - 3800 Commerce Street, SW, Canton, OH 44706,
B44 - 1030 Runway Drive, Stockton, CA 95206,
B45 - 1119 W Middlesex Ave., Port Reading, NJ 07064,
B47A - 2203 Lakeside Boulevard, Edgewood, Maryland 21040,
B48 - 10401 Harrison, Suite 101, Romulus, MI 48174,
B49 - 42500 Winchester Rd, Temecula, CA 92590,
B51 - 60 Athlete's Way Suite 100, MT Juliet TN 37122
B52 - 974 Main Street, Alamo TN 38001
B54 - 3301 Route 6, Middletown, NY 10941,
B57- 8475 Automation Drive, Bldg D, Concord NC 28027
B58- 198 Commercial Blvd, Blakeslee PA 18610
B59 - 149 New Camellia Blvd., Covington, LA 70433,
B64- 308 Church Street, Honea Path SC 29654
B71 - 1781,1831 South 4800 West, Salt Lake City, UT 84104
B80- 2341 Lauwiliwili St, Kapolei HI 96707
B82- 9103 Riverside Parkway, Douglasville , GA
C02 - 2200 Cornerstone Parkway, Grayslake, IL 60030
C03 - 1500 Medline Place, McDonough, GA 30253
C05 - 1062 Old Dixie Highway, Auburndale, FL 33823
C09 - 1960 W Miro Way, Rialto, CA 92376
C11 - 21111 E 36th Drive, Aurora, CO 80011
C37 - 5000 Premier Parkway, Saint Peters, MO 63376
C41- 1040 Enterprise Parkway South, West Jefferson, OH 43162
C46 - 5701 Promontory Parkway, Suite 100, Tracy, CA 95377
C47-239 Belvidere Rd , Perryville MD 21903

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

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ADDITIONAL REMARKS SCHEDULE

AGENCY	NAIC CODE	NAMED INSURED
MARSH USA INC.		Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER		
CARRIER		EFFECTIVE DATE:

ADDITIONAL REMARKS

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

C50 - 8787 W Buckeye Rd, Tolleson, AZ 85353
C53 - 100 Highland Dr, Westampton NJ 08060
C75 - 3770 Hogum Bay Rd NE, Lacey, WA 98516
C89-251 Hilton Dr , Jeffersonville IN, 47130
E15 - 30 Germantown Road, Danbury, CT 06810
C54- 494 St. Route 416, Montgomery, NY 12549.
C57 - 5511 W. Ten Road, Mebane, NC 27302.

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NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Medline Industries, LP — MDEG License # (if applicable): MP01384

Physical Address: 5701 Promontory Pkwy #100

City: Tracy — State: CA — Zip: 95377

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield — State: IL — Zip: 60093

Telephone: (209) 836-7027 — Website: medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Rudy — Middle: Daniel — Last: Pena

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

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

Mailing Address: [redacted] Promontory Pkwy [redacted]

City: Tracy — State: CA — Zip: 95377

Telephone: [redacted] — Email: rpena@meldine.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
San Bernardino Valley College		08/2005 - 05/2006	
Address	**City**	**State**	**Zip**
701 S Mt Vernon Ave	San Bernardino	CA	92410
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Eisenhower High School		09/2001 - 06/2005	
Address	**City**	**State**	**Zip**
321 N Lilac Ave	Rialto	CA	92376
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/21- Present	[redacted]N. Pershing Ave.	Stockton	CA	95207
10/18-12/21	[redacted]American Farms Ave	Lathrop	CA	95330
10/17-10/18	[redacted] Pavillion Pkwy	Tracy	CA	95377
10/16-10/17	[redacted]Stratford Cir	Stockton	CA	95207
10/15-10/16	[redacted]Mitchell Lane	Manteca	CA	95336
05/10-05/15	[redacted]Bunker Hill Dr	San Bernardino	CA	92410
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			02/21 - Present	
Business Address		City	State	Zip
5701 Promontory Pkwy #100		Tracy	CA	95377
Phone	Title		Number of Employed Hours	
(209) 836-7027	Warehouse Manager		2,100	
Description of Duties				
Manage receiving, storage,and distribution of drugs, devices, and medical products. Medline is strictly a mail order provider of medical products. No products require fitting, maintenance, installation, or in home-education.				

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			06/17 - 02/21	
Business Address		City	State	Zip
5701 Promontory Pkwy #100		Tracy	CA	95377
Phone	Title		Number of Employed Hours	
(209) 836-7027	Sr. Warehouse Supervisor		7,200	
Description of Duties				
Manage receiving, storage,and distribution of drugs, devices, and medical products. Medline is strictly a mail order provider of medical products. No products require fitting, maintenance, installation, or in home-education.				

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

_____ _____

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

I, Rudy Pena, **certify that as the MDEG Administrator for**

Medline Industries, LP,

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

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

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

Rudy Pena
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/5/22
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) MP01384

Physical Address 5701 Promontory Pkwy Suite#100

City Tracy State CA Zip 95377

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Lara Middle N Last Simmons

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

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

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

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

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

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

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

School Name			From - To (MM/YY – MM/YY)	
University of Wisconsin - Parkside			1986-1991	
Address	**City**		**State**	**Zip**
900 Wood Rd	Kenosha		WI	53144
Diploma/Degree obtained, if any				
BA in Economics				

School Name			From - To (MM/YY – MM/YY)	
Waterford Union High School			1982-1986	
Address	**City**		**State**	**Zip**
611 W Main St	Waterford		WI	53185
Diploma/Degree obtained, if any				
Diploma				

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1997 - Present	[redacted] 60th Street	Bristol	WI	53104
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP formerly known as Medline Industries, Inc.			1991 - Present	
Business Address	**City**		**State**	**Zip**
Three Lakes Drive	Northfield		IL	60093
Phone	**Title**			
847-949-5500	President QA/RA			
Description of Duties				
See Attached				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

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

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/19/22
Date

Applicant's initials LS

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

Lara N. Simmons

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/19/22

Date

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

State of Illinois, ss. County of Lake

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

Original Signature

9/19/22

Date

Subscribed and Sworn to before me this 19 day of September, 2022

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials LS

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) MP01384

Physical Address 5701 Promontory Pkwy Suite 100

City Tracy State CA Zip 95377

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.Medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Charles Middle N Last Mills

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

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

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

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

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

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

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

School Name			From - To (MM/YY – MM/YY)	
Cornell University			1979-1984	
Address	**City**		**State**	**Zip**
616 Thurston Avenue	Ithaca		NY	14853
Diploma/Degree obtained, if any				
Undergrad in 1983 and Masters in 1984				
School Name			**From - To (MM/YY – MM/YY)**	
New Trier West High School			1975-1979	
Address	**City**		**State**	**Zip**
7 Happ Road	Northfield		IL	60093
Diploma/Degree obtained, if any				
Diploma				
School Name			**From - To (MM/YY – MM/YY)**	
N/A				
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY)**	
N/A				
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY**	
N/A				
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2019 - Present	[redacted] Shoreline Ct	Glencoe	IL	60022
2017 - 2019	[redacted] Ardsley Road	Winnetka	IL	60093
1999 - 2017	[redacted] South Ridge Road	Lake Forest	IL	60045

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

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP formerly known as Medline Industries, Inc.			1986 - Current	
Business Address	**City**		**State**	**Zip**
Three Lakes Drive	Northfield		IL	60093
Phone	**Title**			
847-949-5500	CEO			
Description of Duties				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/15/22
Date

Applicant's initials CM

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

Charles N. Mills

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/22

Date

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

State of Illinois, ss. County of Lake

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

Original Signature

9/15/22

Date

Subscribed and Sworn to before me this 15 day of September 2022.

Mary Nelson

Notary Public Signature

MARY NELSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 16, 2025

(Seal)

Applicant's initials CM

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) MP01384

Physical Address 5701 Promontory Pkwy Suite 100

City Tracy State CA Zip 95377

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Michael Middle B Last Drazin

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

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

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Northwestern University		2009-2010	
Address	**City**	**State**	**Zip**
633 Clark St	Evanston	IL	60208
Diploma/Degree obtained, if any			
Executive masters of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
University of Illinois, Urbana Champaign		1992 -1996	
Address	**City**	**State**	**Zip**
610 East John Street	Champaign	IL	61820
Diploma/Degree obtained, if any			
Bachelor of Science in Accountancy			

School Name		From - To (MM/YY – MM/YY)	
Peoria High School		1988-1992	
Address	**City**	**State**	**Zip**
1615 N. North St	Peoria	IL	61604
Diploma/Degree obtained, if any			
Diploma			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/20 - Present	[redacted] W Kingsley Dr.	Arlington Heights	IL	60004
06/05 - 06/20	[redacted] W. Ashford Lane	Arlington Heights	IL	60004

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

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			2018- Present	
Business Address		**City**	**State**	**Zip**
Three Lakes Drive		Northfield	IL	60093
Phone	**Title**			
847-949-5500	Chief Financial Officer			
Description of Duties				
Member of Executive Team, responsible for leading the Finance organization.				

Business Name			From - To (MM/YY – MM/YY)	
Illinois Tool Works			2006-2017	
Business Address		**City**	**State**	**Zip**
155 Harlem Avenue		Glenview	IL	60025
Phone	**Title**			
224-661-8870	Vice President Global FP&A and Invsetor Relations			
Description of Duties				
Communicate with existing and prospective investors, Simplify and enhance the Investor Relations strategy and reported directly to the Chief Financial Officer				

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

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

Provide explanation below:

See Attached Disciplinary History

Original Signature (electronic, copies or stamps not accepted)

Date 9/20/22

Applicant's initials MD

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

Michael B. Drazin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/20/22

Date

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

State of ILLINOIS, ss. County of COOK

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

Original Signature

9/20/22

Date

Subscribed and Sworn to before me this 20 day of SEPT 2022.

Notary Public Signature

OFFICIAL SEAL
ADELWISA B DOMINGO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/05/23

(Seal)

Applicant's initials MD

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) MP01384

Physical Address 5701 Promontory Pkwy Suite 100

City Tracy State CA Zip 95377

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Andrew Middle J Last Mills

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

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

Mailing Address Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

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

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

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

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

School Name	From - To (MM/YY – MM/YY)		
J.L. Kellogg School of Management at Northwestern University	1983-1985		
Address	**City**	**State**	**Zip**
2211 Campus Dr.	Evanston	IL	60208
Diploma/Degree obtained, if any			
MBA			

School Name	From - To (MM/YY – MM/YY)		
Tulane University	1979 - 1983		
Address	**City**	**State**	**Zip**
6823 St. Charles Avenue	New Orleans	LA	70118
Diploma/Degree obtained, if any			
Bachelor of Science			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
over 10 years	[redacted] Woodbridge Ln	Highland Park	IL	60035
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name		From - To (MM/YY – MM/YY)	
Medline Industries, LP - formerly known as Medline Industries, Inc.		1992 - Current	
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
947-949-5500	President		
Description of Duties			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/15/22
Date

Applicant's initials AM

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

Andrew J. Mills

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/22

Date

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

State of Illinois, ss. County of Lake

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

Original Signature

9/15/22

Date

Subscribed and Sworn to before me this 15 day of September 2022

Notary Public Signature

MARY NELSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 16, 2025

(Seal)

Applicant's initials AM

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) MP01384

Physical Address 5701 Promontory Pkwy Suite 100

City Tracy State CA Zip 95377

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First James Middle D Last Abrams

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

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

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
The University of Chicago Law School		1984-1987	
Address	**City**	**State**	**Zip**
1111 E 60th St	Chicago	IL	60637
Diploma/Degree obtained, if any			
Law Degree			
School Name		**From - To (MM/YY – MM/YY)**	
The University of Michigan		1980-1984	
Address	**City**	**State**	**Zip**
500 S State Street	Ann Arbor	MI	48109
Diploma/Degree obtained, if any			
Bachelor of Arts Degree			
School Name		**From - To (MM/YY – MM/YY)**	
Highland Park High School		1976-1980	
Address	**City**	**State**	**Zip**
433 Vine Avenue	Highland Park	IL	60032
Diploma/Degree obtained, if any			
Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
over 10 years	[redacted] Sheridan Rd	Highland Park	IL	60035
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP - formerly known as Medline Industries, Inc.			1992 - Present	
Business Address	**City**		**State**	**Zip**
Three Lakes Drive	Northfield		IL	60093
Phone	**Title**			
847-949-5500	Chief Operating Officer			
Description of Duties				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

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

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/15/22
Date

Applicant's initials JDA

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

James D. Abrams

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/22

Date

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

State of Illinois, ss. County of Lake

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

Original Signature

9/15/22

Date

Subscribed and Sworn to before me this 15 day of September 2022

Mary Nelson

Notary Public Signature

MARY NELSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 16, 2025

(Seal)

Applicant's initials JDA

State	DME Medicaid Provider #
AK	1021896 (# changed from MS612IL)
AL	009101450
AR	194904716
AZ	36021
CA	1811997638- Secondary (App for Primary in Processs)
CO	98000060
FL	009220600(FFS waiver program)
GA	003127194A-eff 8/1/2012
IA	1811997638
IL	362596612001
IN	100025130A
KS	100441690A
KY	90032335
LA	1178977
MA	7502885
MD	1811997638
ME	1811997638
MN	100563400
MO	1811997638
MS	00440369
MT	1811997638
NE	36259661200
NJ	5096901
NM	00010700
NV	3316038
NY	00680891
OH	0400435
OK	100793800A
PA	0009052300002
RI	428930
TN	3539772
TX	1091985-02/03/04
UT	362596612
VA	1811997638
WA	1024838
WI	100007900

Attachment 4

Medline Industries, Inc
Disciplinary History

Date	Facility	Description of State Action	Corrective Actions
8/3/2005	1401 N. Universal Ave, Kansas City, MO 64120	**FILE CLOSED 2010** Medline Industries' Kansas City, MO license (#2003031660) was disciplined for failure to renew on-time and for insufficient temperature control procedures. Medline was placed on probation for 5 years. Throughout the probationary period, the state conducted multiple inspections of the facility and found Medline to be in compliance with all requirements. The probationary period closed in August 2010.	Medline's Regulatory Affairs Department was significantly expanded to include a team of 7 Licensing Specialist that monitor and ensure each of our 200+ licenses are renewed on-time. A temperature control room was also constructed at the facility to ensure product is stored at the appropriate temperature and humidity levels. These control rooms are now a standard feature at our distribution centers, and we have worked closely with VAWD throughout our distribution network to ensure that our temperature control facilities and procedures align with industry best practices.
12/7/2006	9101 Riverside Parkway, Lithia Springs, GA 30122	**FILE CLOSED 2008** Medline's Florida Certified Designated Representative at our Georgia facility resigned unexpectedly. The state of Florida suspended Medline's Florida Out of State Rx Drug Wholesale Distributor Permit (#23:1470) until a new licensed Designated Representative was hired at the facility.	To prevent a situation like this from occurring in the future, every Medline facility licensed in FL has multiple Florida Certified Designated Representatives on staff.
11/16/2007	10601 Southport Drive, Orlando, FL 32824 401 Commerce Blvd., Oldsmar, FL 34677 4750 118th Ave N Clearwater, FL 33762	**FILE CLOSED 2008** Medline Industries was cited for several violations including: failure to pass and maintain a pedigree that met Florida's specific requirements; having the wrong type of permit for activities being performed (in addition to the manufacturing permit that we had, Florida required that we also have a repacker permit); distribution of saline to an unauthorized recipient; and an Rx drug item was found at an unlicensed raw materials storage facility. Several of the violations were challenged and reduced substantially or removed during the settlement process. Medline was assessed and paid a fine for these violations. All issues were addressed and resolved to the satisfaction of the FL DOH. After duly notifying state authorities, as required, we were fined by New York (Cal. No. 27278) for out-of-state professional misconduct. In 2010, Medline made an unrelated business decision to close the Oldsmar and Clearwater facilities.	To address the pedigree issues, Medline instituted a Florida specific pedigree system to ensure that any pedigree shipments within our distribution network with potential to end up in Florida have the required Florida specific documentation. (Note - these requirements have since been preempted by federal law). To address the issue of having the wrong permit type, Medline secured a repackaging permit, in addition to the manufacturing permit the facility already had. To address the sale of saline to an unauthorized person, Medline instituted a new procedure for obtaining and maintaining customer licenses for all Rx drug purchases; this procedure generates an automatic block of any Rx drug orders by an unlicensed customer in our SAP system. The Rx drug item unintentionally stored at our raw materials facility was properly disposed of, and our waste disposal procedures were updated to ensure that this mistake would not recur.
11/26/2007	2708 NE Waldo Rd., Gainesville, FL	**FILE CLOSED 2008** Medline Industries' FL license (# 22:1022) was suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008 (Case # 2007-37412). In 2010, Medline made an unrelated business decision to close this facility.	After this inspection, Medline conducted a thorough review of its policies and procedures. Additionally, an internal auditing program was implemented to ensure that each distribution center is in compliance with internal policies and procedures, as well as state and federal regulations.
3/5/2008	149 New Camellia Blvd., Covington, LA 70433	**FILE CLOSED 2008** Medline Industries' license #4318 was cited for failure to properly maintain copies of current customer licenses on site (Louisiana Administrative Docket #2008006). Medline was assessed and paid a fine. After duly notifying state authorities, as required, we were fined by New York (Cal. No. 27278) for out-of-state professional misconduct.	In addition to storing copies of our customers' licenses at headquarters, we now store these licenses digitally so they can be accessed by our distribution centers.
5/9/2008	5450 W. Stewart Ave., Wausau, WI	**FILE CLOSED 2009** Medline Industries' license (# 1116-045) was cited and fined by the Wisconsin Department of Regulation & Licensing during an inspection. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to have a dividing fence between the Medline managed portion of the facility and the hospital portion of the facility - even though all of the products were owned by the hospital. Medline was also cited for failure to access several policies and procedures during the inspection. Corrections were made and the facility was re-inspected, to the satisfaction of the state (Case #08 PHM 037). After duly notifying state authorities, as required, we were fined by the states of Hawaii (Case #PHA 2009-7-L) and New York (Cal. No. 27278) out-of-state professional misconduct. . In 2010, Medline made an unrelated business decision to close this facility.	Immediately after the inspection, Medline and the owner of the facility erected a locked fence to divide the faculty. Medline also reviewed all of its other facilities to make sure no similar situations existed. In addition, training on where and how to access current policies and procedures was increased for distribution center personnel. This training is in addition to the training they receive on the policies and procedures themselves.
8/21/2008	94-1420 Moanlani St., Waipahu, Hawaii	**FILE CLOSED 2013** Medline Industries' license (PWD 115) was fined $5000 and placed on probation for 5 years for failure to report the Florida and Missouri disciplinary actions within 30 days. While Medline filed the required reports, the 30 day deadline was missed. Probationary period ended August 2013. (Case # PHA 2008-17-L)	Medline takes this oversight very seriously and we have implemented a new process to notify the required boards of any future disciplinary actions within 10 days of a final action.
3/19/2010	1401 N. Universal Ave, Kansas City, MO 64120	**FILE CLOSED 2010** Medline applied for a Colorado Out of State Wholesaler license for the Missouri distribution center and was issued a conditional license by the CO Board of Pharmacy until the facility's MO probation period ended (approximately 5 months). The CO BOP was informed when the MO probationary period was completed, and subsequently removed the encumbered status of this facility's CO license.	See above for corrective actions related to the underlying sanction.
1/6/2021	1501 Harris Rd, Libertyville, IL 60048	**FILE CLOSED 2021** Medline Industries, Inc. License #01-1985050 received a fined $250 by the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file for the physician rather than the TDDD license for the facility. The facility's TDDD license at the time of the sale had expired, unbeknownst to Medline. Case No. A-2020-0054 I-2019-0972-B. The fine was paid on January 21, 2021 and the case was closed.	Medline takes this oversight very seriously. We reviewed our processes and updated our guidelines for the type of license required for business in Ohio to ensure proper type of licenses applied to the customer are valid and current. The TDDD Ohio licenses are reviewed on an annual basis to ensure compliance.

4C

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
☐ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☒ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*	M P03045	☒ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

MDEG Physical Address: 2200 Cornerstone Parkway

City: Grayslake State: IL Zip: 60030

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.medline.com

Email: ralicensing@medline.com

Name of MDEG Administrator (NAC 639.694): William Ingalls

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

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

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

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
National Medicare Provider # 0428930001
Please see attachment for list of Medical Provider Numbers

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

Name: N/A Credentials: _____ %: _____

Name: N/A Credentials: _____ %: _____

Name: N/A Credentials: _____ %: _____

Name: N/A Credentials: _____ %: _____

Name: N/A Credentials: _____ %: _____

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

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: Medline Industries, LP

Mailing Address: Three Lakes Drive - 3D

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Email: ralicensing@medline.com

Contact Person Name: Tanya Hughes

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Lara N. Simmons

Print Name of Authorized Person Submitting Application

Lara N Simmons

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

9/21/22

Date

Board Use Only	Date Received: 10-31-22	Amount: 500.00 CK. -1012363 57

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Medline Industries, LP MDEG License # (if applicable) MP03045

Physical Address 2200 Cornerstone Parkway

City Grayslake State IL Zip 60030

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 224-327-8800 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First William Middle Andrew Last Ingalls

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

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

Mailing Address 2200 Cornerstone Parkway

City Grayslake State IL Zip 60030

Telephone 224-327-8821 Email ralicensing@medline.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
St. Joseph High School		09/1985 -06/1990	
Address	**City**	**State**	**Zip**
2401 69th St	Kenosha	WI	53143
Diploma/Degree obtained, if any			
Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2006 - Present	[redacted] Vintage Way	Spring Grove	IL	60081
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP			1/21 - Current
Business Address	**City**	**State**	**Zip**
2200 Cornerstone Parkway	Grayslake	IL	60030
Phone	**Title**		**Number of Employed Hours**
224-327-8800	Senior Director of Operations		40+ hours weekly

Description of Duties

Manage receiving, storage, and distribution of prescription drugs, medical devices, and home/durable medical equipment

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, Inc.			3/2010-12/2020
Business Address	**City**	**State**	**Zip**
1501 Harris Road	Libertyville	IL	60030
Phone	**Title**		**Number of Employed Hours**
N/A - Closed	Senior Director of Operations		40 + hours weekly

Description of Duties

Manage receiving, storage, and distribution of prescription drugs, medical devices, and home/durable medical equipment

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

Description of Duties

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

Description of Duties

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

Description of Duties

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Willie A. Ingles — Original Signature (electronic, copies or stamps not accepted)

9-22-22 — Date

I, William Ingalls, **certify that as the MDEG Administrator for**

Medline Industries, LP,

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

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

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

William Ingalls

Print Name (First, Last)

William A. Ingalls

Original Signature (electronic, copies or stamps not accepted)

9-22-22

Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) MP03045

Physical Address 2200 Cornerstone Parkway

City Grayslake State IL Zip 60030

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 224-327-8800 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First William Middle Andrew Last Ingalls

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

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

Mailing Address 2200 Cornerstone Parkway

City Grayslake State IL Zip 60030

Telephone 224-327-8821 Email ralicensing@medline.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
St Joseph High School		09/1985 - 06/1990	
Address	**City**	**State**	**Zip**
2401 69th St	Kenosha	WI	53143
Diploma/Degree obtained, if any			

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

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2006 - Present	[redacted]Vintage Way	Spring Grove	IL	60081
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			1/2021- Present	
Business Address		**City**	**State**	**Zip**
2200 Cornerstone Parkway		Grayslake	IL	60030
Phone	**Title**			
224-327-8800	Senior Director of Operations			
Description of Duties				
Manage receiving storage and distribtion of prescription drugs and medical devices. Maintain responsibility for overall site operations, including record keeping, training , development and compliance.				

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, Inc.			3/2010-12/2020	
Business Address		**City**	**State**	**Zip**
1501 Harris Rd		Libertyville	IL	60048
Phone	**Title**			
N/A - Closed	Senior Director of Operations			
Description of Duties				
Manage receiving storage and distribtion of prescription drugs and medical devices. Maintain responsibility for overall site operations, including record keeping, training , development and compliance.				

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 4,5,6 . **Provide all the following *where applicable*:**

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9-22-22
Date

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

William Ingalls

Print Name (First, Last)

William A. Ingalls — 9-22-22

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

---

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

State of Illinois, ss. County of Lake

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

William A. Ingalls — 9-22-22

Original Signature — **Date**

Subscribed and Sworn to before me this 22nd day of September 2022

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 251 Hilton Drive

City Jeffersonville State IN Zip 47130

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Lara Middle N Last Simmons

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

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

Mailing Address [redacted] Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin - Parkside		1986-1991	
Address	**City**	**State**	**Zip**
900 Wood Rd	Kenosha	WI	53144
Diploma/Degree obtained, if any			
BA in Economics			

School Name		From - To (MM/YY – MM/YY)	
Waterford Union High School		1982-1986	
Address	**City**	**State**	**Zip**
611 W Main St	Waterford	WI	53185
Diploma/Degree obtained, if any			
Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1997 - Present	[redacted] 60th Street	Bristol	WI	53104
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP formerly known as Medline Industries, Inc.			1991 - Present	
Business Address		**City**	**State**	**Zip**
Three Lakes Drive		Northfield	IL	60093
Phone	**Title**			
847-949-5500	President QA/RA			
Description of Duties				
See Attached				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

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

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/15/22
Date

Applicant's initials LS

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

Lara N. Simmons

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) — Date: 9/19/22

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

State of Illinois, ss. County of Lake

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

Original Signature — **Date:** 9/19/22

Subscribed and Sworn to before me this 19 day of September, 2022

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials LS

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Physical Address 2200 Cornerstone Parkway

City Grayslake State IL Zip 60030

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Michael Middle B Last Drazin

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

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

Mailing Address [redacted] Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials MD

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

School Name		From - To (MM/YY – MM/YY)	
Northwestern University		2009 - 2010	
Address	**City**	**State**	**Zip**
633 Clark St	Evanston	IL	60208
Diploma/Degree obtained, if any			
Executive Masters of Business Administration			
School Name		**From - To (MM/YY – MM/YY)**	
University of Illinois, Urbana-Champaign		1992 - 1996	
Address	**City**	**State**	**Zip**
610 East John Street	Champaign	IL	61820
Diploma/Degree obtained, if any			
Bachelor of Science in Accountancy			
School Name		**From - To (MM/YY – MM/YY)**	
Peoria High School		1988 - 1992	
Address	**City**	**State**	**Zip**
1615 N. North St.	Peoria	IL	61604
Diploma/Degree obtained, if any			
High School			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/20 - Present	[redacted]W Kingsley DR	Arlington Heights	IL	60004
6/05 to 06/20	[redacted]W. Ashford Lane	Arlington Heights	IL	60004

Applicant's initials MD

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

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP			2018 - Present
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	Chief Financial Officer		
Description of Duties			
Member of Executive team responsible for leading the Finance organization.			

Business Name			From - To (MM/YY – MM/YY)
Illinois Tool Works			2006-2017
Business Address	**City**	**State**	**Zip**
155 Harlem Avenue	Glenview	IL	60025
Phone	**Title**		
224-661-8870	Vice President Global FP&A and Investor Relations		
Description of Duties			
Communicate with existing and prospective investors, Simplify and enhance the Investor Relations strategy and reported directly to the Chief Financial Officer.			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

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

Provide explanation below:

See Attached Disciplinary History

Original Signature (electronic, copies or stamps not accepted)

9/20/22
Date

Applicant's initials MD

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

Michael B. Drazin

Print Name (First, Last)

Michael Drazin — 9/20/22

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

---

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

State of ILLINOIS, ss. County of COOK

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

Michael Drazin — 9/20/22

Original Signature — **Date**

Subscribed and Sworn to before me this 20 day of SEPT 2022

Adelwisa B Domingo

Notary Public Signature

OFFICIAL SEAL
ADELWISA B DOMINGO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/05/23

(Seal)

Applicant's initials MD

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) MP03045

Physical Address 2200 Cornerstone Parkway

City Grayslake State IL Zip 60030

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.Medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Charles Middle N Last Mills

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

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

Mailing Address [redacted] Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

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

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

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

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

School Name			From - To (MM/YY – MM/YY)	
Cornell University			1979-1984	
Address		City	State	Zip
616 Thurston Avenue		Ithaca	NY	14853
Diploma/Degree obtained, if any				
Undergrad in 1983 and Masters in 1984				
School Name			From - To (MM/YY – MM/YY)	
New Trier West High School			1975-1979	
Address		City	State	Zip
7 Happ Road		Northfield	IL	60093
Diploma/Degree obtained, if any				
Diploma				
School Name			From - To (MM/YY – MM/YY)	
N/A				
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
N/A				
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
N/A				
Address		City	State	Zip
Diploma/Degree obtained, if any				

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2019 - Present	[redacted]Shoreline Ct	Glencoe	IL	60022
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2017 - 2019	[redacted]Ardsley Road	Winnetka	IL	60093
From - To (MM/YY – MM/YY)	Address	City	State	Zip
1999 - 2017	[redacted]South Ridge Road	Lake Forest	IL	60045
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP formerly known as Medline Industries, Inc.			1986 - Current	
Business Address	**City**		**State**	**Zip**
Three Lakes Drive	Northfield		IL	60093
Phone	**Title**			
847-949-5500	CEO			
Description of Duties				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

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

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

Date 9/15/22

Applicant's initials CM

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

Charles N. Mills

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/22

Date

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

State of Illinois, ss. County of Lake

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

Original Signature

9/15/22

Date

Subscribed and Sworn to before me this 15 day of September 2022.

Notary Public Signature

MARY NELSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 16, 2025

(Seal)

Applicant's initials CM

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) MP03045

Physical Address 2200 Cornerstone Parkway

City Grayslake State IL Zip 60030

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Andrew Middle J Last Mills

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

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

Mailing Address [redacted] Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
J.L. Kellogg School of Management at Northwestern University		1983-1985	
Address	**City**	**State**	**Zip**
2211 Campus Dr.	Evanston	IL	60208
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Tulane University		1979 - 1983	
Address	**City**	**State**	**Zip**
6823 St. Charles Avenue	New Orleans	LA	70118
Diploma/Degree obtained, if any			
Bachelor of Science			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
over 10 years	[redacted] Woodbridge Ln	Highland Park	IL	60035
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name		From - To (MM/YY – MM/YY)	
Medline Industries, LP - formerly known as Medline Industries, Inc.		1992 - Current	
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
947-949-5500	President		
Description of Duties			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

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

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/15/22
Date

Applicant's initials AM

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

Andrew J. Mills

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/22

Date

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

State of Illinois, ss. County of Lake

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

Original Signature

9/15/22

Date

Subscribed and Sworn to before me this 15 day of September 2022

Notary Public Signature

MARY NELSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 16, 2025

(Seal)

Applicant's initials AM

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) MP03045

Physical Address 2200 Cornerstone Parkway

City Grayslake State IL Zip 60030

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First James Middle D Last Abrams

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

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

Mailing Address [redacted] Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

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

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

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

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

School Name	From - To (MM/YY – MM/YY)		
The University of Chicago Law School	1984-1987		
Address	**City**	**State**	**Zip**
1111 E 60th St	Chicago	IL	60637
Diploma/Degree obtained, if any			
Law Degree			
School Name	**From - To (MM/YY – MM/YY)**		
The University of Michigan	1980-1984		
Address	**City**	**State**	**Zip**
500 S State Street	Ann Arbor	MI	48109
Diploma/Degree obtained, if any			
Bachelor of Arts Degree			
School Name	**From - To (MM/YY – MM/YY)**		
Highland Park High School	1976-1980		
Address	**City**	**State**	**Zip**
433 Vine Avenue	Highland Park	IL	60032
Diploma/Degree obtained, if any			
Diploma			
School Name	**From - To (MM/YY – MM/YY)**		
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name	**From - To (MM/YY – MM/YY**		
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
over 10 years	[redacted]Sheridan Rd	Highland Park	IL	60035
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP - formerly known as Medline Industries, Inc.			1992 - Present	
Business Address	**City**		**State**	**Zip**
Three Lakes Drive	Northfield		IL	60093
Phone	**Title**			
847-949-5500	Chief Operating Officer			
Description of Duties				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

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

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/15/22
Date

Applicant's initials JDA

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

James D. Abrams

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/22

Date

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

State of Illinois, ss. County of Lake

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

Original Signature

9/15/22

Date

Subscribed and Sworn to before me this 15 day of September 2022

Mary Nelson

Notary Public Signature

MARY NELSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 16, 2025

(Seal)

Applicant's initials JDA

Medline Industries, LP
FEIN 36-2596612

Limited Partnership Partners:

PARTNERS	Business Address	General or Limited	% of Ownership	FEIN
Mozart GP, LLC	Three Lakes Drive Northfield IL 60093	General	0%	87-2508203
Medline Borrower, LP	Three Lakes Drive Northfield IL 60093	Limited	100%	87-2530238

PARENT COMPANY INFORMATION:
Medline Intermediate, LP
FEIN 87-2521736
State of Formation: IL
Managing Members:

BUSINESS ADDRESS AND PHONE NUMBER FOR ALL LISTED HERE:

THREE LAKES DRIVE
NORTHFIELD IL 60093
PHONE #: 847-949-5500

Title	Name	Address
President	Andrew J. Mills	[redacted] Woodbridge Lane Highland Park, IL 60035
CEO	Charles N. Mills	[redacted] Shoreline Court, Glencoe, IL 60022
COO	James D. Abrams	[redacted] Sheridan Road Highland Park, IL 60035
CFO	Michael B. Drazin	[redacted] W. Kingsley Dr., Arlington Heights, IL 60004
President - QA/RA	Lara N. Simmons	[redacted]-60th Street Bristol, WI 53104

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 12TH *day of* SEPTEMBER *A.D.* 2022 .

Authentication #: 2225502154

Authenticate at: https://www.ilsos.gov

Jesse White

SECRETARY OF STATE

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
203.002748

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

EXPIRES:
03/31/2024

HOME MEDICAL EQUIPMENT AND SERVICES PROVIDER

MEDLINE INDUSTRIES LP
2200 CORNERSTONE PKWY
GRAYSLAKE, IL 60030-9712

MARIO TRETO, JR.
ACTING SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

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

16315781

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4523788

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
004.005187

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

EXPIRES:
12/31/2022

LICENSED WHOLESALE DRUG DISTRIBUTOR

MEDLINE INDUSTRIES LP
FILOMENA KROPIWIEC
2200 CORNERSTONE PKWY
GRAYSLAKE, IL 60030-9712

MARIO TRETO, JR.
ACTING SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

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

16524357

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4513070

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/24/2022

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

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

PRODUCER
MARSH USA INC.
540 W. MADISON
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-22-23 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : National Fire & Marine Insurance Co	20079
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-010059544-36 **REVISION NUMBER:** 3

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2022	07/01/2023	EACH OCCURRENCE	$	1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	1,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	SEE BELOW
	OTHER:							$	
A	AUTOMOBILE LIABILITY			CA 6675933	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB X OCCUR			42-UMO-100007-10	07/01/2022	07/01/2023	EACH OCCURRENCE	$	10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	10,000,000
	DED X RETENTION $ 10,000							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			LDS 4065032 (AOS)	07/01/2022	07/01/2023	X PER STATUTE OTH-ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y	N/A		PS 4065034 (WI)	07/01/2022	07/01/2023	E.L. EACH ACCIDENT	$	1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$	1,000,000
B	Products/Completed Operations Liability			42-PCO-301515-07	07/01/2022	07/01/2023	Each Occurrence		1,000,000
							Aggregate		2,000,000

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

Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr, Uxbridge, MA 01569. B56 – 190 Medline Drive, Ste 200, Richmond Hill, GA 31324. C40 – 81 Campanelli Drive, Uxbridge, MA 01569. C42 – 3446 Highway 51 N. Southaven, MS 38672. C59 – 2100 Industrial Park Road, Hammond, LA 70401. D46 – 18601 Christopher Way, Ste 100. Lathrop, CA 95330. MXC – 16415 Cosmos St. Moreno Valley, CA 92551.

SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Marsh USA Inc.

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

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ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA INC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

Branch Locations:
A59 - 19230 S Hi Park LN, Hammond, IN 70403
A36 - 5786 Collett Road, Farmington, NY 14425
B01 - 1 Medline Place, Mundelein, IL 60060,
B02 - 1501 Harris Road, Libertyville, IL 60048,
B04 - NPS - 1160 North point Blvd., Waukegan, IL 60085,
B04 - RC - 1710 Lakeside Drive, Waukegan, IL 60085,
B04 - SPT - 1170 North point Blvd., Waukegan, IL 60085,
B05 - 10601 Southport Drive, Orlando, FL 32824,
B06 - 1 Medline Drive, Wilmer, TX 75172
B22 - 9670 NW 112th Ave., Miami, FL 33178,
B24 - 8001 SW 47th Street, Oklahoma City, OK 73179,
B25 - 1401 N. Universal Ave., Kansas City, MO 64120,
B26 - 650 S Perry Road, Ste 190, Plainfield, IN 46168,
B27 - 8005 SW Hunziker St., Tigard, OR 97223,
B28 - 735 County Road 4 East, Prattville, AL, 36067,
B29 - 13115 Brockton Lane N, Rogers, MN 55374-9571,
B30 - 1900 Meadowville Technology Pkwy.,, Chester, VA 23836,
B31 - 500 Sharkey Drive, Maumelle, AR 72113,
B33 - 917 E Powell Drive, Lincolnton, NC 28092,
B34 - 6645 Change point Drive, Anchorage, AK 99518,
B36 - 1989 Transit Way, Brockport, NY 14420,
B37 - 1659 Sauget Business Blvd., East St. Louis, IL 62206,
B40 - 560 West Street, Mansfield, MA 02048,
B43 - 3800 Commerce Street, SW, Canton, OH 44706,
B44 - 1030 Runway Drive, Stockton, CA 95206,
B45 - 1119 W Middlesex Ave., Port Reading, NJ 07064,
B47A - 2203 Lakeside Boulevard, Edgewood, Maryland 21040,
B48 - 10401 Harrison, Suite 101, Romulus, MI 48174,
B49 - 42500 Winchester Rd, Temecula, CA 92590,
B51 - 60 Athlete's Way Suite 100, MT Juliet TN 37122
B52 - 974 Main Street, Alamo TN 38001
B54 - 3301 Route 6, Middletown, NY 10941,
B57- 8475 Automation Drive, Bldg D, Concord NC 28027
B58- 198 Commercial Blvd, Blakeslee PA 18610
B59 - 149 New Camellia Blvd., Covington, LA 70433,
B64- 308 Church Street, Honea Path SC 29654
B71 - 1781,1831 South 4800 West, Salt Lake City, UT 84104
B80- 2341 Lauwiliwili St, Kapolei HI 96707
B82- 9103 Riverside Parkway, Douglasville , GA
C02 - 2200 Cornerstone Parkway, Grayslake, IL 60030
C03 - 1500 Medline Place, McDonough, GA 30253
C05 - 1062 Old Dixie Highway, Auburndale, FL 33823
C09 - 1960 W Miro Way, Rialto, CA 92376
C11 - 21111 E 36th Drive, Aurora, CO 80011
C37 - 5000 Premier Parkway, Saint Peters, MO 63376
C41- 1040 Enterprise Parkway South, West Jefferson, OH 43162
C46 - 5701 Promontory Parkway, Suite 100, Tracy, CA 95377
C47-239 Belvidere Rd , Perryville MD 21903

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA INC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

C50 - 8787 W Buckeye Rd, Tolleson, AZ 85353
C53 - 100 Highland Dr, Westampton NJ 08060
C75 - 3770 Hogum Bay Rd NE, Lacey, WA 98516
C89-251 Hilton Dr , Jeffersonville IN, 47130
E15 - 30 Germantown Road, Danbury, CT 06810
C54- 494 St. Route 416, Montgomery, NY 12549.
C57 - 5511 W. Ten Road, Mebane, NC 27302.

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State	DME Medicaid Provider #
AK	1021896 (# changed from MS612IL)
AL	009101450
AR	194904716
AZ	36021
CA	1811997638- Secondary (App for Primary in Processs)
CO	98000060
FL	009220600(FFS waiver program)
GA	003127194A-eff 8/1/2012
IA	1811997638
IL	362596612001
IN	100025130A
KS	100441690A
KY	90032335
LA	1178977
MA	7502885
MD	1811997638
ME	1811997638
MN	100563400
MO	1811997638
MS	00440369
MT	1811997638
NE	36259661200
NJ	5096901
NM	000T0700
NV	3316038
NY	00680891
OH	0400435
OK	100793800A
PA	0009052300002
RI	428930
TN	3539772
TX	1091985-02/03/04
UT	362596612
VA	1811997638
WA	1024838
WI	100007900

Attachment 4

Medline Industries, Inc
Disciplinary History

Date	Facility	Description of State Action	Corrective Actions
8/3/2005	1401 N. Universal Ave, Kansas City, MO 64120	FILE CLOSED 2010 Medline Industries' Kansas City, MO license (#2003031660) was disciplined for failure to renew on time and for insufficient temperature control procedures. Medline was placed on probation for 5 years. Throughout the probationary period, the state conducted multiple inspections of the facility and found Medline to be in compliance with all requirements. The probationary period closed in August 2010.	Medline's Regulatory Affairs Department was significantly expanded to include a team of 7 Licensing Specialist that monitor and ensure each of our 200+ licenses are renewed on time. A temperature control room was also constructed at the facility to ensure product is stored at the appropriate temperature and humidity levels. These control rooms are now a standard feature at our distribution centers, and we have worked closely with VAWD throughout our distribution network to ensure that our temperature control facilities and procedures align with industry best practices.
12/7/2006	9101 Riverside Parkway, Lithia Springs, GA 30122	FILE CLOSED 2009 Medline's Florida Certified Designated Representative at our Georgia facility resigned unexpectedly. The state of Florida suspended Medline's Florida Out of State Rx Drug Wholesale Distributor Permit (#23.1470) until a new licensed Designated Representative was hired at the facility.	To prevent a situation like this from occurring in the future, every Medline facility licensed in FL has multiple Florida Certified Designated Representatives on staff.
11/16/2007	10601 Southport Drive, Orlando, FL 32824 401 Commerce Blvd., Oldsmar, FL 34677 4750 118th Ave N Clearwater, FL 33762	FILE CLOSED 2008 Medline Industries was cited for several violations including: failure to pass and maintain a pedigree that met Florida's specific requirements; having the wrong type of permit for activities being performed (in addition to the manufacturing permit that we had, Florida required that we also have a repacker permit); distribution of saline to an unauthorized recipient; and an Rx drug item was found at an unlicensed raw materials storage facility. Several of the violations were challenged and reduced substantially or removed during the settlement process. Medline was assessed and paid a fine for these violations. All issues were addressed and resolved to the satisfaction of the FL DOH. After duly notifying state authorities, as required, we were fined by New York (Cal. No. 27278) for out-of-state professional misconduct. In 2010, Medline made an unrelated business decision to close the Oldsmar and Clearwater facilities.	To address the pedigree issues, Medline instituted a Florida specific pedigree system to ensure that any pedigree shipments within our distribution network with potential to end up in Florida have the required Florida specific documentation. (Note - these requirements have since been preempted by federal law). To address the issue of having the wrong permit type, Medline secured a repackaging permit, in addition to the manufacturing permit the facility already had. To address the sale of saline to an unauthorized person, Medline instituted a new procedure for obtaining and maintaining customer licenses for all Rx drug purchases; this procedure generates an automatic block of any Rx drug orders by an unlicensed customer in our SAP system. The Rx drug item unintentionally stored at our raw materials facility was properly disposed of, and our waste disposal procedures were updated to ensure that this mistake would not recur.
11/26/2007	2708 NE Waldo Rd., Gainesville, FL	FILE CLOSED 2009 Medline Industries' FL license (# 22-1022) was suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008 (Case # 2007-17412). In 2010, Medline made an unrelated business decision to close this facility.	After this inspection, Medline conducted a thorough review of its policies and procedures. Additionally, an internal auditing program was implemented to ensure that each distribution center is in compliance with internal policies and procedures, as well as state and federal regulations.
3/5/2008	149 New Camellia Blvd., Covington, LA 70433	FILE CLOSED 2008 Medline Industries' license #4318 was cited for failure to properly maintain copies of current customer licenses on site (Louisiana Administrative Docket #2008006). Medline was assessed and paid a fine. After duly notifying state authorities, as required, we were fined by New York (Cal. No. 27278) for out-of-state professional misconduct.	In addition to storing copies of our customers' licenses at headquarters, we now store these licenses digitally so they can be accessed by our distribution centers.
5/9/2008	5450 W. Stewart Ave., Wausau, WI	FILE CLOSED 2009 Medline Industries' license (# 1116-05) was cited and fined by the Wisconsin Department of Regulation & Licensing during an inspection. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to have a dividing fence between the Medline managed portion of the facility and the hospital portion of the facility - even though all of the products were owned by the hospital. Medline was also cited for failure to access several policies and procedures during the inspection. Corrections were made and the facility was re-inspected, to the satisfaction of the state (Case #08 PHM 037). After duly notifying state authorities, as required, we were fined by the states of Hawaii (Case #PHA 2009-7-L) and New York (Cal. No. 27278) out-of-state professional misconduct. In 2010, Medline made an unrelated business decision to close this facility.	Immediately after the inspection, Medline and the owner of the facility erected a locked fence to divide the facility. Medline also reviewed all of its other facilities to make sure no similar situations existed. In addition, training on where and how to access current policies and procedures was increased for distribution center personnel. This training is in addition to the training they receive on the policies and procedures themselves.
8/21/2008	94-1420 Moaniani St., Waipahu, Hawaii	FILE CLOSED 2013 Medline Industries' license (PWD 115) was fined $5000 and placed on probation for 5 years for failure to report the Florida and Missouri disciplinary actions within 30 days. While Medline filed the required reports, the 30 day deadline was missed. Probationary period ended August 2013 (Case # PHA 2008-17-L)	Medline takes this oversight very seriously and we have implemented a new process to notify the required boards of any future disciplinary actions within 10 days of a final action.
3/19/2010	1401 N. Universal Ave, Kansas City, MO 64120	FILE CLOSED 2010 Medline applied for a Colorado Out of State Wholesaler license for the Missouri distribution center and was issued a conditional license by the CO Board of Pharmacy until the facility's MO probation period ended (approximately 5 months). The CO BOP was informed when the MO probationary period was completed, and subsequently removed the encumbered status of this facility's CO license.	See above for corrective actions related to the underlying sanction.
1/6/2021	1501 Harris Rd, Libertyville, IL 60048	FILE CLOSED 2021 Medline Industries, Inc. license #01-1985050 received a fined $250 by the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file for the physician rather than the TDDD license for the facility. The facility's TDDD license at the time of the sale had expired, unbeknownst to Medline. Case No. A-2020-0054-I-2019-0972-B. The fine was paid on January 21, 2021 and the case was closed.	Medline takes this oversight very seriously. We reviewed our processes and updated our guidelines for the type of license required for business in Ohio to ensure proper type of licenses applied to the customer are valid and current. The TDDD Ohio licenses are reviewed on an annual basis to ensure compliance.

September 22, 2022

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno, Nevada 89521

FACILITY ADDRESS: **2200 Cornerstone Parkway**
Grayslake, IL 60030

RE: Change of Designated Representative / Facility Manager
Nevada Non-Resident Wholesale Distributor **WH03086**
Nevada Medical Gas and Equipment **MP03045**

Dear Sir/ Madam:

The facility referenced above is undergoing a Change of Designated Representative and MDEG Admistrator. Enclosed are the required applications. Please note this location is NABP Accredited

The incoming individuals' information is as follows:

New Contact: William A. Ingalls
Title: Senior Director of Operations
Home Address: [redacted] Vintage Way, Spring Grove, IL 60081
DOB: [redacted]
SSN#: [redacted]
Home Phone: [redacted]
Work Phone:
Email: wingalls@medline.com

Please feel free to contact me with any questions or requests for additional information.

Sincerely,

Daniel Stevens

Daniel Stevens
Mgr. Regulatory Affairs- Licensing
O: 847-643-4080
C: 916-207-8851
dastevens@medline.com



NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Medline Industries, LP

Pharmacy/Wholesaler License # (if applicable) WH03086

Physical Address 2200 Cornerstone Parkway

City Grayslake State IL Zip 60030

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 224 - 327- 8800 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First William Middle Andrew Last Ingalls

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

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

Mailing Address 2200 Cornerstone Parkway

City Grayslake State IL Zip 60030

Telephone [redacted] Email ralicensing@medline.com

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

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

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

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

School Name			From - To (MM/YY – MM/YY)	
St. Joseph High School			09/1985 - 06/1990	
Address	**City**		**State**	**Zip**
2401 69th Street	Kenosha		WI	53143
Diploma/Degree obtained, if any				
Diploma				

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

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2006 - Present	[redacted] Vintage Way	Spring Grove	IL	60081
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP			2021 - Present
Business Address	**City**	**State**	**Zip**
2200 Cornerstone Parkway	Grayslake	IL	60030
Phone	**Title**	**Number of Employed Hours**	
224-327-8800	Senior Director of Operations	40 + hours weekly	
Description of Duties			
Manage 1,400,000 SQ FT prescription drug and medical device distribution center			

Business Name			From - To (MM/YY – MM/YY)
Medline industries, Inc.			2010 - 2021
Business Address	**City**	**State**	**Zip**
1501 Harris Road	Libertyville	IL	60048
Phone	**Title**	**Number of Employed Hours**	
847-557-2402	Sr Director of Operations	40 + hours weekly	
Description of Duties			
Manage seven managers and 165 warehouse associates. Manage all warehouse operations and hold P&L responsibility.			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 4,5,6 . **Provide all the following *where applicable*:**

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

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/22/22
Date

I, William Ingalls, **certify that as the designated representative for** Medline Industries, LP,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. WI I am at least 21 years of age;
3. WI I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. WI I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. WI I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. WI I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. WI I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

William Ingalls
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/22/2022
Date

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

William Ingalls

Print Name (First, Last)

William A. Ingalls

Original Signature (electronic, copies or stamps not accepted)

9-22-22

Date

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

State of Illinois, ss. County of Lake

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

William A. Ingalls

Original Signature

9-22-22

Date

Subscribed and Sworn to before me this 22nd day of September 2022

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

WILLIAM A. INGALLS

[redacted] Vintage Way
Spring Grove, IL 60081
[redacted]

PROFESSIONAL OBJECTIVE

A challenging position as a **Logistics / Distribution Manager** offering career diversity and growth potential.

SUMMARY OF QUALIFICATIONS

- Possess 20+ years of diversified experienced in warehouse, distribution, terminal and logistics management. Successfully streamline operations, reduce costs and increase employee productivity. Proactive and conceptual leader with a superior work ethic. Dedicated, innovative and self-motivated team player/coach.
- Proven expertise in automated pick, pack and ship operations; package consolidation in a parcel environment; warehousing; and warehouse management system deployment. Certified ISO 9002 auditor.
- Comprehensive background in total quality management, budgeting and cost controls, P&L analysis, staff restructuring, leader development, scheduling and service optimization, and policy enforcement.
- Effectively manage multiple, concurrent and senior-level responsibilities. Thrive in both individual and collaborative work arenas. Quick study able to grasp new ideas, concepts, methods and technologies.
- Exceptional oral/written communication, interpersonal, multi-tasking, organizational, administrative, operations management, problem solving and leadership skills.
- Proficient in Microsoft Word, Excel, PowerPoint, Outlook, Lotus Notes and Warehouse Management computer applications. Experienced in automated distribution systems and emerging technologies.

PROFESSIONAL EXPERIENCE

MEDLINE INDUSTRIES, *Grayslake, IL* **2021- Present**

Senior Director of Operations

- Manage 1,400,000 SQ FT prescription drug and medical device distribution center. Manage all warehouse operations, including receiving, storage, and distribution of prescription and OTC drugs and medical devices. Ensure staff properly trained on applicable policies and procedures. Oversee warehouse compliance with state and federal statutes and regulations pertaining to wholesale drug distribution.

MEDLINE INDUSTRIES, *Libertyville IL* **2006- 2021**

Senior Director of Operations

- Manage seven managers and 165 warehouse associates within a 600,000 SQ FT drug and medical device distribution center. Manage all warehouse operations and hold P&L responsibility. Develop and apply a new warehouse schedule that diminished overtime 40% and increased on time shipping 25%. Have instituted monthly meeting with the associates to communicate results of our KPI's. Established bi-weekly coaching sessions with all direct reports to ensure career goals are being achieved.

APX LOGISTICS – *Franklin Park, IL* **2001 - 2006**

Terminal Manager, 2002-06

- Direct eight managers and 450 associates within the largest APX Logistics terminal in the U.S. Administer a $25M budget hold P&L responsibility and manage all terminal operations. Reduce annual operating costs 12%. Institute new standards resulting in a 20% increase in productivity. Develop and implemented a 23-route pickup and delivery team. Reduced monthly labor by 20% overtime costs 40% and safety 50%. Key player in promoting four managers into corporate positions.

Operations Manager, 2001-02

- Managed four supervisors and 250 warehouse employees in a two-shift operation. Created and deployed a new warehouse schedule that decreased overtime 60%. Controlled daily costs to ensure profitability. Instituted a 5S safety program designed to reduce warehouse incidents.

UNITED STATES ARMY RESERVE – *Milwaukee, WI* **1993 - Present**
Senior Drill Sergeant / Sergeant 1st Class

INGRAM MICRO INC. – *Carol Stream, IL* **1997 - 2001**
Operations Manager

- Managed 105 shipping employees within a full-automated distribution environment. Audited shipping department operations each moth as a certified ISO 9002 internal auditor. Participated in deployment of a new warehouse management system. Proactively managed cost-per-touch to maintain financial goals.

BAXTER HEALTH CARE – *WAUKEGAN, IL* **1991 - 1997**
Operations Supervisor

- Supervised 45 employees and the processing of 5,000 lines per day within a just in time distribution environment. Was instrumental in the development and implementation of a third shift. Fully trained as the forklift trainer in the facility. Actively managed the lines per hour to ensure company goals where achieved.

EDUCATION AND SPECIALIZED TRAINING

PROFESSIONAL TRAINING PROGRAMS / COURSES
Basic / Advanced Leadership ♦ Drill Sergeant School ♦ Finance School ♦ ISO 9001

ST. JOSEPH HIGH SCHOOL – *Kenosha, WI*
Graduate Diploma, 1990

4D

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

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

Section 1: General Information

Facility Name: OTICON MEDICAL, LLC

MDEG Physical Address: 580 HOWARD AVENUE

City: SOMERSET State: NJ Zip: 08873-1113

Mailing Address (if different from physical address): SAME AS ABOVE

City: _____ State: _____ Zip: _____

Telephone: 888-277-8014 Website: OTICONMEDICAL.COM/US

Email: insuranceservices@oticonmedical.com

Name of MDEG Administrator (NAC 639.694): ALAN RAFFAUF

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

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

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

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
6718020001
03819330

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

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

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

   a) A practicing health professional; or

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

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NEW JERSEY

Parent Company (if any): WILLIAM DEMANT

Corporation/Organization Name: OTICON MEDICAL, LLC

Mailing Address: 580 HOWARD AVE

City: SOMERSET State: NJ Zip: 08873-1113

Telephone: 980-872-0859 Email: cavg@oticonmedical.com

Contact Person Name: CAMEEL VIRGO

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Cameel Virgo

Print Name of Authorized Person Submitting Application

C. Virgo

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

2/3/22

Date

Board Use Only	Date Received: _____	Amount: 500 cc

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

OTICON MEDICAL LLC
0600343277

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on April 29, 2009.

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

I further certify that the registered agent and office are:

CORPORATION SERVICE COMPANY
PRINCETON SOUTH CORPORATE CENTER,
SUITE 160, 100 CHARLES EWING BLVD
EWING, NJ 08628



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 17th day of February, 2022

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6128644732

Verify this certificate online at

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

09/11/13

Taxpayer Identification# 800-400-458/000

Dear Business Representative:

Congratulations! You are now registered with the New Jersey Division of Revenue.

Use the Taxpayer Identification Number listed above on all correspondence with the Divisions of Revenue and Taxation, as well as with the Department of Labor (if the business is subject to unemployment withholdings). Your tax returns and payments will be filed under this number, and you will be able to access information about your account by referencing it.

Additionally, please note that State law requires all contractors and subcontractors with Public agencies to provide proof of their registration with the Division of Revenue. The law also amended Section 92 of the Casino Control Act, which deals with the casino service industry.

We have attached a Proof of Registration Certificate for your use. To comply with the law, if you are currently under contract or entering into a contract with a State agency, you must provide a copy of the certificate to the contracting agency.

If you have any questions or require more information, feel free to call our Registration Hotline at (609)292-9292.

I wish you continued success in your business endeavors.

Sincerely,

James J. Fruscione

James J. Fruscione
Director
New Jersey Division of Revenue

STATE OF NEW JERSEY

BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY/
DIVISION OF REVENUE
PO BOX 252
TRENTON, NJ 08646-0252

TAXPAYER NAME:
OTICON MEDICAL LLC

TRADE NAME:

ADDRESS:
580 HOWARD AVE
SOMERSET NJ 08873-1136

SEQUENCE NUMBER:
1488728

EFFECTIVE DATE:
05/20/09

ISSUANCE DATE:
09/11/13

Director
New Jersey Division of Revenue

FORM-BRC

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.

Olivia Mora

From: Delores Jemmott (DEJM) <dejm@oticonmedical.com>
Sent: Thursday, February 17, 2022 2:37 PM
To: Olivia Mora
Cc: Cameel Virgo (CAVG)
Subject: RE: MDEG Application Oticon Medical LLC - Somerset, NJ - Need additional information
Attachments: ShortForm_600343277 02.2022.pdf; 2021 MDEG Administrator Application FINAL.pdf

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

Hello Olivia –

- MDEG Administrator Application – this was previously submitted. I have also attached a copy of the same.
- Certificate of Corporate Status (within 6 months)
- Copy of State MDEG license - (NJ does not require a DME license) we have submitted the application to acquire a NV license.

Please feel free to reach out to Cameel Virgo or myself should you have any questions or require any additional information.

Thank you

Delores Jemmott
Direct: +1-888-277-8014 ext 8004
Fax: +1-888-683-8736
dejm@oticonmedical.com

oticon MEDICAL | Because sound matters

From: Olivia Mora <o.mora@pharmacy.nv.gov>
Sent: Thursday, February 17, 2022 12:49 PM
To: Oticon Medical US Insurance Services <insuranceservices@oticonmedical.com>
Subject: MDEG Application Oticon Medical LLC - Somerset, NJ - Need additional information

This message comes from outside of the corporate network. Please do not click links or open attachments unless you recognize the source of this e-mail and know the content is safe.

Hello,

We received your MDEG Application for Oticon Medical LLC – Somerset, NJ. Please be advised that we are missing the below documentation -

- Certificate of Corporate Status (within 6 months)
- Copy of State MDEG license

- MDEG Administrator Application
  - https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2021%20MDEG%20Administrator%20Application%20FINAL.pdf

Can you please provide? We can attach it to your application and work to process this request.

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

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

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

Client#: 705252 WILLADEMAN

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/11/2022

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

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

PRODUCER
Marsh & McLennan Agency LLC
Marsh & McLennan Ins. Agency LLC
PO Box 85638
San Diego, CA 92186

CONTACT NAME: Amy Johnston
PHONE (A/C, No, Ext): 858-587-7412 FAX (A/C, No): 858-909-9616
E-MAIL ADDRESS: Amy.Johnston@marshmma.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Federal Insurance Company	20281
INSURER B : Chubb European Group Limited	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Oticon Medical, LLC
580 Howard Avenue
Somerset, NJ 08873-0000

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	X		74988833	05/31/2022	05/31/2023	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$1,000,000
	POLICY X PRO-JECT LOC						GENERAL AGGREGATE	$2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$1,000,000
								$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB X OCCUR			DKLSCA03184	05/31/2022	05/31/2023	EACH OCCURRENCE	$4,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$4,000,000
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
As respects Umbrella Liability policy# DKLSCA03184, Marsh & McLennan Insurance Agency LLC is generating and distributing this certificate in an administrative capacity. Marsh A/S Denmark is the broker for the defined policy.

CERTIFICATE HOLDER
Oticon Medical LLC
580 Howard Avenue
Somerset, NJ 08873-0000

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

AUTHORIZED REPRESENTATIVE
Amy N Johnston

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WSJZH

oticon MEDICAL | Because sound matters

March 2, 2021

Dear Sir or Madame,

Oticon Medical is a manufacturer of hearing implant systems. The Ponto system is a bone conduction device, consisting of the Ponto BHX Implant and abutment and a Ponto sound processor. This unique system is an Osseo Integrated Bone Conduction Hearing System or BAHS. There are only two manufacturers of such systems in the US. Oticon Medical and Cochlear Americas. With these systems, patients often purchase the system directly from the manufacturer. For that reason we are asking to become a DME/Pharmacy participant with Nevada, so that patients who can benefit from this unique system can have access to our technology and also so that existing patients can continue to use the system they have if a replacement or repair is ever needed.

The system can be used on a head band or soft band or the system can be implanted using the new Minimally Invasive Ponto Surgery, which helps minimize scarring and can help shorten healing time. The Ponto systems work by transmitting sound through vibrations from the Ponto processor through the implant and then the skull. These vibrations then stimulate the cochlea of the Ponto system user. The Ponto system is indicated for conductive and mixed hearing losses as well as single sided deafness.

The Ponto system can also be used without surgery by wearing the Ponto processor on a headband or soft band. Ponto processor's latest family is the Ponto 3 which comes with advanced wireless technology. The Ponto 3 is available in three models, the Ponto 3 and Ponto 3 Power and Ponto 3 Super Power, which is the most powerful abutment level bone anchored processor available. To learn more about Oticon Medical and the Ponto system visit us on the web at www.oticonmedical.com.

Please consider our application based on the Out of State Enrollment criteria, the services are medically necessary, and the nature of the service is such that providers for this service are limited or not readily available within your state.

Sincerely,

Alan Raffauf
Vice President of Marketing and Operations
Oticon Medical, LLC

Oticon Medical, LLC
580 Howard Avenue
Somerset, NJ 08873
USA

Phone: 1-888-277-8014
Fax: 1-732-868-6949
Email: info@oticonmedical.com
www.oticonmedical.com

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Oticon Medical, LLC

Physical Address: 580 Howard Ave

City: Somerset State: NJ Zip: 08873

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

City: State: Zip:

Telephone: 888-277-8014 Website: www.oticonmedical.com/us

Licensing Company Email: insuranceservices@oticonmedical.com

Section 2: Personal Information

First: Alan Middle: Last: Raffauf

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

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

Mailing Address: [redacted]Jason Ct

City: Howell State: NJ Zip: 07731

Telephone: [redacted] Email: alrf@oticonmedical.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

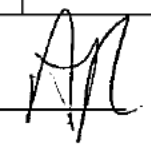
Applicant's initials: AR

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

School Name			From - To (MM/YY – MM/YY)	
Concord High School			09/89-06/93	
Address		City	State	Zip
2501 Ebright Rd		Wilmington	DE	19810
Diploma/Degree obtained, if any				
High School Diploma				
School Name			From - To (MM/YY – MM/YY)	
University of Connecticut			09/93-05/97	
Address		City	State	Zip
2131 Hillside Rd		Storrs	CT	062696
Diploma/Degree obtained, if any				
Bachelor of Arts, Communication Disorders				
School Name			From - To (MM/YY – MM/YY)	
The College of New Jersey			09/97-05/99	
Address		City	State	Zip
2000 Pennington Rd		Ewing	NJ	08618
Diploma/Degree obtained, if any				
Masters of Arts, Audiology				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/17-09/21	[redacted]Jason Ct	Howell	NJ	07731
From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/09-06/17	[redacted]Plymouth Dr	Howell	NJ	07731
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials  2

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

Business Name: Oticon Medical, LLC			From - To (MM/YY – MM/YY)
Business Address: 580 Howard Ave	City: Somerset	State: NJ	Zip: 08873
Phone: 888 277 8014	Title: VP Marketing		
Description of Duties: Responsible for Product Marketing			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

Applicant's initials 

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

1-31-22
Date

Applicant's initials

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

ALAN RAFFAUF

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1-31-22

Date

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

State of NJ, ss. County of Monmouth

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

Original Signature

2-4-2022

Date

Subscribed and Sworn to before me this 4th day of February, 2022

Michael G Canaley

Notary Public Signature

Michael G Canaley
Notary Public
New Jersey
My Commission Expires 4-13-2022
No. 50058668

(Seal)

Applicant's initials _____

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

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

Physical Address: 580 Howard Ave

City: Somerset — State: NJ — Zip: 08873

Mailing Address (if different from physical address): _____

City: _____ — State: _____ — Zip: _____

Telephone: 888-277-8014 — Website: www.oticonmedical.com/us

Licensing Company Email: InsuranceServices@oticonmedical.com

Section 2: Personal Information

First: Alan — Middle: _____ — Last: Raffauf

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

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

Mailing Address: [redacted] Jason Ct

City: Howell — State: NJ — Zip: 07731

Telephone: [redacted] — Email: alrf@oticonmedical.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Concord High School		09/89-06/93	
Address	**City**	**State**	**Zip**
2501 Ebright Rd	Wilmington	DE	19810
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
University of Connecticut		09/93-05/97	
Address	**City**	**State**	**Zip**
2131 Hillside Rd	Storrs	CT	06269
Diploma/Degree obtained, if any			
Bachelor of Arts, Communication Disorders			
School Name		**From - To (MM/YY – MM/YY)**	
The College of New Jersey		09/97-05/99	
Address	**City**	**State**	**Zip**
2000 Pennington Rd	Ewing	NJ	08618
Diploma/Degree obtained, if any			
Masters of Arts, Audiology			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/17-09/21	[redacted]Jason Ct	Howell	NJ	07731
06/09-06/17	[redacted]PLymouth Dr	Howell	NJ	07731
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Oticon Medical			07/09-03/22	
Business Address		**City**	**State**	**Zip**
580 Howard Ave		Somerset	NJ	08873
Phone	**Title**		**Number of Employed Hours**	
888-277-8014	VP of Marketing		40/week	
Description of Duties				
Head of Marketing for US Oticon Medical Business.				

Business Name			From - To (MM/YY – MM/YY)	
Oticon A/S			01/07-06/09	
Business Address		**City**	**State**	**Zip**
Kongebakken 9		Smorum	DK	2765
Phone	**Title**		**Number of Employed Hours**	
+45 3917 7100	International Product Manager		40/week	
Description of Duties				
Responsible for create pre and post launch marketing communication for Oticon hearing aids.				

Business Name			From - To (MM/YY – MM/YY)	
Oticon Inc			04/01-12/06	
Business Address		**City**	**State**	**Zip**
580 Howard Ave		Somerset	NJ	08873
Phone	**Title**		**Number of Employed Hours**	
800-526-3921	Staff Audiologist / VA Coordinator / Product Mangager		40/week	
Description of Duties				
Supporting audiologists with information on hearing devices, coordination of VA contract services, Product managment				

Business Name			From - To (MM/YY – MM/YY)	
Hear Well Again Centers			06/99-03/01	
Business Address		**City**	**State**	**Zip**
3501 W Chester Pike #101		Newtown Square	PA	19034
Phone	**Title**		**Number of Employed Hours**	
610-549-1761	Audiologist		40/ week	
Description of Duties				
Audiologic testing, hearing evaluations, hearing aid selection and fitting				

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9.30-21
Date

I, Alan Raffauf **, certify that as the MDEG Administrator for**

Oticon Medical ,

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

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

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

Alan Raffauf
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9-30-21
Date

Board Use Only	Date Received:

4E

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

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

Section 1: General Information

Facility Name: Prism Medical Products, L.L.C.

MDEG Physical Address: 112 Church Street, Suite 101

City: Elkin State: NC Zip: 28621

Mailing Address (if different from physical address): P.O. Box 476

City: Elkin State: NC Zip: 28621

Telephone: (888) 244-6421 Website: www.prism-medical.com

Email: compliance@prism-medical.com

Name of MDEG Administrator (NAC 639.694): Christopher Cartwright

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: Prism Medical Products, L.L.C. (Henry Schein, Inc. & Prism Medical Products Holdings, Inc. are partners in owning PMP)

Mailing Address: P.O. Box 476

City: Elkin State: NC Zip: 28621

Telephone: (888) 244-6421 x.4373 Email: compliance@prism-medical.com

Contact Person Name: Elizabeth Hyde

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
▣ Mon: 8am-6pm EST	▣ Tue: 8am-6pm EST	▣ Wed: 8am-6pm EST	▣ Thurs: 8am-6pm ES	▣ Fri: 8am-6pm EST
☐ Sat: Closed	☐ Sun: Closed	☐ Holidays: Closed for major holidays		

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

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

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner. (NAC 639.6942(4)(i))
CMS PTAN: 5823260001
NV Medicaid: 1548367063
Please see attached for additional numbers.

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

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

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

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

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

Christopher Cartwright

Print Name of Authorized Person Submitting Application

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

05/17/2022

Date

Board Use Only	Date Received: _____	Amount: 500 CHECK # 004959 ✓

Prism Medical Products, LLC Information Sheet

TRADITIONAL STATE MEDICAID ENROLLMENTS

AL: 125216 (eff. 02/03/2007)

AK: 1652871 (eff. 09/01/2016)

AR: 2368670741 (eff. 01/15/2020)

AZ: 900533 (eff. 11/01/2013)

CA: 1548367063 (eff. 02/07/2017)

CT: 1548367063 (eff. 11/01/2016)

CO: 1548367063 (eff. 08/03/2018)

DC: 089550700 (eff. 02/26/2013)

DE: 200141712 (eff. 01/19/2016)

FL: 020207500 (eff. 03/07/2017)

GA: 003101519A (eff. 02/01/2011)

IA: 1548367063 (eff. 10/01/2013)

ID: 1548367063 (eff. 04/10/2014)

IL: 753221011001 (eff. 03/07/2012)

IN: 1548367063 (eff. 11/01/2011)

KS: 201157140A (eff. 06/30/2017)

KS: 201175140B **(For MCO's Only)** (eff. 12/30/2020)

KY: 7100032310 (eff. 04/01/2008)

LA: 2137671 (eff. 02/01/2011)

MA: 110112813A (eff. 05/20/2016)

MD: 551509200 (eff. 01/01/2012)

ME: 1548367063 (eff. 10/01/2015)

MI: 1548367063 (eff. 03/13/2012)

MN: 1548367063 (eff. 06/06/2016)

MO: 620007567 (eff. 07/01/2013)

MS: 09376349 (eff. 02/07/2011)

MT: 1548367063 (eff. 08/15/2018

NC: 7704585 (eff. 02/01/2007)

NE: 10026550601 (eff. 04/12/2016)

NH: 3108181 (eff. 07/14/2017)

NJ: 0460222 (eff. 06/10/2015)

NM: 51225514 (eff. 02/11/2014)

NV: 1548367063 (eff. 06/18/2014)

NY: 03581275 (eff. 09/01/2017)

OH: 0060286 (eff. 02/01/2011)

OK: 200243820A (eff. 01/31/2011)

OR: 500671501 (eff. 05/12/2014)

PA: 1025643200002 (eff. 05/01/2011)

RI: 1548367063 (eff. 05/23/2016

SC: DM1293 (eff. 07/01/2006)

SD: 9169190 (eff. 01/04/2017)

TN: 1508032 (eff. 02/03/2007)

TX: 205277101 Traditional Medicaid, 205277103 CSHCN (eff. 07/13/2008)

UT: 1548367063 (eff. 06/10/2015)

VA: 1548367063 (eff. 06/03/2008)

VT: 1027114 (eff. 04/22/2016)

WA: 1548367063 (eff. 01/07/2014)

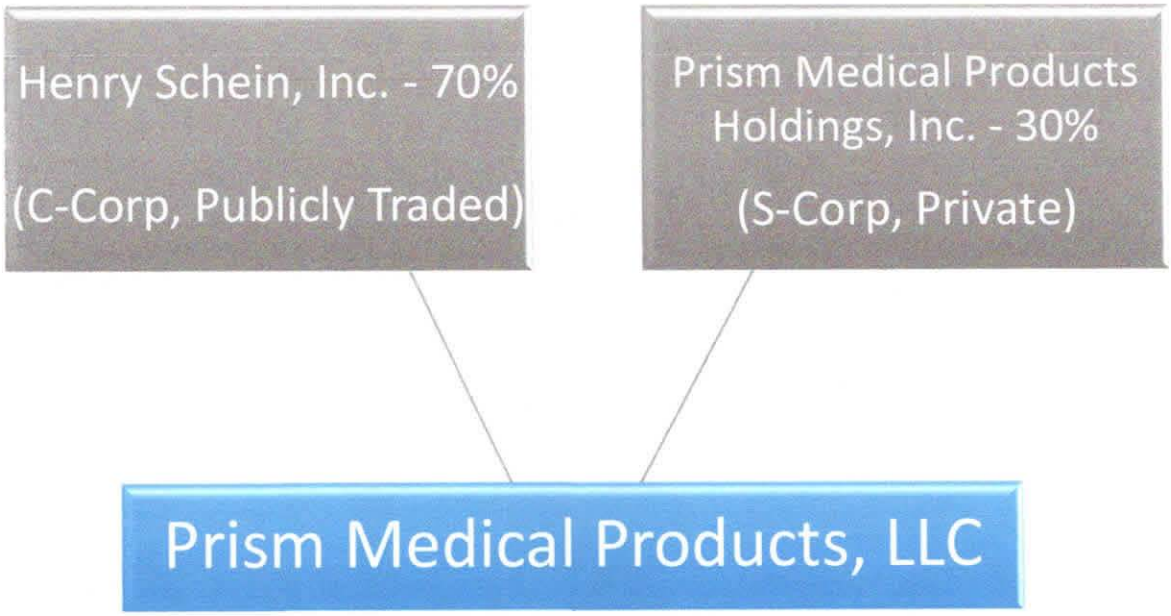
WI: 1548367063 (eff. 08/25/2015)

WV: 3810024959 (eff. 06/08/2012)

WY: 1548367063 (eff. 10/01/2016)

Prism Ownership Information

Ownership Structure



Address Information

Prism Medical Products, LLC
112 Church Street, Suite 101
Elkin, NC 28621

Prism Medical Products Holdings, Inc.
112 Church Street, Suite 102
Elkin, NC 28621

Henry Schein, Inc.
135 Duryea Rd.,
Melville NY 11747

Prism Medical Products, LLC

Please contact us if you required additional information.

Ownerhsip: Henry Schein, Inc. 70% Prism Medical Products Holdings, Inc - 30%

Prism Medical Products, LLC - Managing Members

Prism Medical Products Holdings, Inc. Managing Members of PMP, L.L.C.:

Christopher Cartwright, President - Day-to-Day Operator of PMP, L.L.C.
Kenneth Reel, Executive Vice President - Day-to-Day Operator of PMP, L.L.C.

Henry Schein, Inc. Managing Members of PMP, L.L.C.:

Brad Connett
Bill Barr
Eileen Rosenbaum
Michael Ettinger
Walter Siegel
Ronald South

Henry Schein,Inc.

Henry Schein is a publicly traded company with over 19,000 employees worldwide. Provided below is a list of the Executive Management team. Please contact us if you required additional information.

Executive Management

Stanley M. Bergman, Chairmen and Chief Executive Officer
Gerald A. Benjamin, Executive Vice President, Chief Administrative Officer
Michael Ettigner, Executive Vice President
James P. Breslawski, Vice Chairman of the Board and President
David Brous, President, Strategic Business Units Group and Asia Pacific & Brazil Dental
Brad Connett, President, U.S. Medical Group
Jonathan Koch, Senior Vice President and Chief Executive Officer, Global Dental Group, and Interim Chief Executive Officer, Henry Schein One
Lorelei, McGlynn, Senior Vice President, Chief Human Resources Officer
Mark E. Mlotek, Executive Vice President, Chief Strategic Officer
James Mullins, Senior Vice President, Global Services
Ronald South, Senior Vice President, Chief Financial Officer
Christopher Pendergast, Senior Vice President and Chief Technology Officer
Michael Racioppi, Senior Vice President, Chief Merchandising Officer
Walter Seigel, Senior Vice President and General Counsel
René Willi, PH.D., President Global Dental Surgical Group

Prism Medical Products Holding, Inc.

Prism Medical Holdings has a very limited management. There is no organizational chart for the three Board members/Executive Management Team. Please contact us if you required additional information.

Board of Directors/Executive Management

Christopher Cartwright, President
Kenneth Reel, Executive Vice President
James St. Cyr, Executive Vice President

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRISM MEDICAL PRODUCTS, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRISM MEDICAL PRODUCTS, L.L.C." WAS FORMED ON THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2020.

Jeffrey W. Bullock, Secretary of State

4587530 8300

SR# 20222042911

Authentication: 203479882

Date: 05-19-22

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

NORTH CAROLINA
Department of the Secretary of State

CERTIFICATE OF AUTHORIZATION
(Limited Liability Company)

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

PRISM MEDICAL PRODUCTS, L.L.C.

is a limited liability company formed under the laws of Delaware as Prism Medical Products, L.L.C. and was authorized to transact business in the State of North Carolina by issuance of a certificate of authority on 5th day of January, 2021.

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company has not withdrawn from the State of North Carolina, (ii) the said limited liability company's certificate of authority has not been suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively revoked for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial revocation, withdrawal, articles of merger, or articles of conversion for said limited liability company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 13th day of May, 2022.

Elaine F. Marshall

Secretary of State

Scan to verify online.

Certification# 113610206-1 Reference# 18772797- Page: 1 of 1
Verify this certificate online at https://www.sosnc.gov/verification

NORTH CAROLINA BOARD OF PHARMACY

Facility: Prism Medical Products, LLC
Address: 112 Church St., Suite 101 P.O. Box 476
Elkin, NC 28621
Permit Type: DME
Permit #: 02866
Re-Issue Date: 12/16/2021
Expiration Date: 12/31/2022
Person In Charge: Christopher Jon Cartwright

NC Law requires notification of address change within 30 days.

PLEASE NOTIFY BOARD OF NAME AND/OR ADDRESS CHANGE

REFER TO YOUR LICENSE NUMBER IN ANY COMMUNICATION

Permit #: 02866

NORTH CAROLINA BOARD OF PHARMACY

2022 Device & Medical Equipment

This is to certify that

Prism Medical Products, LLC

doing business as

Prism Medical Products, LLC

112 Church St., Suite 101 P.O. Box 476 Elkin, NC 28621 Surry

Has been renewed for the year ending December 31st 2022.

Christopher Jon Cartwright

12/16/2021
Re-Issued

PRESIDENT

EXECUTIVE DIRECTOR

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

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
05/25/2022

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

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

PRODUCER	CONTACT NAME:	
Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE		NAIC #
Prism Medical Products P O Box 476 112 Church Street, Suite 101 Elkin NC 28621 USA	INSURER A:	QBE Specialty Insurance Company	11515
	INSURER B:	ProAssurance Specialty Insurance Company	17400
	INSURER C:	Liberty Mutual Fire Ins Co	23035
	INSURER D:	Liberty Insurance Corporation	42404
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 570093232788 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [ ] PRO-JECT [X] LOC OTHER:			TB2621093363032	06/01/2022	06/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $100,000 $5,000 $1,000,000 $2,000,000 Excluded
C	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			AS2-621-093363-042	06/01/2022	06/01/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
D	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION			TH7621093363072	06/01/2022	06/01/2023	EACH OCCURRENCE AGGREGATE	$6,000,000 $6,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WA762D093363012 AOS	06/01/2022	06/01/2023	X PER STATUTE OTH-ER	
D				WC7621093363022 WI	06/01/2022	06/01/2023	E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	$1,000,000 $1,000,000 $1,000,000
B	Products Liab			N22NY380020 Products Liability Claims	06/01/2022	06/01/2023	Per Occurrence Aggregate	$5,000,000 $5,000,000

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

Evidence of Coverage.

CERTIFICATE HOLDER

Prism Medical Products, LLC
PO Box 476
Elkin NC 28621 USA

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast Inc.

Holder Identifier :

Certificate No : 570093232788

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AGENCY CUSTOMER ID: 570000025511
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Prism Medical Products
POLICY NUMBER: See Certificate Number: 570093232788	
CARRIER: See Certificate Number: 570093232788 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	OTHER							
A	E&O-MPL-Primary			QPL2396220 Cyber/Tech/Prof SIR applies per policy terms & conditions	10/31/2021	10/31/2022	Limit of Liability	$5,000,000

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AGENCY CUSTOMER ID: 570000025511
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Prism Medical Products
POLICY NUMBER	
See Certificate Number: 570093232788	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570093232788	

ADDITIONAL REMARKS

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

Locations

PRISM MEDICAL PRODUCTS - OFFICE LOCATIONS:
112 Church Street, Suite 101, Elkin, NC 28621
2445 Directors Row, Ste G, Indianapolis, IN 46241
4705 N Sonora Ave # 110, Fresno, CA 93722
119 W Main Street, Elkin, NC 28621
4900 Outland Center Drive, Ste 103, Memphis, TN 38118
416 Oakland Drive, Elkin, NC 28621
900 Albany Shaker Road Ste 1, Latham, NY 12110
3190 100th Street, Urbandale, IA 50322
5409 Lumley Road, Ste 107, 105 & 106, Durham, NC 27703
2700 Commerce Square East. Irondale, AL 35210
6345 S Pecos Road #203-205, Las Vegas, NV 89120
111 Market Street Apt 203, Elkin, NC 28621
1421 Champion Drive Suite 100, Carrollton, TX 75006
12019 NE 99th Street Suite 1720, Vancouver, WA 98682
118 Circle Court, Elkin, NC 28621
233 12th Street, Suite 500-A, Columbus, GA 31901
197 Piedmont Blvd., Suite 212, Rock Hill, SC 29732
214 North Curran Ave Ste B1, Picayune, MS 39466
7003 Presidents Drive, Orlando, FL 32809
7060 103rd Street Ste 107, Jacksonville, FL 32210
9635 Southern Pines, Blvd., 100, Charlotte, NC 28273
2800 Percy Machin Drive, Ste. 112, North Little Rock, AR 72114
1605 North Bridge Street; Elkin, NC 28621

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AGENCY CUSTOMER ID: 570000025511
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Prism Medical Products
POLICY NUMBER: See Certificate Number: 570093232788	
CARRIER: See Certificate Number: 570093232788 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

Locations:

PRISM MEDICAL PRODUCTS - OFFICE LOCATIONS:
112 Church Street, Suite 101, Elkin, NC 28621
2445 Directors Row, Ste G, Indianapolis, IN 46241
4705 N Sonora Ave # 110, Fresno, CA 93722
119 W Main Street, Elkin, NC 28621
4900 Outland Center Drive, Ste 103, Memphis, TN 38118
416 Oakland Drive, Elkin, NC 28621
900 Albany Shaker Road Ste 1, Latham, NY 12110
3190 100th Street, Urbandale, IA 50322
5409 Lumley Road, Ste 107, 105 & 106, Durham, NC 27703
2700 Commerce Square East. Irondale, AL 35210
6345 S Pecos Road #203-205, Las Vegas, NV 89120
111 Market Street Apt 203, Elkin, NC 28621
1421 Champion Drive Suite 100, Carrollton, TX 75006
12019 NE 99th Street Suite 1720, Vancouver, WA 98682
118 Circle Court, Elkin, NC 28621
233 12th Street, Suite 500-A, Columbus, GA 31901
197 Piedmont Blvd., Suite 212, Rock Hill, SC 29732
214 North Curran Ave Ste B1, Picayune, MS 39466
7003 Presidents Drive, Orlando, FL 32809
7060 103rd Street Ste 107, Jacksonville, FL 32210
9635 Southern Pines, Blvd., 100, Charlotte, NC 28273
2800 Percy Machin Drive, Ste. 112, North Little Rock, AR 72114
1605 North Bridge Street; Elkin, NC 28621

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NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Prism Medical Products, L.L.C.

Physical Address: 112 Church Street, Suite 101

City: Elkin State: NC Zip: 28621

Mailing Address (if different from physical address): P.O. Box 476

City: Elkin State: NC Zip: 28621

Telephone: (888) 244-6421 Website: www.prism-medical.com

Licensing Company Email: compliance@prism-medical.com

Section 2: Personal Information

First: Kenneth Middle: Herbert Last: Reel, Jr.

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

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

Mailing Address: P.O. Box [redacted]

City: Elkin State: NC Zip: 28621

Telephone: (888) 244-6421 x.4314 Email: ken@prism-medical.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials _____

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

School Name			From - To (MM/YY – MM/YY)	
Nova Southeastern University - Shepard Broad College of Law			08/2001 - 05/2004	
Address		City	State	Zip
3301 College Avenue		Fort Lauderdale	FL	33314
Diploma/Degree obtained, if any				
Juris Doctor Degree (JD)				
School Name			From - To (MM/YY – MM/YY)	
University of Florida			01/1999 - 12/2000	
Address		City	State	Zip
201 Criser Hall - PO Box 114000		Gainsville	FL	32611
Diploma/Degree obtained, if any				
BA Degree				
School Name			From - To (MM/YY – MM/YY)	
Valencia Community College			06/1998 - 12/1998	
Address		City	State	Zip
1800 S. Kirkman Road		Orlando	FL	32811
Diploma/Degree obtained, if any				
AA Degree				
School Name			From - To (MM/YY – MM/YY)	
University of Central Florida			08/1996 - 05/1998	
Address		City	State	Zip
4000 Central Florida Blvd.		Orlando	FL	32816
Diploma/Degree obtained, if any				
N/A - Transfered to Valencia Community College				
School Name			From - To (MM/YY – MM/YY	
Ovideo High School			08/1992 - 05/1996	
Address		City	State	Zip
601 King Street		Oviedo	FL	32765
Diploma/Degree obtained, if any				
Diploma				

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2019 - Present	[redacted] Queens Road W.	Charlotte	NC	28207
From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2014 - 12/2018	[redacted] dlewood Circle	Charlotte	NC	28209
From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2011 - 03/2014	[redacted] Red Oak Lane	Winston-Salem	NC	27106
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's Initials _____

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

Business Name			From - To (MM/YY – MM/YY)	
Prism Medical Products, L.L.C.			01/2009 - Present	
Business Address		**City**	**State**	**Zip**
112 Church Street, Suite 101		Elkin	NC	28621
Phone	**Title**			
(888) 244-6421	Owner - Vice President			
Description of Duties				
Owner - Vice President. Oversee Territory Account Management, Human Resources, and Compliance & Government Affairs.				

Business Name			From - To (MM/YY – MM/YY)	
Prism Medical Products Holdings, Inc.			12/2020 - Present	
Business Address		**City**	**State**	**Zip**
112 Church Street, Suite 102		Elkin	NC	28621
Phone	**Title**			
(866) 604-6477	Owner - Vice President			
Description of Duties				

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

Applicant's initials _____

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

Applicant's initials _____

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

This is in response to Question # 6 and 8. Provide all the following *where applicable*:

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

Provide explanation below:

Question 6 Response: Ken Reel is an attorney registered with the Florida State Bar Association since 2005. Prism Medical Products, L.L.C. has appeared before different licensing agency's pertaining to general matters regarding license/policy, whether this be an initial board licensing requirement or a meeting to request/support board regulatory change. This has not be related to any type of disciplinary action.

Question 8 Response: Some state Medicaids or other health plans may request a specific license; however, that state licensing agency does not require Prism to obtain a license. At times we may have applied for a permit, but been denied based on the scope of our services, which the denial indicating a license is not required.

Original Signature (electronic, copies or stamps not accepted)

05/17/2022

Date

Applicant's initials

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

Kenneth Reel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05/17/2022

Date

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

State of North Carolina, ss. County of Surry

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

Original Signature

05/17/2022

Date

Subscribed and Sworn to before me this 17 day of May 2022.

Elizabeth L. Hyde

Notary Public Signature

ELIZABETH L HYDE
NOTARY PUBLIC
My Commission Expires
09/10/2022
SURRY COUNTY, NC

(Seal)

Applicant's initials

Y

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Prism Medical Products, L.L.C.

Physical Address: 112 Church Street, Suite 101

City: Elkin State: NC Zip: 28621

Mailing Address (if different from physical address): P.O. Box 476

City: Elkin State: NC Zip: 28621

Telephone: (888) 244-6421 Website: www.prism-medical.com

Licensing Company Email: compliance@prism-medical.com

Section 2: Personal Information

First: James Middle: Robert Last: St. Cyr

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

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

Mailing Address: P.O. Box [redacted]

City: Elkin State: NC Zip: 28621

Telephone: (888) 244-6421 x.4314 Email: james@prism-medical.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials (JB)

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

School Name			From - To (MM/YY – MM/YY)	
Wingate Univeristy			1998 - 2002	
Address	**City**		**State**	**Zip**
315 E Wilson Street	Wingate		NC	28174
Diploma/Degree obtained, if any				
BS - Business Marketing				
School Name			**From - To (MM/YY – MM/YY)**	
Mildford High School			1994 - 1998	
Address	**City**		**State**	**Zip**
100 West Street	Milford		NH	03055
Diploma/Degree obtained, if any				
Diploma				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/2013 - Present	[redacted]Laurel Hill Lane	State Road	NC	28676
From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2012 - 03/2013	[redacted]C.B. Eller School Road	Elkin	NC	28621
From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2010 - 05/2012	[redacted]Elk Spur Street	Elkin	NC	28621
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials JE

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

Business Name			From - To (MM/YY – MM/YY)	
Prism Medical Products, L.L.C.			05/2010 - Present	
Business Address	**City**	**State**	**Zip**	
112 Church Street, Suite 101	Elkin	NC	28621	
Phone	**Title**			
(888) 244-6421	Owner - Vice President			
Description of Duties				
Owner - Vice President. Oversee Client Operations, Logistics and Facilities, and Business Systems.				

Business Name			From - To (MM/YY – MM/YY)	
Prism Medical Products Holdings, Inc.			12/2020 - Present	
Business Address	**City**	**State**	**Zip**	
112 Church Street, Suite 102	Elkin	NC	28621	
Phone	**Title**			
(866) 604-6477	Owner - Vice President			
Description of Duties				

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

Applicant's initials _____

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

Applicant's initials 

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

This is in response to Question # 6 and 8 **. Provide all the following *where applicable*:**

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

Provide explanation below:

Question 6 Response: Prism Medical Products, L.L.C. has appeared before different licensing agency's pertaining to general matters regarding license/policy, whether this be an initial board licensing requirement or a meeting to request/support board regulatory change. This has not be related to any type of disciplinary action.

Question 8 Response: Some state Medicaids or other health plans may request a specific license; however, that state licensing agency does not require Prism to obtain a license. At times we may have applied for a permit, but been denied based on the scope of our services, which the denial indicating a license is not required.

Original Signature (electronic, copies or stamps not accepted)

05/17/2022

Date

Applicant's Initials

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

James St. Cyr

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05/17/2022

Date

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

State of North Carolina, ss. County of Surry

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

Original Signature

05/17/2022

Date

Subscribed and Sworn to before me this 17 day of May 2022.

Elizabeth L. Hyde

Notary Public Signature

ELIZABETH L HYDE
NOTARY PUBLIC
SURRY COUNTY, NC
My Commission Expires 09/10/2022

(Seal)

Applicant's Initials JB

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Prism Medical Products, L.L.C.

Physical Address: 112 Church Street, Suite 101

City: Elkin State: NC Zip: 28621

Mailing Address (if different from physical address): P.O. Box 476

City: Elkin State: NC Zip: 28621

Telephone: (888) 244-6421 Website: www.prism-medical.com

Licensing Company Email: compliance@prism-medical.com

Section 2: Personal Information

First: Christopher Middle: Jon Last: Cartwright

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

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

Mailing Address: P.O. Box [redacted]

City: Elkin State: NC Zip: 28621

Telephone: (888) 244-6421 x.4314 Email: chris@prism-medical.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials _____

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

School Name		From - To (MM/YY – MM/YY)	
Wingate Univeristy		1996 - 2000	
Address	**City**	**State**	**Zip**
315 E. Wilson Street	Wingate	NC	28174
Diploma/Degree obtained, if any			
B.S.			

School Name		From - To (MM/YY – MM/YY)	
Oviedo High School		1992 - 1996	
Address	**City**	**State**	**Zip**
601 King Street	Oviedo	FL	32765
Diploma/Degree obtained, if any			
Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2016 - Present	[redacted] Colonial Lane	State Road	NC	28676
2010 - 2016	[redacted] Carter Mill Road	Elkin	NC	28621

Applicant's initials _____

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

Business Name			From - To (MM/YY – MM/YY)
Prism Medical Products, L.L.C.			08/2006 - Present
Business Address	**City**	**State**	**Zip**
112 Church Street, Suite 101	Elkin	NC	28621
Phone	**Title**		
(888) 244-6421	President		
Description of Duties			
Owner, Executive			

Business Name			From - To (MM/YY – MM/YY)
Prism Medical Products Holdings, Inc.			12/2020 - Present
Business Address	**City**	**State**	**Zip**
112 Church Street, Suite 102	Elkin	NC	28621
Phone	**Title**		
(866) 604-6477	President		
Description of Duties			
Owner - President			

Business Name			From - To (MM/YY – MM/YY)
The Bonanza Group, LLC			2010 - Present
Business Address	**City**	**State**	**Zip**
112 Church Street, Suite 102	Elkin	NC	28621
Phone	**Title**		
(336) 258-2576	Chief Operating Member		
Description of Duties			
Chief Operating Member			

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

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

Continue on next page if additional space is needed.

Applicant's initials _____

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

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

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

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

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.	✓	
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 and 8. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
N/A	N/A			
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
N/A				
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Question 6 Response: Prism Medical Products, L.L.C. has appeared before different licensing agency's pertaining to general matters regarding license/policy, whether this be an initial board licensing requirement or a meeting to request/support board regulatory change. This has not be related to any type of disciplinary action.

Question 8 Response: Some state Medicaids or other health plans may request a specific license; however, that state licensing agency does not require Prism to obtain a license. At times we may have applied for a permit, but been denied based on the scope of our services, which the denial indicating a license is not required.

Original Signature (electronic, copies or stamps not accepted)

05/17/2022

Date

Applicant's Initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christopher Cartwright

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05/17/2022

Date

Please have this section completed in the presence of a Notary Public.

State of North Carolina, ss. County of Surry

I, Christopher Cartwright, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

05/17/2022

Date

Subscribed and Sworn to before me this 17 day of May 2022.

Elizabeth L. Hyde

Notary Public Signature

ELIZABETH L HYDE NOTARY PUBLIC SURRY COUNTY, NC My Commission Expires 09/10/2022

(Seal)

Applicant's initials _____ 7

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG)
Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of MDEG: Prism Medical Products, L.L.C. MDEG License # (if applicable): _____

Physical Address: 112 Church Street, Suite 101

City: Elkin State: NC Zip: 28621

Mailing Address (if different from physical address): P.O. Box 476

City: Elkin State: NC Zip: 28621

Telephone: (888) 244-6421 Website: www.prism-medical.com

Licensing Company Email: compliance@prism-medical.com

Section 2: Personal Information

First: Christopher Middle: Jon Last: Cartwright

Alias(es, nicknames, name changes, etc.): Chris

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: P.O. Box [redacted]

City: Elkin State: NC Zip: 28621

Telephone: (888) 244-6421 x.4314 Email: chris@prism-medical.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Wingate University		1996 - 2000	
Address	**City**	**State**	**Zip**
315 E. Wilson Street	Wingate	NC	28174
Diploma/Degree obtained, if any			
B.S.			

School Name		From - To (MM/YY – MM/YY)	
Oviedo High School		1992 - 1996	
Address	**City**	**State**	**Zip**
601 King Street	Oviedo	FL	32765
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2016 - Present	[redacted]Colonial Lane	State Road	NC	28676
2010 - 2016	[redacted]Carter Mill Road	Elkin	NC	28621

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Prism Medical Products, L.L.C.			08/2006 - Present
Business Address	**City**	**State**	**Zip**
112 Church Street, Suite 101	Elkin	NC	28621
Phone	**Title**	**Number of Employed Hours**	
(888) 244-6421	President	31,200+ Hours	
Description of Duties			
Owner, Executive. Oversees and provides guidance to the management team for day-to-day activities.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
N/A	N/A			
Case # N/A		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

05/17/2022
Date

I, Christopher Cartwright, **certify that as the MDEG Administrator for**

Prism Medical Products, L.L.C.,

that I (initial that you have read and meet the following requirements):

1. ____ Have a high school diploma or its equivalent;
2. ____ Have
   a. At least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ____ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ____ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christopher Cartwright
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05/17/2022
Date

Board Use Only	Date Received:

4F

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☒ Ownership Change* ☒ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 02526	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: AkaRx, Inc

Physical Address: 240 Leigh Farm Rd. Suite 245

City: Durham State: NC Zip: 27707

Mailing Address (if different from physical address): 240 Leigh Farm Rd., Suite 245

City: Durham State: NC Zip: 27707

Telephone: (919) 748-5975 Website: www.sobi.com

Name of Designated Representative (DR): Shelley Diaz

Licensing Company Email: akarxstatelicenses@sobi.com DR Email: Shelley.Diaz@sobi.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Specialty Pharmacies		☒ Others: Virtual Manufacturer

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: ASD Specialty Healthcare LLC

Address: 1195 Trademark Drive, Suite 102 City: Reno State: NV Zip: 89521

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Sobi Inc.

Corporation/Organization Name: AkaRx, Inc.

Mailing Address: 240 Leigh Farm Rd., Suite 245

City: Durham State: NC Zip: 27707

Telephone: 781-786-7370 Email: akarxstatelicenses@sobi.com

Contact Person Name: Christine Belin

Section 6: Partnership

Partnership Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 7: Sole Owner

Owner's Name:

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

AkaRx, Inc

Facility Name

Christine Belin

Print Name of Authorized Person Submitting Application

Christine Belin

Original signature of Authorized Person (copies or stamps not accepted)

7/11/2022

Date

Board Use Only	Date Received: 7/15/22	Amount: 1000.00 CK-16011

DocuSign Envelope ID: 3CEA74CC-1D6A-4A2B-85CF-2F1081DAAFD8

March 14, 2022

To Whom It May Concern,

This letter serves as formal notification that effective March 31, 2022, as part of an internal re-organization, Dova Pharmaceuticals, Inc. ("Dova"), a Delaware corporation, will be merged into its affiliate, Sobi, Inc., a Delaware corporation, and cease to exist as an independent entity. AkaRx, Inc., formerly a wholly owned subsidiary of Dova, will become a wholly owned subsidiary of Sobi Inc., pursuant to the plan of merger.

On November 12, 2019, Swedish Orphan Biovitrum AB (publ) ("Sobi AB"), a Swedish public limited liability company, completed its previously announced acquisition of Dova. As a result of that transaction, Dova became (i) an indirect wholly owned subsidiary of Sobi AB, and (ii) an affiliate of Sobi, Inc., which is also an indirect wholly owned subsidiary of Sobi AB.

From November 12, 2019 through March 31, 2021, Dova and Sobi, Inc. were each indirect, wholly owned subsidiaries of Sobi AB through Sobi AB's wholly owned holding company, Sobi US Holding Corp., a Delaware corporation.

As of March 31, 2022, an agreement and plan of merger will be approved, adopted, acknowledged and executed by each of Sobi, Inc. and Dova in accordance with the provisions of the Delaware General Corporation Law.

As a result of this transaction, Sobi, Inc., shall possess all the rights, privileges, powers and franchises of a public as well as of a private nature, and be subject to all the restrictions, disabilities and duties of Dova; and all singular rights, privileges, powers and franchises of Dova, all property, real, personal and mixed (whether tangible or intangible), and all debts due to Dova on whatever account, as well as all other things in action or belonging to Dova, shall be vested in Sobi, Inc.

Any and all active contracts and agreements that Dova had in place will be substantively unchanged, with Sobi, Inc. as the succeeding counterparty, and Sobi, Inc. will be bound by the terms and conditions of all such contracts and agreements.

Please do not hesitate to reach out to me if you have any questions.

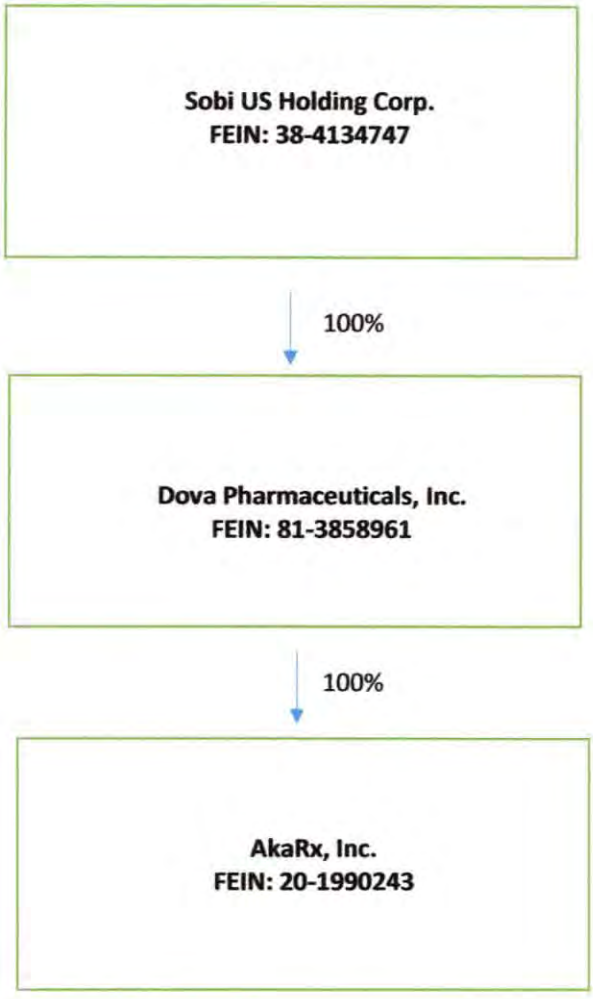
Sincerely,

DocuSigned by:
Guled Adam
1AF092DBC2FC44D...

Guled Adam
General Counsel, Head of Legal, Ethics & Compliance, Sobi, Inc

Sobi, Inc.
77 4th Ave , 3rd Floor Waltham, MA 02451
Phone: +1 781-786-7370, www.sobi-northamerica.com

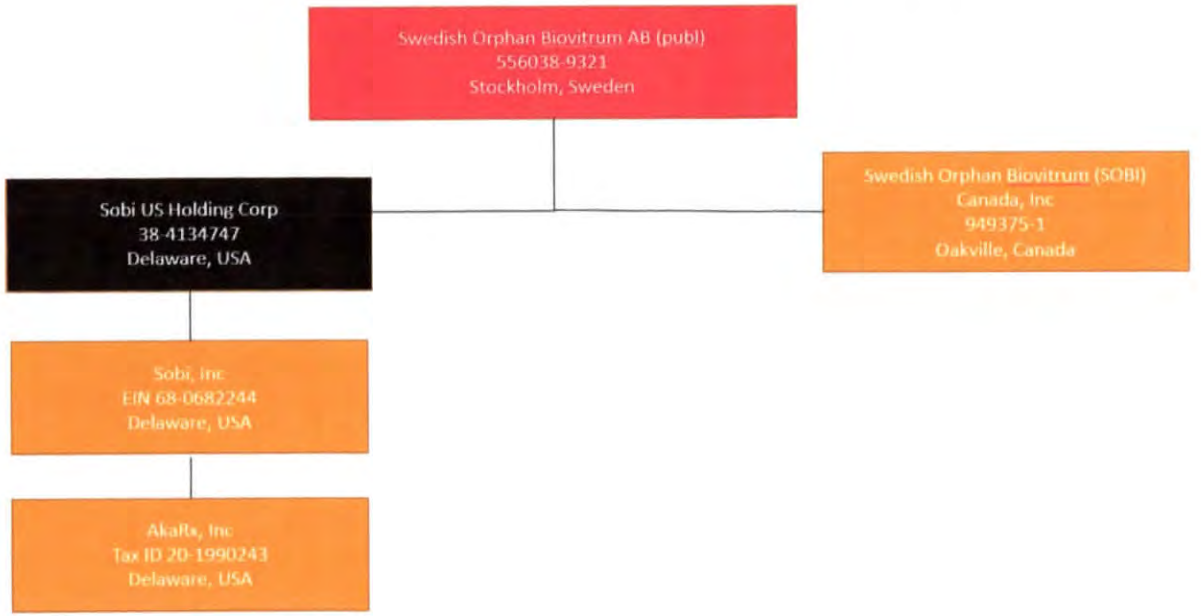
Pre Change of Ownership Org Chart



Post Change of Ownership Org Chart

sobi

Legal Entity Structure: North America



LEGEND Parent | Holding Co. | Distributor

AGREEMENT AND PLAN OF MERGER

THIS AGREEMENT AND PLAN OF MERGER (*"Agreement"*), dated as of March 31, 2022, is by and between **SOBI, INC.**, a Delaware corporation (*"Sobi"* or the *"Surviving Company"*) and **DOVA PHARMACEUTICALS, INC.**, a Delaware corporation (*"Dova"*).

RECITALS

WHEREAS, Sobi and Dova are wholly-owned subsidiaries of Sobi US Holding Corp., a Delaware corporation (*"Sobi HoldCo"*), and Sobi HoldCo desires to integrate its business operations and simplify its legal entity structure.

NOW, THEREFORE, the parties hereby agree as follows:

ARTICLE 1

THE MERGER

1.1 Merger. Pursuant to Section 251 of the General Corporation Law of the State of Delaware (*"DGCL"*) the parties agree that Dova shall merge with and into Sobi (the *"Merger"*) in accordance with the terms set forth in this Agreement.

1.2 Parties. The name of the Surviving Company in the Merger is Sobi, Inc. The name of the disappearing entity in the Merger is Dova Pharmaceuticals, Inc. Pursuant to Section 251 of the DGCL, this Agreement has been approved by the sole stockholder of the Surviving Company and the sole stockholder of Dova.

1.3 Effective Time of the Merger. The effective time of the Merger shall be such time that a certificate of merger with respect to the Merger is filed with the Secretary of State of the State of Delaware (the *"Effective Time"*). As of the Effective Time, the corporate existence of Sobi, with all of its rights, privileges and powers, shall continue unaffected and unimpaired by the Merger, and the corporate identity and existence of Dova, with all of its respective rights, privileges and powers, shall be merged with and into Sobi, and Sobi, as the Surviving Company, shall be fully vested therewith. The separate existence of Dova shall cease as of the Effective Time, as contemplated by Sections 251 and 259 of the DGCL.

1.4 Effects of the Merger.

(a) At the Effective Time the separate existence of Dova shall cease and Dova shall be merged with and into the Surviving Company.

(b) At and after the Effective Time, the Surviving Company shall possess all the rights, privileges, powers and franchises of a public as well as of a private nature, and be subject to all the restrictions, disabilities and duties of Dova, including without limitation any rights, privileges, powers and franchises and any restrictions, disabilities and duties arising by reason of Dova's ownership of the capital stock of any subsidiary, including without limitation AkaRx, Inc. and Dova Pharmaceuticals Ireland Limited; and all and singular rights, privileges, powers and franchises of Dova, and all property, real, personal and mixed (whether tangible or intangible), and all debts due to Dova on whatever account, as well as all other things in action or belonging to Dova, shall be vested in the Surviving Company, and all property, rights, privileges, powers and franchises, and all and every other interest shall be thereafter the property of the Surviving Company as they were of Dova; but all rights of creditors and all liens upon any

property of Dova shall be preserved unimpaired, and all debts, liabilities and duties of Dova shall thereafter attach to the Surviving Company, and may be enforced against it to the same extent as if such debts and liabilities had been incurred by it, including without limitation any debts, liabilities and duties arising by reason of Dova's ownership of the capital stock of any subsidiary, including without limitation AkaRx, Inc. and Dova Pharmaceuticals Ireland Limited.

1.5 Cancellation of Disappearing Company's Capital Stock. As of the Effective Time (A) all of the capital stock of Dova shall be cancelled, and (B) all of the capital stock of Sobi shall remain issued and outstanding. At and after the Effective Time, the Surviving Company shall possess all the rights, privileges, powers and franchises of a public as well as of a private nature, and be subject to all the restrictions, disabilities and duties of Dova, including without limitation any rights, privileges, powers and franchises and any restrictions, disabilities and duties arising by reason of Dova's ownership of the capital stock of any subsidiary, including without limitation AkaRx, Inc. and Dova Pharmaceuticals Ireland Limited; and all and singular rights, privileges, powers and franchises of Dova, and all property, real, personal and mixed (whether tangible or intangible), and all debts due to Dova on whatever account, as well as all other things in action or belonging to Dova, shall be vested in the Surviving Company, and all property, rights, privileges, powers and franchises, and all and every other interest shall be thereafter the property of the Surviving Company as they were of Dova; but all rights of creditors and all liens upon any property of Dova shall be preserved unimpaired, and all debts, liabilities and duties of Dova shall thereafter attach to the Surviving Company, and may be enforced against it to the same extent as if such debts and liabilities had been incurred by it, including without limitation any debts, liabilities and duties arising by reason of Dova's ownership of the capital stock of any subsidiary, including without limitation AkaRx, Inc. and Dova Pharmaceuticals Ireland Limited.

1.6 Organizational Documents. As of the Effective Time, the organizational documents of the Surviving Company shall be in the form of the existing Certificate of Incorporation and Bylaws of Sobi, as amended and in effect immediately prior to the Effective Time.

1.7 U.S. Tax Treatment. The parties intend that the Merger and any related transactions, including related transactions occurring prior to the Merger, shall qualify as a tax-free reorganization pursuant to Section 368(a)(1)(A) of the Internal Revenue Code of 1986, as amended (the "***Code***"), for U.S. federal and applicable state income tax purposes, with Sobi and Dova each intending to be a "party to a reorganization" within the meaning of Section 368(b) of the Code. This Agreement is adopted as a "plan of reorganization" under Treasury Regulation Sections 1.368-2(g) and 1.368-3(a) for U.S. federal and applicable state income tax purposes.

1.8 Further Action. If, at any time after the Effective Time, any further action is determined by Sobi to be necessary or desirable to carry out the purpose of this Agreement or to vest the Surviving Company with the full rights, privileges and powers of Dova, the officers and managers of the Surviving Company shall be fully authorized (in the name of Dova) to take such action.

1.9 Amendment and Termination. At any time prior to the Effective Time, this Agreement may be amended in writing by Sobi and Dova or terminated by either party upon written notice, whether before or after receipt of the approval of Sobi HoldCo.

ARTICLE 2

MISCELLANEOUS PROVISIONS

2.1 Governing Law. This Agreement shall be construed and interpreted in accordance with the laws of the State of Delaware, without regard to its provisions concerning conflict of laws that would cause the laws of another jurisdiction to govern.

2.2 Counterparts. This Agreement may be executed in two or more counterparts, each of which shall be binding as of the date first written above, and all of which shall constitute one and the same instrument. Each such copy shall be deemed an original, and it shall not be necessary in making proof of this Agreement to produce or account for more than one such counterpart.

2.3 Severability. Any provision of this Agreement that is invalid or unenforceable in any jurisdiction shall be ineffective to the extent of such invalidity or unenforceability without invalidating or rendering unenforceable the remaining provisions hereof, and any such invalidity or unenforceability in any jurisdiction shall not invalidate or render unenforceable such provision in any other jurisdiction.

2.4 Successors and Assigns. This Agreement shall be binding upon each of the parties hereto and each of their respective successors and assigns, if any. This Agreement shall inure to the benefit of the Surviving Company, Dova and their respective successors and assigns, if any.

2.5 Entire Agreement. This Agreement sets forth the entire understanding of the parties hereto relating to the subject matter hereof and supersedes all prior agreements and understandings among or between any of the parties relating to the subject matter.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, each of the parties has caused this Agreement to be executed, effective as of the date first written above.

SOBI, INC.

DocuSigned by:
By: Duane H Barnes
32EF84A527FE4D9...
Name: Duane Barnes
Title: President

DocuSigned by:
By: Christine Belin
ABFB62C0648B472...
Name: Christine Belin
Title: CFO and Head of IT, NA

DocuSigned by:
By: Guled Adam
C...150220B32E44D...
Name: Guled Adam
Title: General Counsel, NA

DOVA PHARMACEUTICALS, INC.

DocuSigned by:
By: Duane H Barnes
32EF84A527FE4D9...
Name: Duane Barnes
Title: President

DocuSigned by:
By: Christine Belin
ABFB62C0648B472...
Name: Christine Belin
Title: CFO and Head of IT, NA

DocuSigned by:
By: Guled Adam
C...4F9A2B92FC44D...
Name: Guled Adam
Title: General Counsel, NA

AKARX™

Description of Operations

AkaRx, Inc. ("AkaRx") is a Virtual Manufacturer. AkaRx, Inc.'s product is manufactured by a contract manufacturer and will be distributed to customers by their third-party logistics provider, Integrated Commercialization Services, Inc. ("ICS"), who is licensed to ship pharmaceutical products into your state.

We are using the following contract manufacturers to produce our product:

Manufacturing Facility Information:

Pharma Packaging Solutions d/b/a Tjoapack, LLC
341 JD Yarnell Industrial Pkwy
Clinton, TN 37716
Phone: 615- 359-0805
FDA Establishment Number: 3002763532

Eisai Co. Ltd.
Mosquito Way, Hatfield, AL10 9SN, United Kingdom (GBR)
Phone: 919-474-2126
FDA Establishment Number: 3008356774

Eisai Co. Ltd. manufactures AkaRx's product. At no time does Eisai Co. Ltd. own the product, contract with AkaRx customers, invoice nor sell a AkaRx product.

Third Party Logistics Information:

For distribution into the commercial supply channels, AkaRx utilizes Integrated Commercialization Services, Inc. ("ICS") as their third party logistics (3PL) provider to manage the storage and distribution of AkaRx product to customers throughout the United States. ICS's address is:

Integrated Commercialization Services, Inc.
420 International Blvd., Suite 500
Brooks, KY 40109
502-955-3650

AkaRx's hours of operation are 8:00 a.m. – 5:00 p.m. Monday through Friday Eastern.

Product Information:

Molecular Name: Avatrombopag
Brand Name: Doptelet
NDCs: 71369-020-10 / 71369-020-15

AKARX™

Company/Ownership Information

AkaRx, Inc.
240 Leigh Farm Rd., Suite 245
Durham, NC 27707
P: 919-748-5975
E-mail: akarxstatelicenses@sobi.com

AkaRx,Inc. is 100% wholly owned by Sobi,Inc.

Sobi Inc.
77 4th Avenue, 3rd Floor
Walthan, MA
Delaware Corporation
FEIN #: 68-0682244

Officers

Christine Belin: Chief Financial Officer and Head of IT North America
Business Address: 890 Winter St Suite 200, Waltham, MA 02451
Business Phone: 781-786-7370

Duane Barnes, President, Sobi North American
Business Address: 77 Fourth Avenue, Waltham, MA 02451
Business Phone: 781-786-7370

2022

NOT TRANSFERABLE
STATUTE GS 81.106.119

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

LICENSE/CERTIFICATE NO.
1520

LICENSE/CERTIFICATE: **Virtual Manufacturer**
TYPE

Expiration Date **12/31/2022**

LICENSED 2022 NORTH CAROLINA

LICENSEE OR CERTIFICATOR
AkaRx Inc
240 LEIGH FARM ROAD STE 245
DURHAM **NC** **27707**

THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

Steven W. Troxler
STEVE TROXLER, COMMISSIONER

NC Dept. of Agriculture & Consumer Services

Food & Drug Protection Division

Firm Name: AkaRx Inc

Address: 240 LEIGH FARM ROAD STE 245 DURHAM, NC 27707

License Type: Virtual Manufacturer

License Number: 1520

Status: Active - in good standing

Discipline: No

Issue Date: 11/23/2021

Original Issue: 7/31/2018

Expiration Date: 12/31/2022

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "AKARX, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE FIRST DAY OF DECEMBER, A.D. 2004, AT 5:58 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE SEVENTEENTH DAY OF AUGUST, A.D. 2005, AT 1:31 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE TWENTY-SECOND DAY OF AUGUST, A.D. 2005, AT 10:34 O`CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE NINTH DAY OF MAY, A.D. 2006, AT 2:09 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2007, AT 1:51 O`CLOCK P.M.

CERTIFICATE OF MERGER, FILED THE SIXTH DAY OF JANUARY, A.D. 2010, AT 12:40 O`CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

3889338 8310

SR# 20220322807

Authentication: 202542540

Date: 02-01-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

Delaware

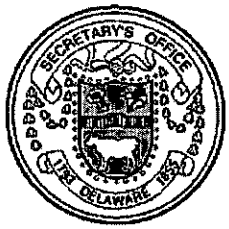
The First State

CERTIFICATE OF CORRECTION, FILED THE TWELFTH DAY OF JANUARY, A.D. 2010, AT 4:53 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "AKARX, INC.".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.





3889338 8310

SR# 20220322807

Authentication: 202542540

Date: 02-01-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through March 22, 2022

You have searched Finished drug products

Search Results: *'71369'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date
DOPTELET	71369-020-30	20 mg/1	TABLET, FILM COATED	ORAL	NDA210238	AkaRx, Inc.	71369-020	avatrombopag maleate	AVATROMBOPAG MALEATE	HUMAN PRESCRIPTION DRUG	06/26/2019
DOPTELET	71369-020-10	20 mg/1	TABLET, FILM COATED	ORAL	NDA210238	AkaRx, Inc.	71369-020	avatrombopag maleate	AVATROMBOPAG MALEATE	HUMAN PRESCRIPTION DRUG	05/23/2018
DOPTELET	71369-020-15	20 mg/1	TABLET, FILM COATED	ORAL	NDA210238	AkaRx, Inc.	71369-020	avatrombopag maleate	AVATROMBOPAG MALEATE	HUMAN PRESCRIPTION DRUG	05/23/2018

Showing 1 to 3 of 3 entries Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler AkaRx, Inc

Physical Address 240 Leigh Farm Rd. Suite 245

City Durham State NC Zip 27707

Mailing Address (if different from physical address) 240 Leigh Farm Rd., Suite 245

City Durham State NC Zip 27707

Telephone (919) 748-5975 Website www.sobi.com

Licensing Company Email akarxstatelicenses@sobi.com

Section 2: Personal Information

First Shelley Middle Harding Last Diaz

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address 240 Leigh Farm Road, Suite 245

City Durham State NC Zip 27707

Telephone [redacted] Email Shelley.Diaz@sobi.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Applicant's initials SH

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Campbell University		05/94 – 05/96	
Address	City	State	Zip
143 Main St.	Buies Creek	NC	27506
Diploma/Degree obtained, if any			
Bachelor of Health Sciences			

School Name		From - To (MM/YY – MM/YY)	
Northeastern University		04/2011 – 04/2012	
Address	City	State	Zip
360 Huntington Ave.	Boston	MA	02115
Diploma/Degree obtained, if any			
Master of Science, Regulatory Affairs for Drugs, Biologics and Medical Devices			

School Name		From - To (MM/YY – MM/YY)	
West Charlotte High School		Aug 1988 - May 1990	
Address	City	State	Zip
2219 Senior Dr	Charlotte	NC	28205
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/17 - Present	[redacted] Michael Way	Clayton	NC	27520
04/07 - 06/17	[redacted] Elmwood Avenue	HighPoint	NC	27265
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
AkaRx, Inc.			11/21 - Present
Business Address	**City**	**State**	**Zip**
240 Leigh Farm Road, Suite 245	Durham	NC	27707
Phone	**Title**	**Number of Employed Hours**	
(919) 748-5975	Sr. Director, Head of Quality North/South America, LATAM	650+	
Description of Duties			
See Attached Resume			

Business Name			From - To (MM/YY – MM/YY)
AkaRx, Inc.			12/20 - 02/22
Business Address	**City**	**State**	**Zip**
240 Leigh Farm Road, Suite 245	Durham	NC	27707
Phone	**Title**	**Number of Employed Hours**	
(919) 748-5975	Sr. Director, Head of Quality, Americas, LATAM, and APAC	2250+	
Description of Duties			
See Attached Resume			

Business Name			From - To (MM/YY – MM/YY)
AkaRx, Inc.			01/20 - 12/20
Business Address	**City**	**State**	**Zip**
240 Leigh Farm Road, Suite 245	Durham	NC	27707
Phone	**Title**	**Number of Employed Hours**	
(919) 748-5975	Head of Quality - US	1780+	
Description of Duties			
See Attached Resume			

Business Name			From - To (MM/YY – MM/YY)
Dova Pharmaceuticals, Inc.			05/18 - 1/20
Business Address	**City**	**State**	**Zip**
240 Leigh Farm Road, Suite 245	Durham	NC	27707
Phone	**Title**	**Number of Employed Hours**	
(919) 748-5975	Head of Quality	3200+	
Description of Duties			
See Attached Resume			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

I, Shelley Diaz, **certify that as the designated representative for**

AkaRx, Inc,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Shelley Diaz

Print Name (First, Last)

Shelley H. Diaz

Original Signature (electronic, copies or stamps not accepted)

11 April 2022

Date

Applicant's initials MHD

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Shelley Diaz
Print Name (First, Last)

Shelley H. Diaz — 13 April 2022
Original Signature (electronic, copies or stamps not accepted) — Date

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Please have this section completed in the presence of a Notary Public.

State of North Carolina, ss. County of Johnston

SHD 13 April 2022

I, ~~Darby Gi~~ Shelley H. Diaz, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Shelley H. Diaz — 13 April 2022
Original Signature — **Date**

Subscribed and Sworn to before me this 13th day of April 2022

Darby Gilchrist
Notary Public Signature

DARBY GILCHRIST NOTARY PUBLIC JOHNSTON COUNTY, N.C.

Applicant's initials SHD

Shelley H. Diaz
[redacted] Michael Way
Clayton, NC 27520
[redacted]

Education & Certifications

- Master of Science, Regulatory Affairs for Drugs, Biologics and Medical Devices, Northeastern University
- Bachelor of Health Sciences, Campbell University, Buies Creek, N.C.
- Taft University Law School Student– JD, executive track, graduation target Jan/2023
- Certified Lean Six Sigma Green Belt, SSGB - NC State University
- Practical Management I & II, certification
- Targeted Selection Interviewer, certification
- Train the Trainer, certification

Competencies

- 25+ years of diverse cGxP experience spanning the biotechnology industry (small & large molecule): biologics, oral solid dose, and medical device.
- Quality Assurance expertise in various stages: start-ups, clinical stage, virtual companies, mergers and acquisitions, and joint ventures.
- Broad experience spanning Quality Assurance and Quality Control in cGMP, cGLP, cGCP, cGVP, cGDPs, ICH, ISO, and relevant guidance documents.
- End to end Quality operations knowledge and experience respective to: R&D (QbD), Clinical, Quality Management Systems, CMC, Regulatory Affairs, Quality & Regulatory Compliance, Supply Chain, Drug Development, Technology Transfer, Quality Control, Serialization, and Good Distribution Practices.
- Comprehensive knowledge of international regulations, and multi-site inspections.
- Proactive and pragmatic approach to problem solving with clear focus on critical thinking, compliance, risk, resource, business impact, cost, and time management.
- Driver personality, accountable with strong integrity to drive issues to resolution.
- Self-directed and results oriented to consistently deliver timely and excellent results.
- Dynamic, global leader that can facilitate and lead diverse, cross-functional and multi-cultural team leadership skills using collaboration and influencing skills.
- Excellent technical writing skills and written communication skills with the ability to interpret, evaluate, and present complex data.
- Expertise in risk management, including a risk-based approach to strategy and problem solving.
- Proficient in regulatory surveillance to navigate global regulatory requirements and track emerging industry trends.
- Expertise in team building, offering creative solutions and strategic planning.
- Passionate about building, improving, and remediation of Quality Management Systems
- Demonstrated excellence with implementing lean and efficient quality systems and workflows
- Bilingual: Spanish and English

Swedish Orphan Biovitrum (Sobi, AB) - Sr. Director, Head of Quality Assurance, Americas, LATAM, APAC
Dova Pharmaceuticals, a wholly owned subsidiary of Sobi AB
(November 2020 – Present, reporting directly to Sobi Global Headquarters in Sweden)

- Head of Quality for North America (US/Canada), APAC (Japan/China), LATAM, and Australia (recently added)
- Build regional QMS and organizational structure
- Strategic Quality Assurance in support of product launches and ongoing quality responsibilities
- Implement global harmonization for affiliate relationships
- Support product expansions, technical transfers, and key business objectives as needed
- Ongoing Quality Assurance responsibilities for Dova Pharmaceutical, Inc. clinical activities
- Quality Management of clinical suppliers- CMOs, CROs, and service providers
- Cross function support in partnership with Supply Chain, Regulatory Affairs, and MST teams
- Supplier management responsibilities including audits, quality agreements, routine surveillance.
- Resolution of critical Quality issues
- Provide technical expertise and risk-based solutions.
- Regulatory surveillance, audit readiness, and response plan
- Author and implement Quality Agreements, Technical Agreements, and provide input to Supply Agreements, Distribution Agreements, Master Service Agreements, and Statements of Work.

Sobi, AB – Director, Head of US Quality Assurance
Dova Pharmaceuticals, a wholly owned subsidiary of Sobi AB.
January 2020 – November 2020, reporting directly to Sobi Global Headquarters in Sweden

- Ongoing Quality oversight and associated responsibilities for Dova clinical support
- Responsible for Quality Assurance on cross-functional teams supporting global commercial launches.
- Strategic Quality in support of Regulatory filings and in support for compassionate use global launches.
- Quality support for transition of regulatory and Quality responsibilities (including but not limited to the MA, NDA, and QMS.
- Supplier management responsibilities including audits, quality agreements, routine surveillance.
- Quality Management - CMOs, CROs, and service providers.
- Batch release: commercial product and investigational medicinal product (IMP).
- Support technical transfer activities, including selection, evaluation and surveillance of vendors for packaging, serialization, stability testing, and manufacture of drug product, and active pharmaceutical ingredient (API).
- Quality Assurance review and approval supporting technical transfer activities, including test method transfers, method validations, and process validations (DP/DS/packaging).

Dova - Director, Quality Assurance – Head of Quality Assurance (May 2018 - January 2020)
Dova Pharmaceuticals, Inc., Durham, NC – virtual clinical stage start-up, biopharmaceutical company, orphan drug space, acquired by Sobi, AB (Swedish Orphan Biovitrum) in November 2019, biopharmaceutical company, hematology, immunology, oncology, biologics, orphan drug/rare disease space.

- Implement and manage phase appropriate Quality Management Systems and processes supporting clinical through commercial.
- Responsible for end-to-end Quality, including building the team, budget, Quality Council, policies, procedures, culture and launch strategy.
- Manage Quality Assurance relationships and actions with global service providers (i.e., CROs, CMOs, Laboratories, Subject Matter Experts, Consultants)
- Author and implement Quality Agreements, Technical Agreements, and provide input to Supply Agreements, Distribution Agreements, Master Service Agreements, and Statements of Work.
- Manage and/or host cGCP clinical inspections, foreign and domestic.
- Manage and/or host cGMP regulatory authority inspections, foreign and domestic.
- Ensure robust planning and execution of documentation/work supporting CMC and/or regulatory submissions.

- Review of technical documents, including but not limited to study protocols, reports, regulatory submissions, pharmacy manuals, investigator brochures, COC, COA, batch records, labeling, specifications, investigator led study requests, audit reports.
- Implement and manage the supplier quality program.
- Evaluate, select, and manage CROs, including cGCP audits, agendas & reports and ongoing site maintenance including start-up/close out/product reconciliation).
- Perform supplier audits, routine surveillance, and strategic business technical meetings.
- Responsible for the Quality Management System: Deviations, CAPA, OOS, Documentation Management, Batch Release for commercial product and clinical trial material (CTM), Training, Internal Audits, and Supplier Management.
- Develop creative solutions to complex quality issues and work closely with cross-functional teams to resolve, mitigate, and prevent recurrence.
- Provide routine communications and updates to the senior leadership team, including escalation and resolution of critical incidents and/or potential impact to key business objectives.

Purdue Pharmaceuticals, LP, Wilson NC 2018
Site Quality Head, Quality Assurance, June 26, 2017 – May 2018

- Responsible for overall site Quality Assurance, Quality Systems, and Quality Compliance
- Manage, coach, and mentor the Quality Assurance Management Team and area workloads in support of Operations
- QA oversight for Batch release, Manufacturing, Packaging, QC, Project launch teams, Third Party Packagers, and CMOs.
- Chair North Carolina Quality Council meetings, Management Review Meetings, and Investigation Review Boards
- Host and manage domestic and international regulatory agency and strategic partner/IAC site inspections, internal and external customer audits.
- Assure appropriate resolution of regulatory, business, stakeholder, and compliance commitments
- Responsible for ownership and continuous improvement of site Quality Systems with responsibility to monitor and report KPI compliance metrics supporting deviations, CAPAs, change controls, product release, complaints, LIRs, and identifying emerging trends and potential risk.
- Collaborate with key business partners and cross functional stakeholders in support of Operations, Operational Excellence, and Compliance Improvement projects to guide timely and effective decisions
- Communicate to ensure ongoing alignment and harmonization of policies and procedures between local (NC), corporate and interaffiliated companies (IACs).
- Field Alerts, recalls, LIRs, investigational support.
- Technical support on cross functional project teams and expertise on technical matters.
- Collaborate cross functionally and establish ongoing relations as site primary Quality contact with inter-affiliated (business) companies (IACs).
- Advise, guide, support and ensure alignment of NC sites preparation activities for regulatory inspection management.
- Provide expertise and counsel on new and developing cGMP regulatory requirements and trends.
- Provide technical expertise and present risk-based solutions to senior site leadership team.

ConvaTec, Inc Global QARAC Headquarters, Greensboro NC
Associate Director, Global Supplier Quality & Quality Compliance, April 7th, 2015 - June 2017

- Manage global team of Quality Engineers and Quality System owners
- Implement and manage global and site level Supplier Quality performance metrics, scorecards, routine surveillance systems
- Design, implement and manage global Supplier Quality and Purchasing Controls process designed to meet global business, regulatory compliance and International Standards including: CFR Part 820, 210 & 211, 93/42/EEC Medical Device Directives, including Class I Sterile and FDA regulations for Class II products, ISO 13485, ISO 11135.
- Design, implement and manage global Quality Agreement process
- Design, implement and manage global Supplier Audit process
- Design and execute a remediation plan for existing global suppliers across all manufacturing, commercial and R&D facilities

- Implement risk management practices to decision making to balance compliance with the business and performance.
- Management of global approved supplier list (ASL) and supplier audit schedules
- Management oversight of batch release, and third-party specifications
- Serve as Quality and Compliance Subject matter expert on cross functional teams (I.e., Corporate Review Boards, New Product Development, Regulatory Compliance, Operational Excellence, Pre-& Post Market Regulatory)
- Collaborate with key business partners to drive adherence to timelines for base business projects, timely and effective resolution to supply chain compliance, import/export issues, and provide mitigation or escalation as required.
- Implement risk-based approach to Supplier assessments and lead mitigations to resolution, providing escalation as appropriate.
- Serve as primary Quality Compliance contact and global internal liaison for all third-party outsourced product
- Ensure adherence to post-market compliance responsibilities: facilitate resolution of consumer complaint and nonconformance investigations, CAPAs, Supply Chain issues, reworks/recalls/corrections, audits response, and all Supplier Quality related items for all class devices, including class I sterile.

TEVA Pharmaceuticals, PGT (remote- global role),
Sr. Manager, Global Supply Assurance and Optimization Leader – Latin America Region, November 2013 – April 2015

- Global leadership role (LATAM/Latin Americas, including Central & South America) providing direct oversight and technical RA/QA expertise in critical areas of supply assurance management, supply chain optimization, and gross margin improvement for the PGT (Teva/P&G Joint Venture).
- Implemented and managed processes supporting regulatory compliance issues respective to renewals, dossiers and regulatory surveillance/sanitary alerts.
- Managed cross functional regulatory and compliance teams to ensure proactive review of dossiers, renewals, supplier qualification activities and base business contingency planning.
- Led global cross-functional regulatory, compliance, and technical teams to manage, resolve, or prevent supply chain disruptions due to regulatory revisions, compliance requirements, supplier, import/export and or manufacturing issues.
- Ownership of resources and responsibility as follows: clear problem statement, success criteria, action plan, resource & time management, regulatory surveillance action, reactive and proactive support of the base business.
- Provided concise regulatory and compliance requirements and strategy, including any identified risk for each country and product as required by the respective Board of Health and governing international regulations.
- Implemented opportunities across the end-to-end supply chain to improve time, responsiveness, and cost via supply chain and value stream mapping.
- Led the overall optimization process by working with all functions / disciplines in the identification and quantification of opportunities, prioritization, planning, and monitoring execution.
- Served as single point of contact and liaison to TEVA and P&G global hierarchy for critical regulatory and compliance related issues.
- Represented senior management regional leadership team/Joint Venture: regulatory compliance related issues, KPIs, metrics, project timeline deliverables.
- Flowed to the work to perform other duties as assigned or required by business needs, primarily in Supply Chain operational matters (data evaluation, SC management, process / system development, etc.).
- Elevated regulatory surveillance issues to global cross-functional senior leadership teams, including analysis of impact, application of international regulations, gross margin, net-outside sales, and proactive resolution strategies across impacted product/countries/manufacturing sites.

TEVA Pharmaceuticals, Greensboro NC, October 2012 – November 2013
Sr. Manager, Global North America Compliance

- Managed a diverse global team of Quality Engineers, Supervisors, Analysts, and subject matter expert (SME) consultants
- Responsible for all quality system aspects for OTC (Over the Counter) Americas businesses through quality and compliance for the North American OTC manufacturing sites
- Corporate Quality System responsibility for: Out of Specification (OOS), Nonconformance, CAPA, Complaints, Change Control, and Document Control processes.

- Direct responsibilities for remediation and rebuilding the Consumer Complaints process (intake & reporting, investigations, trending, post market pharmacovigilance, and surveillance)
- Served as single point of contact and corporate liaison for complex projects driven by the compliance needs of each site
- Co-hosted regulatory inspections, prepared sites for audit readiness, guided response plans, including TEVA, FDA, MHRA and ANVISA at the respective North American manufacturing site
- Served as corporate liaison and subject matter expert in quality and compliance, regulatory surveillance decisions
- Built teams, identified and executed the required actions to transition existing practices to Teva Corporate Standards and Quality Systems
- Served as a change catalyst to harmonize procedures, practices and knowledge of quality and compliance to align with Teva Corporate Standards: IR/DR, CAPA, OOS, and Consumer Complaints processes
- Used industry knowledge and experience to share best practices and influence the sites compliance level in a positive manner
- Served as single point of contact to TEVA and P&G hierarchy for quality and compliance related issues
- Provided guidance, active participation, and resolution for critical quality issues impacting North American manufacturing sites
- Built regulatory knowledge base across the sites to empower and delegate actions and deliverables associated with consumer complaints, product recall, field alerts, and any observed or potential critical compliance issues.
- Monitored site KPIs and performance indicating data to communicate potential misses, impact to business and resolution plans
- Interfaced with P&G, and other Teva sites/teams and cross functionally across all levels of the organization to assure commitment and adherence to established contractual agreements.
- Authored, reviewed and or approved standard operating procedures, work instructions, protocols, reports and technical documents
- Attended local, regional and global Quality Council Meetings and provide updates/progress of identified compliance milestones.
- Performed other duties as assigned or required by business needs

Lancaster Laboratories, LLC (onsite at RJ Reynolds), Winston Salem, NC August 2011 – September 2012
Quality Assurance Officer - cGMP and cGLP Compliance, Site Quality

- Site Quality – responsible to host regulatory audits, ISO/IEC 17025, FDA, client audits.
- Managed the Quality team, comprised of subject matter experts, QA, and internal auditors.
- Developed and implemented the Quality Management Systems supporting laboratory data for use in tobacco products: Document Control, Training, Exceptions (nonconformance), CAPA, Complaints, Audits, OOS, GLP, and GCP processes.
- Performed QA review and approvals of GLP animal screens, toxicity, and smoke-study constituent projects and respective data generated for raw materials and tobacco industry clients.
- Owned and Managed LLI internal audit process and maintenance of supplier and service provider process
- Managed and mentored the LLI Quality Assurance Department in accordance with vision, values and strategic goals of the company
- Implemented and managed compliant Quality Management Systems and Quality Operations to applicable regulatory requirements including cGMP, cGLP, ICH, and ISO/IEC 17025.
- Responsible for Quality Assurance and Quality Management System decisions
- Quality Assurance policy development and maintenance
- Chaired the biweekly Quality Oversight Management Meetings, introduced regulatory topics, monitored metrics and performance indicating data, and guided management teams towards completion of identified compliance milestones.
- Implemented compliant and efficient laboratory practices (QC and GLP) through fostering teamwork and collaborative practices
- Approved standard operating procedures, work instructions, protocols, reports and technical documents
- Interfaced with client and cross functionally across all levels of the organization to assure commitment and adherence to established contractual agreements.
- Reviewed GLP protocols for animal studies
- Served as liaison between RJ Reynolds, LLI and Animal Toxicology scientists on various project teams supporting cGLP projects and smoke studies

Banner Pharmacaps, Inc. High Point, NC November 2010 – August 2011
Quality Engineer - Quality Assurance, Commercial Production

- Used knowledge and influence to make recommendations to cross functional management teams for risk-based decisions using data, knowledge, and compliance requirements to present path forward and to identify potential impact to business
- Used statistical tools to monitor and evaluate sources of nonconformities to identify best practices across areas of assigned responsibilities to aid in the development and improvement of quality systems and to address recurring issues.
- Assumed leadership roles in managing global and cross functional teams and improvement projects to improve operational quality, compliance, and to align work process design and controls.
- Provided technical support and compliance guidance through the lifecycle of the product development process in compliance with associated regulations, including FDA, EMEA, JPN, ANVISA Health Canada and MHRA
- Authored, approved, implemented global policies, standard operating procedures, work instructions, IQ/OQ/PQ validation/qualification protocols, final reports and technical documents
- Performed and supported audits, including regulatory agency, internal and external quality audits
- Subject matter expert and owner for Consumer Complaints, CAPA, Investigation and Root Cause Analysis processes
- Subject matter expert for global Trackwise workflow team for implementation and continuous improvement for electronic workflows supporting manufacturing investigations, Change Control, CAPA, customer complaints, LIRs/OOS and change control systems.
- Global subject matter expert for site regulatory surveillance program to report surveillance actions, perform risk assessment and action plan for resolutions
- Determined and assess Critical to Quality parameters and risk assessment variables as required to predict product design and flow through QbD initiatives.
- Provided technical support for supplier selection and supplier quality evaluations. Assist R&D and Manufacturing in development of quality control plans and assessment of supplier quality

Banner Pharmacaps, Inc March 2007 – November 2010
Quality Engineer - Quality Assurance, Research and Development/Clinical Supplies

- Provided Quality Assurance support on clinical project teams to assure compliance to GxP requirements (cGMP/cGCP/cGLP) and to site procedures and global policies in support of regulatory filings (IND/NDA/ANDA/MAA), clinical protocols, bio-analytical methods, study plans and summary reports.
- Subject matter expert and process owner for CAPA, investigation and root cause analysis process
- Approved validation protocols and reports, equipment calibration, and change controls
- Provided quality oversight and supporting activities to project teams, internal and external clients, as clinical quality assurance to R&D to ensure regulatory compliant processes for all phases of clinical trials (phase I-IV) and related activities such as production/packaging/labeling of clinical trial materials from end to end control.
- Served as Global subject matter expert for site regulatory surveillance program to report surveillance actions, perform risk assessment and action plan for resolutions
- Liaison with and accompaniment of external auditing and inspectional authorities and assist with the development and coordination of timely responses to items noted during audits and regulatory inspections, including; FDA; EMEA; JPN; Health Canada; ANVISA and MHRA.
- Collaborated effectively with cross functional management, R&D project teams and external clients to ensure timely resolution of observations and ensure expected work products and output are aligned with respective regulatory requirements of audit
- Provided Quality Assurance review and Approval and technical guidance on: Scale-up and technology/process transfers, CAPAs, change controls, nonconformance investigations, laboratory investigations/OOS investigations; process improvements, method validation protocols, technical reports; equipment/facilities qualifications, protocols/reports; specifications, analytical methods; facility controls/instruments
- Developed and authored global policies, standard operating procedures, work instructions, protocols, and technical investigations

Amgen Manufacturing LTD. Juncos, Puerto Rico August 2003 – February 2007
Manufacturing Specialist II Technical Services PD / NC / CAPA / Change Control Group/ QAL III

- Subject matter expert on operational quality, work process design and change control, and technical problem solving
- Authored nonconformance investigations to determine root cause and implement effective CAPAs checks
- Direct complex technical and/or organizational problem-solving activities using proven tools such as statistical analysis, screening experiments, Design of Experiments (DoE)
- Led multiple cross functional site and global process improvement project teams
- Assisted with Regulatory Compliance, adverse reaction investigations
- Performed statistical monitoring of Non-Conformities, CAPAs, root cause analysis trends for team performance metrics
- Liaison on NCRB (non-conformance review board), and SRB (site review board)
- Production process owner for change controls impacting critical process systems
- Authored, approved standard operating procedures, work instructions, validation/qualification protocols, technical investigations, and other documents requiring Quality Assurance review and approval
- Global team liaison between multi-disciplinary boards (GOT-Global Operations Team) and NC/CAPA teams
- Provided technical response in support of regulatory agency inspections, internal and external audits
- Supported responses during and after Regulatory inspection audits
- Cross functional subject matter expert supporting QA/ QC / Technical Services and Bio-Analytical Laboratories
- Provided technical representation on cross functional teams
- Benchwork to support product development, technical services and scale up, including: ELISA, Osmolality, DNA slot block, HPLC, SDS-PAGE, NPOC / TOC, UV/VIS, Capillary Electrophoresis, Western Blot
- Developed and monitored NPI (New Product Introduction) timelines, including milestones and deliverables
- Collected, evaluated and interpreted performance indicator data to identify sub standard performance and/or performance improvement opportunities and work with production colleagues to implement the necessary change.

Pharmacia - Pfizer, August 2002 – July 2003, Caguas, Puerto Rico
Chemist - Analytical Technology Validation Group

- Performed routine chemist bench work
- Routine testing of samples (raw materials, in-process, release, scale-up)
- Transferred and implemented new analytical technologies to the commercial laboratories
- Authored standard operating procedures, work instructions, validation/qualification protocols and reports, technical investigations
- Supported development and validation of analytical methods
- Performed laboratory investigations, deviations, CAPA and PACAR (preventive action) reports
- Serves as primary resource and technical subject matter expert in areas of troubleshooting, problem solving, process/method improvement
- Performed process and cleaning validation / verification / confirmation
- Laboratory equipment IQ/OQ/PQ
- Implemented team timelines and required activities in association with technical transfer to commercial and formulation teams
- Assisted with routine and non-routine testing as required
- Trending and statistical analysis of laboratory data

Diosynth Biotech Research Triangle Park, N.C. September 2001- July 2002
Chemist – Quality In-Process, Marketed Products

- Performed analytical assay testing for raw materials, bulk, bulk intermediate, and APIs
- Bench work examples, large molecule including but not limited to: Bradford, Polysorbate 80, Free Thiols, ELISA, Western Blot, HPLC, TOC, Protein Mapping, Capillary Electrophoresis, DNA Threshold and Slot Block, NPOC, SDS-PAGE, (CooMassie & Silverstain), UV/VIS, Osmolality, and various additional protein specific assays
- Authored, approved standard operating procedures, work instructions, validation/qualification protocols, technical investigations, and other documents requiring Quality Assurance review and approval

- Various roles in laboratory investigations: led/performed, reviewed/approved, SME
- Audited test methods, reports, and manufacturing batch production records
- Authored, reviewed, performed method transfers, and method validations
- Hosted internal laboratory and safety audits
- Owner of Laboratory Investigation Process
- Subject matter expert and system owner for HPLC, and SME for several gradient methods.
- Implementation of Laboratory Training Matrix and Training Program for new-hire chemists

Pfizer-Benckiser Coty, Inc., Sanford NC, April 26, 1996 - February 28, 2001
Quality Control Chemist

- Global liaison for Research and Development group
- Authored product investigations of complaints
- Performed laboratory equipment maintenance and trouble shooting
- Controlled experiments for product degradation and accelerated stability testing program
- Reviewed and approved pilot batches from product development to scale up
- Internal audit of batch records, internal procedures, and raw materials, analytical data
- Performed analytical testing: Gas Chromatography, Microbiology, pH, FT-IR, UV, Bulk Density, Refractive Index, Specific Gravity, and various additional Physical Chemistry testing.
- Authored, reviewed and approved and Standard Operating Procedures and analytical methods
- Executed standard and non-standard analyses and projects
- Data analysis and out-of trend data problem-solving
- Analyst activities in support of method transfer
- Daily QC testing in various laboratories
- Instrumentation qualification and calibration
- Maintained balance calibration and verification schedules and records
- Assisted with Pilot and scale-up batches

Lederle-Praxis Biologicals/Wyeth Biotech Sanford, N.C. May 1994 - March 1996
Quality Control Associate and Co-Op Intern- Microbiology Laboratory

- Completed college co-op program, transitioned to permanent part-time employee while in college
- Performed routine environmental monitoring of hoods, manufacturing and laboratory areas
- Testing of viable and non-viable testing: Air, Water, Surface, Particulates
- Analytical Testing: LAL (Gel-Clot- kinetic-turbidmetric), TOC, pH, Challenge Testing and growth Promotion, Inhibition and Enhancement, ELISA, Western Blot, TOC, NPOC, Particulate, in-process, and Sterility testing.
- Laboratory data peer notebook review, assist senior personnel with SOP revisions
- Made media, broth, isolated cultures, and maintained inventory of raw materials, consumables, and laboratory supplies
- Release in-process fermentation lots for further processing
- Maintained laboratory records, notebooks and lab training files.
- Ordered office supplies, gowning, and cleaning agent inventory.

Durham site Personnel list

User - User	User - User	User - Office	User - Cost Centre
Mahmood	Ladha	Durham NC	Head of Strategic Transformation Operations (US)
Shelley	Diaz	Durham NC	Quality
Brian	Downey	Durham NC	Regulatory
George	Phillips	Durham NC	Drug Safety HQ (US)
Lindsey	Horton	Durham NC	Regulatory
Brian	Jamieson	Durham NC	Global RDMA N. America Hub Mgmt HQ (US)
Karen	MCHARG	Durham NC	G&A Finance N Am
Keith	Morris	Durham NC	M&S Marketing US - Dop
Teresa	McMiller	Durham NC	Quality
Michael	Vredenburg	Durham NC	Medical Affairs US - Kin & Orf
Scott	Causey	Durham NC	G&A IT N Am
Jim	Trimble	Durham NC	G&A HR N Am
Dena	Kornegay	Durham NC	G&A HR N Am
Antoinette	Newman	Durham NC	G&A HR N Am
Leighanne	Graham	Durham NC	G&A Legal N Am
Priscilla	Razi	Durham NC	M&S Marketing US - Dop
Garold	Richardson	Durham NC	M&S Sales US - Syn
Anna Joy	Bennett	Durham NC	M&S Marketing N Am - Kin & Orf
Matthew	Wojdyla	Durham NC	Medical Affairs US - Dop
Sarica	Klein	Durham NC	Medical Affairs US - Kin & Orf
Chelsea	Bernheisel	Durham NC	Medical Affairs US - Kin & Orf
Jennifer	Hogan	Durham NC	M&S Sales US - Dop
Timothy	Sullivan	Durham NC	M&S Sales US - Dop
Kevin	Wolff	Durham NC	M&S Sales US - Dop
Mary	Hodge	Durham NC	M&S Sales US - Dop
Stacy	Van Orman	Durham NC	M&S Sales US - Dop
Elizabeth	Cashman	Durham NC	M&S Sales US - Dop
Phon	Sutton	Durham NC	M&S Sales US - Dop
Mamie	Chun	Durham NC	M&S Sales US - Dop
Holly	Wolfe	Durham NC	M&S Sales US - Dop
Jon	Marx	Durham NC	M&S Sales US - Dop
Michael	Delaney	Durham NC	M&S Sales US - Dop
Jennifer	Williams	Durham NC	Comml Eff. & Training US
Melanie	Dees	Durham NC	M&S Sales US - Dop
Victor	Ruotolo	Durham NC	M&S Marketing US - Dop
Kelly	DiBiase	Durham NC	M&S Sales US - Dop
Melanie	Garcia	Durham NC	M&S Sales US - Dop
Kathleen	Jackson	Durham NC	M&S Sales US - Dop
Brian	Goerlich	Durham NC	M&S Sales US - Dop
Pete	Dahlhauser	Durham NC	M&S Sales US - Dop
Nancy	Hulst	Durham NC	M&S Sales US - Dop
Michelle	Kasprzak	Durham NC	Drug Safety HQ (US)
Dennis	Deitch	Durham NC	M&S Sales US - Dop
Jolie	Williams	Durham NC	M&S Sales US - Dop
Thomas	Darden	Durham NC	Insights & Analytics (currently Sales Ops)

Dwight	Henry	Durham NC	M&S Sales US - Dop
Linda	Harrill	Durham NC	Product Development R&D
Scott	Kolodny	Durham NC	Medical Affairs US - Kin & Orf
Laurie	Devaney	Durham NC	M&S Sales US - Dop
Sean	Dougherty	Durham NC	M&S Marketing US - Dop
Megan	Papadopou	Durham NC	M&S Marketing US - Dop
Rosemarie	Howard	Durham NC	M&S Sales US - Dop
Drusilla	Scott	Durham NC	Regulatory
David	Leboeuf	Durham NC	M&S Sales US - Dop
Jon	Hustmyre	Durham NC	M&S Sales US - Dop
Stan	Oakley	Durham NC	Supply Chain - G&A
Kathryn	Harris	Durham NC	G&A Finance N Am
Purvi	Reddy	Durham NC	M&S Sales US - Dop
Emily	de Leon	Durham NC	Product Development R&D
Albert	Weeks	Durham NC	Market Access & Government Affairs (currently National Accounts)
Kelly	Duffort	Durham NC	M&S Marketing US - Dop
Austin	Tutwiler	Durham NC	M&S Sales US - Dop
Ravi Kumar	Kapu	Durham NC	G&A IT N Am
Chanda	George	Durham NC	M&S Sales US - Dop
Kevyn	Winters	Durham NC	M&S Sales US - Dop
Shawn	MacArthur	Durham NC	G&A IT Dova
Amy	Allen	Durham NC	Business Development HQ (US)
Sherri	Meeks-Gra	Durham NC	G&A HR N Am
Debbie	McAnally	Durham NC	M&S Sales US - Dop
Garrett	Lee	Durham NC	M&S Sales US - Dop
Ted	Stevens	Durham NC	CMC Biologics (US)
Jacqueline	Witter	Durham NC	M&S Sales US - Dop
Eric	Siegmeier	Durham NC	M&S Sales US - Dop
Julie	Wagner	Durham NC	M&S Sales US - Dop
Michael	Brach	Durham NC	Insights & Analytics (currently Sales Ops)
Nelly	Lamberty	Durham NC	M&S Sales US - Dop
Miranda	Abouzia	Durham NC	M&S Sales US - Dop
Jeff	Lampert	Durham NC	Market Access & Government Affairs (currently National Accounts)
Richard	McCaffrey	Durham NC	M&S Sales US - Dop
Jenna	Gavaletz	Durham NC	M&S Sales US - Dop
Ray	Ma	Durham NC	M&S Sales US - Dop
Caridad	Dejnak	Durham NC	M&S Sales US - Dop
Linda	Swart	Durham NC	M&S Sales US - Dop
Danaan	Johnson	Durham NC	M&S Sales US - Dop
Meeka	DeBevoise	Durham NC	M&S Sales US - Dop
Vosha	Allen	Durham NC	G&A HR N Am
David	Murray	Durham NC	M&S Sales US - Dop
John	Gagliardi	Durham NC	CMC Biologics (US)
Jessica	Zhang	Durham NC	Biostatics
Roger	Morse	Durham NC	M&S Sales US - Dop
Conrad	Olenik	Durham NC	Business Development HQ (US)
Hank	Kessler	Durham NC	M&S Sales US - Dop

Thomas	Sander	Durham NC	M&S Sales US - Dop
Calvin	Allen	Durham NC	M&S Sales US - Dop
Jessica	Seaman	Durham NC	G&A HR N Am
Thomas	Neiman	Durham NC	M&S Sales US - Dop
Beverly	Liggons	Durham NC	M&S Sales US - Dop
Jayme	Miller	Durham NC	M&S Sales US - Dop
Wesley	Kim	Durham NC	Market Access & Government Affairs (currently National Accounts)
Kristy	Young	Durham NC	G&A Finance N Am
Philip	Golino III	Durham NC	Insights & Analytics (currently Sales Ops)
Stephanie	Fussell	Durham NC	G&A Legal N Am
Ren	Hiler	Durham NC	M&S Sales US - Dop
Rakesh	Patel	Durham NC	M&S Sales US - Dop
Larry	Koz	Durham NC	MSLs US
Rebecca	Salgueiro	Durham NC	Product Development R&D
Mitchell	Thornton	Durham NC	M&S Sales US - Dop
Faizan	Sattar	Durham NC	MSLs US
Tanya	Orliw	Durham NC	M&S Sales US - Dop
Karimi	Kobia	Durham NC	M&S Sales US - Dop
Thomas	Keyack	Durham NC	M&S Marketing US - Dop
George	Shunnarah	Durham NC	M&S Sales US - Dop
Wendy	Romano	Durham NC	M&S Sales US - Dop
Allan	Badulis	Durham NC	M&S Sales US - Dop
Robert	Van Atta	Durham NC	M&S Sales US - Dop
Phalguni	Gundimeda	Durham NC	Insights & Analytics (currently Sales Ops)
Eric	Hudimac	Durham NC	Medical Affairs US - Kin & Orf
Melissa	Johnston	Durham NC	M&S Sales US - Dop
Corneal	Westbrook	Durham NC	M&S Sales US - Dop
Christophe	Pierro	Durham NC	M&S Sales US - Dop
Elliott	Brand	Durham NC	M&S Sales US - Dop
Jonathan	Bauer	Durham NC	Market Access & Government Affairs (currently National Accounts)
Cindy	Achenbach	Durham NC	M&S Marketing US - Dop
Andrea	Schins	Durham NC	M&S Marketing US - Dop
Stephanie	Hicks	Durham NC	M&S Sales US - Dop
Matt	Achuff	Durham NC	Insights & Analytics (currently Sales Ops)
Officers:			
Duane	Barnes	President	
Christine b	Belin	Treasurer/CFO	
Guled	Adam	Secretary	

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 9382725

Application/License No. _____

AkaRx, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 240 Leigh Farm Road, Suite 245, Durham , NC 27707 (Address of Applicant/Principal), as PRINCIPAL, and Fidelity and Deposit Company of Maryland (Surety Company), a corporation organized under the laws of the state of Illinois (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1299 ZURICH WAY, 5TH FLOOR, SCHAUMBURG, IL 60196 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 25, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 25th day of March, 20 22.

APPLICANT/PRINCIPAL
AkaRx, Inc.
COMPANY

Authorized Representative

SURETY
Fidelity and Deposit Company of Maryland

Surety Company's Representative

Liam Moog, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

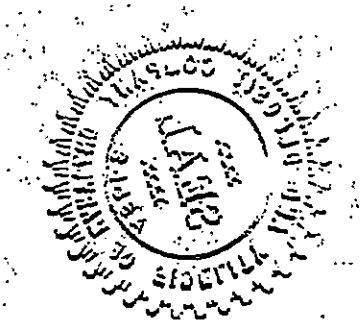
SIGNED and SEALED in the presence of:

Samantha Leonard
Witness

Witness

Countersigned by:

N/A
Nevada Resident Agent



ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by **Robert D. Murray, Vice President**, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint **Liam MOOG, Nila D. GASPAR, Robert T. CAWLEY, Hossay MATTIN, Stephen J. MAINELLO, Samantha LEONARD of Baltimore, Maryland, EACH,** its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings,** and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND,** this 18th day of November, A.D. 2021.

ATTEST:
ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Robert D. Murray
Vice President

By: Dawn E. Brown
Secretary

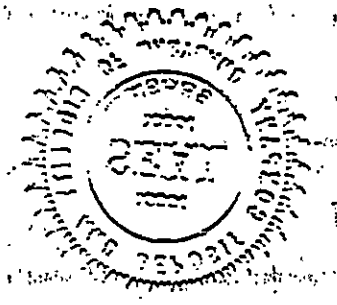
State of Maryland
County of Baltimore

On this 18th day of November, A.D. 2021, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Robert D. Murray, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Constance A. Dunn, Notary Public
My Commission Expires: July 9, 2023

Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790



EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify of revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

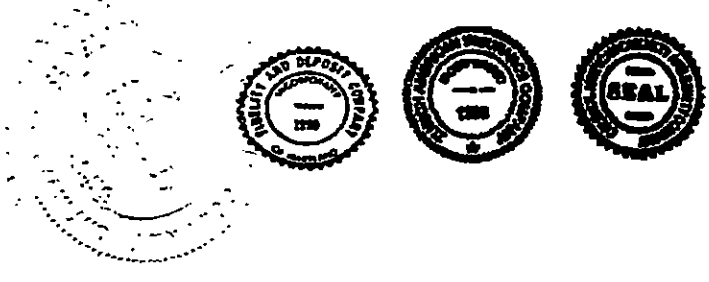
This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 25th day of March, 2022.

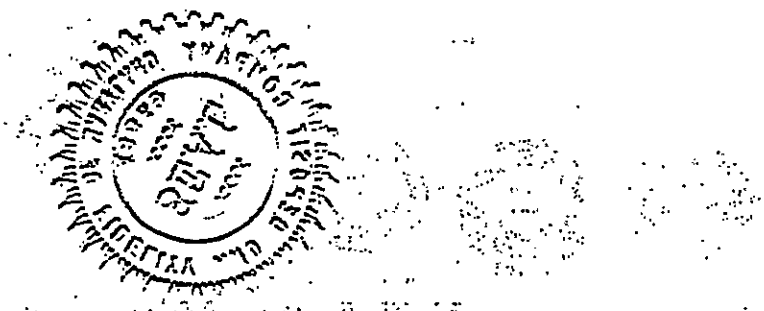


By: Brian M. Hodges
Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
www.reportsfclaims@zurichna.com
800-626-4577

Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790



4G

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: American Health Service Sales Corp

Physical Address: 13822 W Boulton Blvd

City: Mettawa State: IL Zip: 60045

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Name of Designated Representative (DR): Jeffrey S Lapietra

Licensing Company Email: License@shopmedvet.com DR Email: Jeff@AmericanHealthService.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	■ Controlled Substances	☐ Repacker
☐ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Bausch & Lomb Americas Inc.
Address: 400 Somerset Corporate Blvd. City: Bridgewater State: NJ Zip: 08807

Name: Sun Caraco Pharmaceuticals Ind
Address: 2 Independence Way City: Princeton State: NJ Zip: 08540

Name: Micro Labs USA, Inc.
Address: 220 Davidson Avenue, Suite 402 City: Somerset State: NJ Zip: 08873

Name: Camber Pharmaceuticals
Address: 1031 Centennial Avenue City: Piscataway State: NJ Zip: 08854

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Illinois
Parent Company (if any):
Corporation/Organization Name: American Health Service Sales Corp
Mailing Address: 13822 W Boulton Blvd
City: Mettawa State: IL Zip: 60045
Telephone: 847-680-3050 Email: License@shopmedvet.com
Contact Person Name: Jeffrey S Lapietra

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

American Health Service Sales Corp

Facility Name

Dan Hagstrom

Print Name of Authorized Person Submitting Application

Dan Hagstrom

Original signature of Authorized Person (copies or stamps not accepted)

7/13/22

Date

Board Use Only	Date Received: 7/25/2022	Amount: 1000.00 CK-402216

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

Establishment Registration & Device Listing

New Search | Back To Search Results

Establishment:
AMERICAN HEALTH SERVICE S
Business Trade Names:
(1) Med-Vet International (2) Oasis Medical

13822 W BOULTON BLVD
Mettawa, IL 60045
Registration Number: 1423776
FEI Number*: 3000718453
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2022

Owner/Operator:
AMERICAN HEALTH SERVICE SALES CORP.
13822 W. BOULTON BLVD
Mettawa, IL US 60045
Owner/Operator Number: 9030415

Official Correspondent:
Jeffrey S Lapietra
13822 W. BOULTON BLVD
Mettawa, IL 60045
Phone: 847-6803050-226

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Page Last Updated: 07/25/2022
Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
004.001823

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
12/31/2022

LICENSED WHOLESALE DRUG DISTRIBUTOR

AMERICAN HEALTH SERVICE SALE CORP
DBA MED-VET INTERNATIONAL
JEFFREY S LAPIETRA
13822 W BOULTON BLVD
METTAWA, IL 60045

DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

15276707

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 304191

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
304.006716
004.001823

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
12/31/2022

LICENSED CONTROLLED SUBSTANCE DRUG
DIST
II III IV V

AMERICAN HEALTH SERVICE SALE CORP
DBA MED-VET INTERNATIONAL
13822 W BOULTON BLVD
METTAWA, IL 60045

DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

15276889

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 304191

IDFPR
Illinois Department of
Financial and Professional Regulation
Division of Professional Regulation
www.idfpr.com

JB PRITZKER
Governor

MARIO TRETO, JR.
Secretary

CECILIA ABUNDIS
Director

05/31/2022

Dear Mr. Hagstrom,

American Health Services Sale Corp dba Med-Vet International's (IL 004.001823/304.006716) last inspection was conducted in December of 2013. The IDFPR inspects Pharmacies and WDD facilities when new applications are filed, in changes of ownership, and in changes of address. Beyond that, IDFPR reserves the right to inspect as needed by IDFPR to carry out its duties.

Steven S Smith

Steven Smith, R.Ph.
Director, Pharmacy Investigations
On behalf of Illinois Board of Pharmacy

IL DEPT. OF FINANCIAL & PROFESSIONAL REGULATION
STATE OF ILLINOIS 8A/B
CONSOLIDATED JULY 1, 2004

Enclosure

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RA0313902	06-30-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	05-03-2022

AMERICAN HEALTH SERVICE SALE CORP
DBA MED-VET INTERNATIONAL
13822 W BOULTON BLVD
METTAWA, IL 60045

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RA0313902	06-30-2023	$1850.

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	05-03-2022

AMERICAN HEALTH SERVICE SALE CORP
DBA MED-VET INTERNATIONAL
13822 W BOULTON BLVD
METTAWA, IL 60045

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

File Number 5340-770-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

AMERICAN HEALTH SERVICE SALES CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 26, 1984, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 14TH *day of* APRIL *A.D.* 2022 .

Authentication #: 2210403416 verifiable until 04/14/2023
Authenticate at: http://www.ilsos.gov

Jesse White

SECRETARY OF STATE

Business: American Health Service Sales Corporation

DBA: Med-Vet International

Business Address: 13822 W Boulton Blvd, Mettawa IL, 60045

State of Incorporation: Illinois

Phone: 1-847-680-3050

FEIN :36-3299638

President/Corporate Officer/Manager in Charge/Purchaser/Facility Operations

Name: Jeffrey Scott Lapietra

Title: President/Corporate Officer/ Manager in Charge

Percentage owned: 100%

Home Address: [redacted] Clay CT, Lake Bluff, IL, 60044

DOB: [redacted]

Cell: [redacted]

Employment History

1/25/2012 – 8/1/2021 – Has been the president/manager for more than 9 years

Home Address: [redacted] Clay CT, Lake Bluff, IL, 60044

DOB: [redacted]

Cell: [redacted]

Been Engaged in wholesale distribution sense 1984.

Has been the Manager in charge for the following: Managing, Supervising, and Record keeping for the company, Reports, Storage, and responsible for Shipment of drugs and devices.

Name	Type
Allison Martinez	Employee
Ana Castro	Employee
Andres Rumbo	Employee
Angel Letcher	Employee
Angeliza Gonzague	Employee
Ashley Landero	Employee
Calvin Knight	Employee
Carolyn May	Employee
Cassandra Casillas	Employee
Cesareo Martinez	Employee
Christopher Geier	Employee
Dan Hagstrom	Employee
Daphne Reddy	Employee
Derek Drake	Employee
Emily Clemens	Employee
Esteban Garay	Employee
Gina LaPietra-Edidin	Employee
Giovani Garcia	Employee
Jasmine Bahena	Employee
Jeff LaPietra	Employee
Joel Gomez	Employee
Jonatan Lara	Employee
Jose Tovar	Employee
Joshua Olson	Employee
Juan Carmona	Employee
Juan Infante	Employee
Kristeen Sabatini	Employee
Lauren LaPietra	Employee
Lizzet Garcia	Employee
Marco Hernandez	Employee
Maria Torres De La Cruz	Employee
Mario Bello	Employee
Marisol Fuentes	Employee
Matthew Hayden	Employee
Michael Casarrubias	Employee
Nancy Guajardo	Employee
Nicolette Adams	Employee
Otilia Mendiola	Employee
Rigoberto Ayala	Employee
Bill Lapietra	Consultant

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: American Health Service Sales Corp

Physical Address: 13822 W Boulton Blvd

City: Mettawa State: IL Zip: 60045

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 847-680-3050 Website: WWW.SHOPMEDVET.COM

Licensing Company Email: LICENSE@SHOPMEDVET.COM

Section 2: Personal Information

First: Jeffrey Middle: Scott Last: Lapietra

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Clay Ct

City: Lake Bluff State: IL Zip: 60044

Telephone: 847-680-3050 ext 226 Email: Jeff@AmericanHealthService.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials JSL

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
West Virginia University		Graduated 1991	
Address	**City**	**State**	**Zip**
Po Box 6878	Morgan Town	WV	26506
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
1285 N mckinley Rd	Lake Forest	IL	60045
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1/1/2012 -3/7/2017	[redacted]Waterbury ln	Buffalo Grove	IL	60089
3/7/2017 - Today	[redacted]Clay CT	Lake Bluff	IL	60044

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
American Health Service Sales Corp			01/25/2012-08/01/2021
Business Address	**City**	**State**	**Zip**
13822 W Boulton Blvd	Mettawa	IL	60045
Phone	**Title**	**Number of Employed Hours**	
847-680-3050	President / Management	40,000	
Description of Duties			
Management of Pharmaceutical Division and Compliance Licensing, Involved in Picking, Packing & Shipping of pharmaceuticals, as well as President of the company / Corporate officer			

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**	**Number of Employed Hours**	
N/A	N/A	N/A	
Description of Duties			
N/A			

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**	**Number of Employed Hours**	
N/A	N/A	N/A	
Description of Duties			
N/A			

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**	**Number of Employed Hours**	
N/A	N/A	N/A	
Description of Duties			
N/A			

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**	**Number of Employed Hours**	
N/A	N/A	N/A	
Description of Duties			
N/A			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
N/A			N/A	
Business Address		**City**	**State**	**Zip**
N/A		N/A	N/A	N/A
Phone	**Title**		**Number of Employed Hours**	
N/A	N/A		N/A	
Description of Duties				
N/A				

Business Name			From - To (MM/YY – MM/YY)	
N/A			N/A	
Business Address		**City**	**State**	**Zip**
N/A		N/A	N/A	N/A
Phone	**Title**		**Number of Employed Hours**	
N/A	N/A		N/A	
Description of Duties				
N/A				

Business Name			From - To (MM/YY – MM/YY)	
N/A			N/A	
Business Address		**City**	**State**	**Zip**
N/A		N/A	N/A	N/A
Phone	**Title**		**Number of Employed Hours**	
N/A	N/A		N/A	
Description of Duties				
N/A				

Business Name			From - To (MM/YY – MM/YY)	
N/A			N/A	
Business Address		**City**	**State**	**Zip**
N/A		N/A	N/A	N/A
Phone	**Title**		**Number of Employed Hours**	
N/A	N/A		N/A	
Description of Duties				
N/A				

Business Name			From - To (MM/YY – MM/YY)	
N/A			N/A	
Business Address		**City**	**State**	**Zip**
N/A		N/A	N/A	N/A
Phone	**Title**		**Number of Employed Hours**	
N/A	N/A		N/A	
Description of Duties				
N/A				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials JSL

I, Jeffrey Scott Lapietra, **certify that as the designated representative for** American Health Service Sales Corp,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Jeffrey Lapietra

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/13/22

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jeffrey LaPietra
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7-13-22
Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Jeffrey LaPietra, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7-15-22
Date

Subscribed and Sworn to before me this 15th day of July 2022

Kristeen A. Sabatini
Notary Public Signature

OFFICIAL SEAL
KRISTEEN A SABATINI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:07/14/24

Applicant's initials JSL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: American Health Service Sales Corp

Physical Address: 13822 W Boulton Blvd

City: Mettawa State: IL Zip: 60045

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 847-680-3050 Website: WWW.SHOPMEDVET.COM

Licensing Company Email: LICENSE@SHOPMEDVET.COM

Section 2: Personal Information

First: Jeffrey Middle: Scott Last: Lapietra

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Clay Ct

City: Lake Bluff State: IL Zip: 60045

Telephone: 847-680-3050 ext 226 Email: License@Shopmedvet.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials JSL

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
West Virginia University		Graduation Date 1991	
Address	**City**	**State**	**Zip**
PO Box 6201 Morgantown	West Virginia	WV	26506
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Lake forest highschool			
Address	**City**	**State**	**Zip**
1285 N McKinley Rd	Lake Forest,	IL	60045
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
3/7/2017-Current	[redacted]Clay CT	Lake Bluff	IL	60045
1/1/2012-3/7/2017	[redacted]Waterbury ln	buffalo grove	IL	60089
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials JSL

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
American Health Service Sales Corp			1/25/2012 – NOW
Business Address	**City**	**State**	**Zip**
13822 W Boulton Blvd	Mettawa	IL	60045
Phone	**Title**		
847-680-3050	President / Corporate officer		
Description of Duties			
President / Corporate Officer / Management of Pharmaceutical Day to Day Operations			

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		
Description of Duties			
N/A			

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		
Description of Duties			
N/A			

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		
Description of Duties			
N/A			

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		
Description of Duties			
N/A			

Business Name		From - To (MM/YY – MM/YY)	
N/AN/A		N/A	
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		
Description of Duties			
N/AN/A			

Business Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		
Description of Duties			
N/A			

Business Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Business Address	**City**	**State**	**Zip**
N/A		N/A	N/A
Phone	**Title**		
N/A	N/A		
Description of Duties			
N/A			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials JSL

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jeffrey Lapietra

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7-13-22

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Jeffrey Lapietra, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7-15-22

Date

Subscribed and Sworn to before me this 15th day of July 2022

Kristeen A. Sabatini

Notary Public Signature

OFFICIAL SEAL
KRISTEEN A SABATINI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:07/14/24

(Seal)

Applicant's initials JSL

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 83BSBIW4583

Application/License No. _____

American Health Service Sales Corp dba Med Vet International (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 13822 W. Boulton Blvd., Lake Forest, IL 60045 (Address of Applicant/Principal), as PRINCIPAL, and Hartford Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 200 Colonial Center Parkway, 4th floor, Lake Mary, FL 32746 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on May 12, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

83BSBIW4583

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 19th day of May, 2022.

APPLICANT/PRINCIPAL

American Health Service Sales Corp dba Med Vet International

Authorized Representative

OFFICIAL SEAL
KRISTEEN A SABATINI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 07/14/24

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY

Hartford Fire Insurance Company

Surety Company's Representative

Jessica Ciccone, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: ALECKSON AGENCY
Agency Code: 83-553103

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint
Jessica Ciccone
of Lake Mary, Florida,
its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:
Bond No. 83BSBIW4583
Naming American Health Service Sales Corp dba Med Vet International as Principal,
and Nevada State Board of Pharmacy as Obligee,
in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } **ss.** Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of May 19, 2022.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

4H

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ■ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: BIOTRONIK, Inc.

Physical Address: 6024 Jean Road

City: Lake Oswego State: OR Zip: 97035

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 800-547-0394 Website: biotronik.com

Name of Designated Representative (DR): Jon Brumbaugh

Licensing Company Email: _____ DR Email: jon.brumbaugh@biotronik.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	■ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: Medical Device Distributor

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

16-AUG-2022
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A, we do not distribute pharmaceutical products

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): MS Holding II SE

Corporation/Organization Name: Biotronik. Inc

Mailing Address: 6024 Jean Road

City: Lake Oswego State: Oregon Zip: 97035

Telephone: 800-547-0394 Email: jon.brumbaugh@biotronik.com

Contact Person Name: Jon Brumbaugh

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

BIOTRONIK, INC.

Facility Name

JON BRUMBAUGH

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

16-AUG-2022

Date

Board Use Only	Date Received: 8-22-22	Amount: 1000.00 CC 9/15/22

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	**Publicly Traded**	**Non-publicly Traded**	**Partner-ship**	**Sole Owner**
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

Maria Herrera HSL Exempt

From: Matt Boucher <matt.boucher@biotronik.com>
Sent: Wednesday, October 26, 2022 3:33 PM
To: Maria Herrera
Subject: RE: [EXT] RE: [EXT] RE: [EXT] RE: BIOTRONIK Application

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Ms. Herrera, thank you very much for the quick response. Our read of the Oregon Rules is that, in terms of medical device distributors, a license is only required for "Class C" medical device "outlets," which sell (a) nonprescription drugs and/or (b) certain prescription drugs and materials, none of which are distributed by BIOTRONIK. See ORS 855-035-0030: https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=218350.

Outside of this rule, which does not apply to our business, we have identified no Oregon laws, rules or regulations that require state licensure of a company like that of BIOTRONIK. We have asked the Oregon Board of Pharmacy to confirm our understanding of the Rules in writing, but they declined, stating that to do so would amount to providing legal advice.

Please let me know if this explanation is sufficient for purposes of the "Home State License" requirement of the Nevada Board of Pharmacy.

Thanks again,

Matt Boucher
Associate General Counsel
BIOTRONIK
512.987.4763

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Wednesday, October 26, 2022 5:12 PM
To: Matt Boucher <matt.boucher@biotronik.com>
Subject: [EXT] RE: [EXT] RE: [EXT] RE: BIOTRONIK Application

Hello Matt,

I apologize is been very busy with the renewals here at the office, I appreciate your patients.

Anyhow are you able to maybe provide a copy of their law or regulation that exempts the facility from obtaining a license? You can email me that as well.

Thank you,
Maria H.

From: Matt Boucher <matt.boucher@biotronik.com>
Sent: Wednesday, October 26, 2022 10:24 AM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: FW: [EXT] RE: [EXT] RE: BIOTRONIK Application

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hello, Ms. Herrera. I am following up on your email exchange with BIOTRONIK's Jon Brumbaugh last month. We are having difficulty obtaining an exemption letter (or even an email) from the Oregon Board to clarify that a license is not required for BIOTRONIK in the state. Can you please call me at your earliest convenience to discuss?

Thanks and regards,

Matt Boucher
Associate General Counsel
BIOTRONIK
512.987.4763

From: Jon Brumbaugh <jon.brumbaugh@biotronik.com>
Sent: Thursday, October 20, 2022 4:18 PM
To: Matt Boucher <matt.boucher@biotronik.com>
Subject: FW: [EXT] RE: [EXT] RE: BIOTRONIK Application

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Thursday, September 29, 2022 2:56 PM
To: Jon Brumbaugh <jon.brumbaugh@biotronik.com>
Subject: [EXT] RE: [EXT] RE: BIOTRONIK Application

Hello Jon,

The Certificate of Existence is not what I need, I need a copy of the Home State License from the licensing Board in Oregon. Or an email/letter stating that the Oregon Board does not require you to license in their state.

Regards,
Maria H.

From: Jon Brumbaugh <jon.brumbaugh@biotronik.com>
Sent: Monday, September 26, 2022 1:20 PM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: RE: [EXT] RE: BIOTRONIK Application

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hello Ms. Herrera,

Thanks for the message, BIOTRONIK confirms that there are no individual owners of BIOTRONIK, Inc. in the US. I have also attached the copy of the Oregon license information and the signed page 8.

Let me know if you need this information mailed or if the email is sufficient.

Thanks so much for your help with this application process.

Have a great week!

Jon

Jon Brumbaugh
VP, Regulatory Affairs and New Product Development
BIOTRONIK, Inc.
Cell: 503-970-7014
jon.brumbaugh@biotronik.com

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Tuesday, September 13, 2022 8:56 AM

Board of Pharmacy

Chapter 855

Division 35
OPERATION OF NONPRESCRIPTION AND MEDICAL DEVICE, EQUIPMENT AND GAS (MDEG) OUTLETS

855-035-0030
Medical Device, Equipment and Gas (MDEG) Outlet (Class C)

(1) Medical Device, Equipment and Gas (MDEG) Outlets may sell:

(a) Nonprescription drugs;

(b) Specific drugs and materials that require the order or prescription of a practitioner:

(A) USP Oxygen;

(B) USP Sodium Chloride Irrigation;

(C) USP Sodium Chloride Injection;

(D) Sterile water for irrigation;

(E) Urological catheters; and

(F) Respiratory devices.

(2) Medicinal Gas Drug Outlets shall distribute medicinal Nitrous Oxide only to practitioners or institutional drug outlets.

(3) Record keeping: All records of receipt and distribution of medical devices, equipment, and gas must be maintained for a minimum of three years and must be readily retrievable.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.305
History:
BP 1-2002, f. & cert. ef. 1-8-02
PB 1-1996, f. & cert. ef. 4-5-96
PB 1-1992, f. & cert. ef. 1-31-92

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "BIOTRONIK, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF CONVERSION", FILED THE SEVENTEENTH DAY OF OCTOBER, A.D. 2014, AT 7:05 O`CLOCK P.M.

CERTIFICATE OF INCORPORATION, FILED THE SEVENTEENTH DAY OF OCTOBER, A.D. 2014, AT 7:05 O`CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE THIRTIETH DAY OF APRIL, A.D. 2015, AT 5:05 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "BIOTRONIK, INC.".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

Jeffrey W. Bullock, Secretary of State

5623857 8310

SR# 20223166270

Authentication: 204076091

Date: 08-03-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

Delaware

The First State

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5623857 8310

SR# 20223166270

Authentication: 204076091

Date: 08-03-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

U.S. Department of Health & Human Services

a A A

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SEARCH

FDA U.S. FOOD & DRUG ADMINISTRATION

Home | Food | Drugs | Medical Devices | Radiation-Emitting Products | Vaccines, Blood & Biologics | Animal & Veterinary | Cosmetics | Tobacco Products

Establishment Registration & Device Listing

FDA Home › Medical Devices › Databases

New Search | Back To Search Results

Establishment:
BIOTRONIK, INC.
6024 JEAN RD.
LAKE OSWEGO, OR 97035
Registration Number: 1028232
FEI Number*: 1028232
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2022

Owner/Operator:
BIOTRONIK, INC.
6024 JEAN RD.
Lake Oswego, OR US 97035
Owner/Operator Number: 1028232

Official Correspondent:
Jon Brumbaugh
6024 JEAN RD.
Lake Oswego, OR 97035
Phone: 503-4518310

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Verified 9/13/22

Page Last Updated: 09/12/2022
Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

FDA Accessibility | Contact FDA | Careers | FDA Basics | FOIA | No FEAR Act | Nondiscrimination | Website Policies / Privacy

BIOTRONIK
excellence for life

SECTION 9: Provide the following documents with your application based on your business type

- **List of all Officers and Directors**:
  - Ryan Walters- President
  - Jeremy Evans- Secretary
  - James Felsted- Treasurer

- **List the top four corporation shareholders and their percent ownership**
  - Not Applicable

- **List of all corporation shareholders and their percent ownership**.
  - MS Holding II SE (foreign corporation)- 100% ownership

- **Certificate of Corporate Status or Certificate of Good Standing obtained from Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months**
  - Biotronik, Inc is domiciled in Delaware
  - Certificate of Good Standing (Long Form) is attached

- **Designated Representative Form must be completed by the Designated Representative**
  - Attached

- **Personal History Record Application must be completed by each shareholder/stockholder/partner/owner.**
  - Not Applicable

- **Copy of DEA certificate if handling controlled substances**
  - Not Applicable

- **Copy of current SEC 10K or 8K (First 15 pages only)**
  - Not Applicable

- **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant**

- **Copy of your license, certification, permit, or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (Required for out-of-state wholesalers, if applicable)**
  - **Located in the state of Oregon**
  - **License attached**

BIOTRONIK, Inc.
6024 Jean Road
Lake Oswego, OR 97035
Telephone 800-547-0394
Fax 800-291-0470
www.biotronik.com

BIOTRONIK
excellence for life

- **"Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices.**
  - The business wholesales medical devices
  - MDEG Administrator Form is attached

- **If providing Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance. The MDEG wholesaler shall maintain liability insurance of at least one million dollars**
  - Proof of liability insurance is attached

Help (./help/index.html)

DRLM Home (mainMenu.htm) > View Your Registrations and Listings

Registration Information

Facility

Registration Number
1028232

FEI Number
1028232

Registration Status
Active

Registration Status Reason
Legacy Data - Registration activated

Initial Importer
Y

Facility Name
BIOTRONIK, INC.

Legal Name

Facility Address
6024 JEAN RD.
LAKE OSWEGO, OREGON, 97035, UNITED STATES

DUNS Number

Foreign Trade Zone
N

Facility URL

Other Business Trade Name(s)

Establishment located on a campus

Owner/Operator

Owner/Operator Number
1028232

Contact Name
JON - BRUMBAUGH

Business Name
BIOTRONIK, INC.

Address
6024 JEAN RD.
LAKE OSWEGO, OREGON, 97035, UNITED STATES

Phone Number
503 - 4518310

Fax Number
503 - 4518519

E-mail JON.BRUMBAUGH@BIOTRONIK.COM

DUNS Number

Official Correspondent

Contact Name
JON - BRUMBAUGH

Business Name
BIOTRONIK, INC.

Address
6024 JEAN RD.
LAKE OSWEGO, OREGON, 97035, UNITED STATES

Phone Number
503 - 4518310

Fax Number
503 - 4518519

E-mail JON.BRUMBAUGH@BIOTRONIK.COM

DUNS Number

Registration Status

Expiration Date
2022-12-31

PIN - PCN
50341502 - 22502867

Name of Employees and Contractors in our Lake Oswego, Oregon Office

Brumbaugh, Jonathon Ken	Salzberg, Joel	Rarick, Cory A
Martin, Lonnie James	Marko, Claire	Broeckel, Lucien P
Culley, Amy	Qin, Jian	Velez, Christina Marie
La Bore, Heather	Johnston, Gillian Elaine	Kim, Maclean J
Chang, Steve	Zaiger, Adam	Lippincott, Nikki R
Salehi, Bobak	Henkel, Renee	Roberts, Courtney
Braakenhielm, Carl Gustaf	Ikeda, Joanna Eileen	Cox, Jasmine R
Hay, Margaret Elizabeth	Chin, Yoon Jun	Salmon-Vasquez, Jonathan
Rock, Angela Nicole	Sharmin, Kazi Nusrat	Johnston, Bradley
Harold, April B	Blair, Deborah A	Larson, Tina M
Hubka, Thomas James	Herrera, Edith L	Lorentzen, Harmony
Finch, Douglas	Dutta, Sudeshna	Burns, Chelsea M
Miller, Crystal Dawn	Monroe, Jason Hudnall	Preisner, Romana
Woodbury, Leslie Ann	Foster, Lesley Alice	Shi, Andrew S
Cox, Karlene Marie	McBee, Mallory Nicole	Whitbeck, Angela Dee
Lukshis, Brett J	Mitchell, Larissa Cattanach	Ewing, Lisa Lynn
Hoenigman, Kenneth Bernard	Nicolet-Petersen, Stephanie J	Ott, Michaela M
Myrwold, Alex Richard	Samal, Smruti V	Roskam, Cheryl C
Boyte, Chelsea	Rinaldi, Jessica L	Tilton, Laurie A
Barnes, Steven C	Kliever, Courtney	Alvarado Mendoza, Angel M
Wentzel, Jessica Louise	Mingledoff, Breyonna M	Marsden, Jacqueline J
Hovland, Lindsey	Collins, Austin P	Wolfe, Jeffrey J
Brown, Ryan	Peterson, Trevor M	Schwankl, Jason S
Mohr, Kelly Ann	Bolt, Allison N	Dominguez, Angela R
Michalski III, Justin	Dong, MaLi	Harris, Thomas R
Mullane, Steven Paul	Hermansdorfer, Jennifer G.A.	Canniff, Amanda J
Sarao, Rebecca Catherine	Novoa, Ryan C	Horan, Todd Steven
Tipperreiter, Aimee Marie	Wendolowski, Anna Corrin	Moore, Rochelle R.
Garrett, Stephan Robert	Wheatley, Susan	Duran, Marilyn
John, Jeffrey L	Storey, Olivia M	Foy, John M
Tietz, Marko	Fajardo, Cristina	Rigo, Marisa B
Vandal Avila, Sydni M	Kim, Seong	Sabala, Jaycie M
Adams, Joshua Young	Yang, Connie	Williams, Raef G
Vaughan, Allen P	LAWSON-RIVERA, DANA	Anshur, Mariam J
Harrell, Camden R	Rudig, James	Davies, Laura J
Pattee, Patrick Michael	Siadati, Mona	Kaushal, Amancia
Federiuk, Isaac F	Guerard, Anna Marie	Reynolds, Vi
Rice, Ann M	Lashari, Raza A	McEwen, Ian P

Client#: 1668227 BIOTRINC3

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/04/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Nancy Rizzo CPCU ARM
USI Insurance Services NW CL1 825 NE Multnomah, Suite 1500 Portland, OR 97232 503 224-8390	PHONE (A/C, No, Ext): 503 224-8390 FAX (A/C, No): E-MAIL ADDRESS: nancy.rizzo@usi.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : HDI Global Insurance Company	41343
INSURER B : Hartford Casualty Insurance Company	29424
INSURER C : SAIF Corporation	36196
INSURER D : Allianz Underwriters Insurance Company	36420
INSURER E : Trumbull Insurance Company	27120
INSURER F :	

INSURED
Biotronik, Inc
6024 Jean Road
Lake Oswego, OR 97035

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			GLD1110614 Includes Incidental Medical Malpractice	01/01/2022	01/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$5,000,000 $100,000 $5,000 $5,000,000 $5,000,000 $5,000,000 $
E	AUTOMOBILE LIABILITY X ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			52UENCG2238	01/01/2022	01/01/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$2,000,000 $ $ $ $
A	X UMBRELLA LIAB ☐ OCCUR EXCESS LIAB X CLAIMS-MADE DED X RETENTION $1,586,550			CUD1299508	01/01/2022	01/01/2023	EACH OCCURRENCE AGGREGATE $	$10,000,000 $10,000,000 $
B C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		52WEAP3FTM 764395	01/01/2022 01/01/2022	01/01/2023 01/01/2023	X PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $1,000,000 $1,000,000 $1,000,000
D	Cyber Liability			U5F00008921	01/01/2022	01/01/2023	$1,000,000 Limit $110,240 Retention	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Operations of the Named Insured

CERTIFICATE HOLDER

State of Nevada Board of Pharmacy
985 Damont Ranch Pkwy #206
Reno, NV 89521

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler BIOTRONIK, Inc.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 6024 Jean Road

City Lake Oswego State OR Zip 97035

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 800-547-0394 Website biotronik.com

Licensing Company Email _____

Section 2: Personal Information

First Jon Middle K Last Brumbaugh

Alias(es, nicknames, name changes, etc.) Jonathon

Date of Birth [redacted] SSN or ITIN _____ Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]Jean Road

City Lake Oswego State OR Zip 97035

Telephone 800-547-0394 Email jon.brumbaugh@biotronik.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Indiana-Purdue University		08/87 - 09/90	
Address	City	State	Zip
	Fort Wayne	IN	46808
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
ITT Technical Institute		08/82 -08/85	
Address	City	State	Zip
	Fort Wayne	IN	46808
Diploma/Degree obtained, if any			
BS Automated Manufacturing Technology			

School Name		From - To (MM/YY – MM/YY)	
Churubusco High School		09/78 - 05/82	
Address	City	State	Zip
	Churubusco	IN	46723
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/03 - Present	[redacted] Bellevue Way	West Linn	OR	97068
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
BIOTRONIK, Inc.			12/95 - Present	
Business Address		**City**	**State**	**Zip**
6024 Jean Road		Lake Oswego	OR	97035
Phone	**Title**		**Number of Employed Hours**	
800-547-0394	VP, Regulatory Affairs and New Product Development		>50,000	
Description of Duties				
Responsible for oversight of the sales organization regarding FDA regulations and compliance to US law, interactions with the Food and Drug Administration, quality systems and medical device reporting				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

\

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Jon Brumbugh, **certify that as the designated representative for**

BIOTRONIK, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JB I am at least 21 years of age;
3. JB I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JB I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JB I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JB I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JB I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jon Brumbaugh
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

26-Sep-2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jon Brumbaugh

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

16-AUG-2022

Date

Please have this section completed in the presence of a Notary Public.

State of Oregon, ss. County of Clackamas

I, JON BRUMBAUGH, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

16-AUG-2022

Date

Subscribed and Sworn to before me this 16th day of August, 2022

Nance Larson Moudy

Notary Public Signature

Nance Larson Moudy
Notary Public
State of Washington
Commission Number 187298
My Commission Expires
8/22/2024

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG BIOTRONIK, Inc. MDEG License # (if applicable) _____

Physical Address 6024 Jean Road

City Lake Oswego State OR Zip 97035

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 800-547-0394 Website biotronik.com

Licensing Company Email _____

Section 2: Personal Information

First Jon Middle K Last Brumbaugh

Alias(es, nicknames, name changes, etc.) Jonathon

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]Jean Road

City Lake Oswego State OR Zip 97035

Telephone [redacted] Email jon.brumbaugh@biotronik.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Indiana-Purdue University		08/87 - 09/90	
Address	City	State	Zip
	Fort Wayne	IN	46808
Diploma/Degree obtained, if any			
EE			

School Name		From - To (MM/YY – MM/YY)	
ITT Technical Institute		08/82 - 08/85	
Address	City	State	Zip
	Fort Wayne	IN	46808
Diploma/Degree obtained, if any			
BS Automated Manufacturing Technology			

School Name		From - To (MM/YY – MM/YY)	
Churubusco High School		08/78 -05/82	
Address	City	State	Zip
	Churubusco	IN	46723
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/03 - Present	[redacted]Bellevue Way	West Linn	OR	97068
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
BIOTRONIK, Inc.			12/95 - Present	
Business Address		**City**	**State**	**Zip**
6024 Jean Road		Lake Oswego	OR	97035
Phone	**Title**		**Number of Employed Hours**	
503-970-7014	VP, Regulatory Affairs and New Product Development		>50,000	
Description of Duties				
Responsible for oversight of the sales organization regarding FDA regulations and compliance to US law, interactions with the Food and Drug Administration, quality systems and medical device reporting				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

16-AUG-2022
Date

I, Jon Brumbaugh, **certify that as the MDEG Administrator for**

BIOTRONIK, Inc.,

that I (initial that you have read and meet the following requirements):

1. JB Have a high school diploma or its equivalent;
2. JB Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JB Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JB Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brumbaugh, Jon
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

16-AUG-2022
Date

Board Use Only	Date Received: 8-22-22

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. NV100596

Application/License No. _____

BioTronik, Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
6024 Jean Road, Lake Oswego, OR 97035, as
(Address of Applicant/Principal)
PRINCIPAL, and Merchants Bonding Company (Mutual), a
(Surety Company)
corporation organized under the laws of the state of Iowa
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
PO Box 14498, Des Moines, IA 50306-3498 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 08/19/2022.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 19th day of August, 2022.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Sandra Stewart, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent
David Lee Galt, Non-Resident License #33161

MERCHANTS BONDING COMPANY™

POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

David Galt; Jon C Sandstrom; Lori D Andrews; Sandra Stewart

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the following By-Laws adopted by the Board of Directors of Merchants Bonding Company (Mutual) on April 23, 2011 and amended August 14, 2015 and adopted by the Board of Directors of Merchants National Bonding, Inc., on October 16, 2015.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and aut hority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner-Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 11th day of February , 2020 .

MERCHANTS NATIONAL BONDING, INC. INCORPORATED -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.

By Larry Taylor
President

STATE OF IOWA
COUNTY OF DALLAS ss.
On this 11th day of February 2020 , before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC.; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.

NOTARIAL SEAL IOWA

POLLY MASON
Commission Number 750576
My Commission Expires
January 07, 2023

Polly Mason
Notary Public

(Expiration of notary's commission does not invalidate this instrument)

I, William Warner, Jr., Secretary of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 19th day of August , 2022 .

MERCHANTS NATIONAL BONDING, INC. INCORPORATED -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

William Warner Jr.
Secretary

POA 0018 (1/20)

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Cintas Corporation No. 2

Physical Address: 3577 Yankee Road Suite B

City: Middletown State: OH Zip: 45044

Mailing Address (if different from physical address): 6800 Cintas Blvd

City: Mason State: OH Zip: 45040

Telephone: (513) 318-0048 Website: www.cintas.com

Name of Designated Representative (DR): Alex Bracken

Licensing Company Email: Regulatory@cintas.com DR Email: BrackenA2@cintas.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals *Hospital Warehouses	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others: non-prescription drugs	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Commercial End Users		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	✔	
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	✔	

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				
Cintas Corporation No. 2				

Provide explanation below:

Statement in Explanation of "Yes" Re Denial of License Application

On January 25, 2019 and May 6, 2019, the Utah Department of Commerce ("UDOC"), due to application non-completeness, denied Cintas Corporation No. 2's ("Cintas") applications for Pharmacy – Class E permits for facilities located in Henderson, Nevada and Mason, Ohio.

Cintas subsequently renewed the application for the Henderson, Nevada facility and the UDOC did ultimately issue the permit to Cintas on June 4, 2019 (Permit No. 11279941-1714).

In addition to issuing the permit to Cintas for the facility in Henderson, Nevada, the UDOC has also issued permits to Cintas for facilities in Salt Lake City (1110716-1714), and Sparks, Nevada (1108060-1714).

Original Signature (electronic, copies or stamps not accepted)

Date 7/29/22

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				
Cintas Corporation No. 2				

Provide explanation below:

Surrendered Licenses – Cintas Corporation No. 2

MN – Wholesale distributor License Non-Resident License
- No prescription drug products

AZ – Medical Gas Supplier Resident License
- No longer sells compressed medical gas

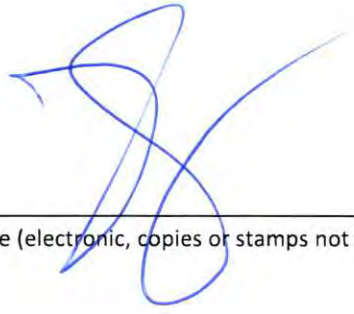
SC – Medical Gas Non-Resident and Non-Dispensing Drug Outlet Resident License
- No prescription drug products
- No Controlled substances
- License Exemption Granted

IL – Wholesale Drug Distributor Non-Resident License
- License Exemption Granted

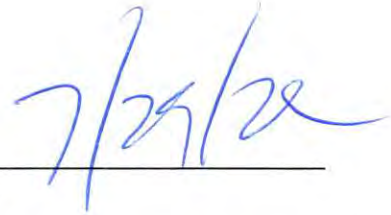
KY – Wholesaler Non-Resident License
- No prescription drug products
- License Exemption Granted

MS – Medical Equipment Supplier Permit Non-Resident License
- License Exemption Granted

PA – Distributor of Non-Prescription Drugs & Devices Non-Resident License (Mason, OH Facility Only)
- No scheduled drug products
- No sales representatives operating in PA from facility



Original Signature (electronic, copies or stamps not accepted)



Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Cassel Inc.
Address: 34227 N 25th Drive City: Phoenix State: AZ Zip: 85085

Name: Zoll Medical Corporation
Address: 269 Mill Road City: Chelmsford State: MA Zip: 01824

Name: MRC Innovations of Delaware
Address: 9378 S Mason-Montgomery Road #310 City: Mason State: OH Zip: 45040

Name: Dukal Corporation
Address: 2 Fleetwood Ct. City: Ronkonkoma State: NY Zip: 11779

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NV (Cintas Corporation No. 2)
Parent Company (if any): Cintas Corporation (Publicly Traded)
Corporation/Organization Name: Cintas Corporation No. 2 (100% Corporately Owned by Cintas Corporation)
Mailing Address: 6800 Cintas Blvd
City: Mason State: OH Zip: 45040
Telephone: (513) 972 - 3969 Email: Regulatory@cintas.com
Contact Person Name: Emily Wilburn

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Cintas Corporation No. 2

Facility Name

Mark Carter Jr.

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

Date 8/1/22

Board Use Only	Date Received: 8-8-22	Amount: 500.00 CK - 7432401 + CK# 7532548 ✓ 8/25/22

6800 Cintas Boulevard
Mason, Ohio 45040

Statement in Explanation of "Yes" Re Denial of License Application

On January 25, 2019 and May 6, 2019, the Utah Department of Commerce ("UDOC"), due to application non-completeness, denied Cintas Corporation No. 2's ("Cintas") applications for Pharmacy – Class E permits for facilities located in Henderson, Nevada and Mason, Ohio.

Cintas subsequently renewed the application for the Henderson, Nevada facility and the UDOC did ultimately issue the permit to Cintas on June 4, 2019 (Permit No. 11279941-1714).

In addition to issuing the permit to Cintas for the facility in Henderson, Nevada, the UDOC has also issued permits to Cintas for facilities in Salt Lake City (1110716-1714), and Sparks, Nevada (1108060-1714).

Signature: _____ **Date:** 3/15/22

Name/Title: Mark Carter Jr. **Title:** President/COO - FAS

6800 Cintas Boulevard
Mason, OH 45040

Surrendered Licenses – Cintas Corporation No. 2

MN – Wholesale distributor License Non-Resident License

- No prescription drug products

AZ – Medical Gas Supplier Resident License

- No longer sells compressed medical gas

SC – Medical Gas Non-Resident and Non-Dispensing Drug Outlet Resident License

- No prescription drug products
- No Controlled substances
- License Exemption Granted

IL – Wholesale Drug Distributor Non-Resident License

- License Exemption Granted

KY – Wholesaler Non-Resident License

- No prescription drug products
- License Exemption Granted

MS – Medical Equipment Supplier Permit Non-Resident License

- License Exemption Granted

PA – Distributor of Non-Prescription Drugs & Devices Non-Resident License (Mason, OH Facility Only)

- No scheduled drug products
- No sales representatives operating in PA from facility

Signature: _____ **Date:** 3/15/22

Name/Title: Mark Carter Jr._____ **Title:** President/COO - FAS

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/15/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Aon Risk Services Northeast, Inc. c/o Aon Client Services 4 Overlook Point Lincolnshire IL 60069 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	The Travelers Indemnity Co of CT	25682
INSURER B:	Travelers Property Cas Co of America	25674
INSURER C:	Westchester Fire Insurance Company	10030
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Cintas Corporation and its Subsidiaries
6800 Cintas Blvd
PO Box 625737
Cincinnati OH 45262 USA

COVERAGES **CERTIFICATE NUMBER:** 570087805109 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR X Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER [ ] POLICY [ ] PRO-JECT [X] LOC OTHER			HC2EGLSA472M4731TCT21	07/01/2021	07/01/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$2,000,000 $1,000,000 $5,000 $1,000,000 $2,000,000 $1,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY Comp/Coll $0 Ded.			HC2E-CAP-472M4651-TCT-21 AOS	07/01/2021	07/01/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$5,000,000
C	X UMBRELLA LIAB X OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED X RETENTION $10,000			G22035277016	07/01/2021	07/01/2022	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
B B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			UB6P78446221NCT WC-AOS UB6P72966921NCR WC - MA, WI	07/01/2021 07/01/2021	07/01/2022 07/01/2022	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	$2,000,000 $2,000,000 $2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Coverage.

CERTIFICATE HOLDER

Cintas Corporation and its Subsidiaries
PO Box 625737
Cincinnati OH 45262 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.

Holder Identifier :

Certificate No : 570087805109

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EVIDENCE OF COVERAGE	Policy Term 07-01-2021 to 07-01-2022

This Evidence of Coverage is issued as a matter of information only to authorized viewers for their internal use only and confers no rights upon any viewer of this Evidence of Coverage. This Evidence of Coverage does not amend, extend or alter the coverage described below. This Evidence of Coverage may only be copied, printed and distributed within an authorized viewer and may only be used and viewed by an authorized viewer for its internal use. Any other use, duplication or distribution of this Evidence of Coverage without the consent of Aon is prohibited. "Authorized viewer" shall mean an entity or person which is authorized by the insured named herein to access this Evidence of Coverage via www.AonLine.Aon.com. The information contained herein is as of the date referred to above. Aon shall be under no obligation to update such information.

ADDITIONAL INFORMATION

GENERAL LIABILITY

ADDITIONAL INSURED WORDING:
YOU are included as an Additional Insured on the General Liability policy where required by written contract executed prior to loss, but only for the limits agreed to in such contract or the limits of insurance of this policy, whichever is less.

WAIVER OF SUBROGATION WORDING:
Waiver of Subrogation applies in favor of YOU on the General Liability policy where required by written contract and only to the extent granted in that contract.

AUTOMOBILE LIABILITY

ADDITIONAL INSURED WORDING:
YOU are included as an Additional Insured on the Automobile Liability policy with regard to any leased vehicle where their interests may appear.

PHYSICAL DAMAGE COVERAGE:
The Named Insured assumes all Liability for Physical Damage.

WORKERS' COMPENSATION

WAIVER OF SUBROGATION:
Waiver of Subrogation Applies in favor of YOU on the Workers' Compensation policy with regard to work performed under a written contract that requires such an agreement and only to the extent granted in that contract.

The existence of more than one insured, Additional Insured or other interests shall not serve to increase the limits of liability of the policy.

The Company hereby authorizes Aon Risk Services of Ohio Inc. to issue certificates of insurance, or to display Evidence of Coverage, including any Mortgagee or Loss Payee clauses consistent with the foregoing.

The Evidence of Coverage of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications hereto are not authorized.

Olivia Mora

From: Regulatory <Regulatory@cintas.com>
Sent: Friday, May 6, 2022 12:11 PM
To: Olivia Mora; Regulatory
Subject: RE: MDEG Application - Cintas Corporation - Middletown, OH - Need more information

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good afternoon, Olivia.

Cintas Corporation No. 2 – Middletown, OH does not ship directly to patients nor physician offices. Cintas Corporation No. 2 does, on the rare occasion, ship directly to a hospital's supply warehouse.

Please let me know if there is any other information you need.

Best Regards,

Emily Wilburn | Compliance Specialist
Risk & Compliance Department
Cintas Corporation
office 513.972.3969 | cell 740.357.9218
6800 Cintas Blvd | Mason, Ohio 45040
wilburne@cintas.com | cintas.com

CINTAS® READY FOR THE WORKDAY™ FORTUNE 500 2021

From: Olivia Mora <o.mora@pharmacy.nv.gov>
Sent: Wednesday, May 4, 2022 12:31 PM
To: Regulatory <Regulatory@cintas.com>
Subject: MDEG Application - Cintas Corporation - Middletown, OH - Need more information

EXTERNAL USE CAUTION

To whom it may concern:

We received your MDEG Application for Cintas Corporation No. 2 – Middletown, OH.

Can you confirm if Cintas Corporation No. 2 will be ship products to hospitals, clinics, physicians offices, or directly to patients?

Thank you,
Olivia Mora
Licensing Specialist
Nevada State Board of Pharmacy
(775) 850-1440

o.mora@pharmacy.nv.gov



This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

This e-mail transmission contains information that is intended to be confidential and privileged. If you receive this e-mail and you are not a named addressee you are hereby notified that you are not authorized to read, print, retain, copy or disseminate this communication without the consent of the sender and that doing so is prohibited and may be unlawful. Please reply to the message immediately by informing the sender that the message was misdirected. After replying, please delete and otherwise erase it and any attachments from your computer system. Your assistance in correcting this error is appreciated.

Brief Description Planned Business Activities Which Require This Registration

The applicant location intends to sell certain first aid products directly to commercial end users such as restaurants and offices buildings. The products sold by the applicant location will include convenience kits containing non-prescription drugs and prescription automated external defibrillators ("AEDs"). Commercial customers will obtain a prescription for the AED made out to the location where the AED will be stored, and the applicant location will deliver and install the AED at the location pursuant to the prescription.

The applicant location will not distribute any products for the purpose of resale.

Definition of Wholesale:

Cintas Corporation No. 2 meets the definition of Wholesaler per NRS 639.016.

STATE OF OHIO
BOARD OF PHARMACY

April 2, 2019

The Whom It May Concern,

The State of Ohio Board of Pharmacy (Board) only licenses facilities that possess, store, sell or compound dangerous drugs as defined in ORC 4729.01(F).

(F) "Dangerous drug" means any of the following:

(1) Any drug to which either of the following applies:

(a) Under the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, the drug is required to bear a label containing the legend "Caution: Federal law prohibits dispensing without prescription" or "Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian" or any similar restrictive statement, or the drug may be dispensed only upon a prescription;

(b) Under Chapter 3715. or 3719. of the Revised Code, the drug may be dispensed only upon a prescription.

(2) Any drug that contains a schedule V controlled substance and that is exempt from Chapter 3719. of the Revised Code or to which that chapter does not apply;

(3) Any drug intended for administration by injection into the human body other than through a natural orifice of the human body;

(4) Any drug that is a biological product, as defined in section 3715.01 of the Revised Code.

Additionally, the Board only licenses home medical equipment service providers that engage in the sale, delivery, installation, maintenance, replacement or demonstration of home medical equipment as defined in ORC 4752.01(B).

(B) "Home medical equipment" means equipment that can stand repeated use, is primarily and customarily used to serve a medical purpose, is not useful to a person in the absence of illness or injury, is appropriate for use in the home, and is one or more of the following:

(1) Life-sustaining equipment prescribed by an authorized health care professional that mechanically sustains, restores, or supplants a vital bodily function, such as breathing;

(2) Technologically sophisticated medical equipment prescribed by an authorized health care professional that requires individualized adjustment or regular maintenance by a home medical equipment services provider to maintain a patient's health care condition or the effectiveness of the equipment;

(3) An item specified by the state board of pharmacy in rules adopted under division (B) of section 4752.17 of the Revised Code.

Therefore, any over-the-counter medication or medical device that does not contain a dangerous drug or considered to be home medical equipment does not require licensure from our agency.

In the state of Ohio, Cintas' facility (Mason FAS DC) is not require to be licensed, because Ohio does not regulate the distribution of over-the-counter drugs, medical devices that do not contain dangerous drugs, and AEDs.

Regards,

Karrie Southard

Karrie Southard
Director of Licensing
State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215

T: (614) 466.4143 | **F:** (614) 752.4836 | **contact@pharmacy.ohio.gov** | **www.pharmacy.ohio.gov**

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

±

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **Cintas**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Cintas Corporation No. 2	3020867933	118376317	RELABEL; REPACK;	3577 Yankee Rd Ste B, Middletown, Ohio (OH) 45044, United States (USA)	12/31/2022

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Thursday, Jun 2, 2022

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Cintas Corporation No. 2 Officers

1. Todd M. Schneider – President & CEO of Cintas Corporation
2. J. Michael Hansen – Executive Vice President & CFO of Cintas Corporation
3. Paul F. Adler – Vice President & Treasurer of Cintas Corporation
4. Brock Denton – Sr. VP, Secretary & General Counsel of Cintas Corporation
5. Mike Thompson – Executive Vice President & CAO of Cintas Corporation
6. Mark Carter Jr. – President & COO of Cintas Corporation No. 2

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CINTAS CORPORATION NO. 2, a Nevada corporation, having qualified to do business within the State of Ohio on June 1, 2000 under License No. 1161685 is currently in GOOD STANDING upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of December, A.D. 2021.

Ohio Secretary of State

Validation Number: 202135502418

Middletown FAS DC

First Name	Last Name	Department	Position	Status
Alex	Bracken	Leadership	DC Manager	Full-time
Carol	Townsend	Leadership	Human Resources Manager	Full-time
Siera	Minor	Office	Human Resources Assistant	Part-time
Jared	Regruth	Leadership	Manager Trainee	Full-time
Traci	Travis	Leadership	Inventory Control Supervisor	Full-time
Mark	Cradler	Leadership	Maintenance Supervisor	Full-time
Parker	Gray	Leadership	Manager Trainee	Full-time
Deborah	Carper	Leadership	Production Supervisor	Full-time
Josh	Carroll	Leadership	Production Supervisor	Full-time
Crystal	Schneider	Leadership	Production Supervisor	Full-time
Diane	Stephens	Office	Administrative Support	Full-time
Wanda	Lester	Office	Customer Service Supervisor	Full-time
Stephen	McKay	Office	Intern	Temp
Erin	Hoodlebrink	Quality	Quality Supervisor	Full-time
Cody	Crawford	Support	Business Process Specialist I	Full-time
Amanda	Witte	Kit Pack	Coordinator-Dist	Full-time
Michael	Becker	Kit Pack	Kit Pack	Full-time
Daniel	Caylor	Kit Pack	Kit Pack	Full-time
Nancy	Ferguson	Kit Pack	Kit Pack	Full-time
Katie	Howell	Kit Pack	Kit Pack	Full-time
Christopher	McCain	Kit Pack	Kit Pack	Full-time
Tara	Moore	Kit Pack	Kit Pack	Full-time
Kenneth	Pelzel	Kit Pack	Kit Pack	Full-time
Aaron	Perkins	Kit Pack	Kit Pack	Full-time
Julie	Stacy	Kit Pack	Kit Pack	Full-time
Sandy	Stutzman	Kit Pack	Kit Pack	Full-time
Samantha	Turner	Kit Pack	Kit Pack	Full-time
Mark	Wessel	Kit Pack	Kit Pack	Full-time
Stephanie	Trejo	Kit Pack	Kit Pack	Full-time
Paige	Essert	Kit Pack	Kit Pack	Full-time
Carlos	Marroquin	Kit Pack	Stocker	Full-time
Threasa	Michaelis	Kit Pack	Stocker	Full-time
Tina	Rose	Kit Pack	Stocker	Full-time
Shirley	Malfatti	Production	Coordinator-Dist	Full-time
Caron	Barker	Production	FAS Machine Operator	Full-time
Johnny	Berger	Production	FAS Machine Operator	Full-time
Amelia	Finley	Production	FAS Machine Operator	Full-time
Sheryl	Guerrero	Production	FAS Machine Operator	Full-time
Melodie	Neace	Production	FAS Machine Operator	Full-time
Rhonda	Ploeger	Production	FAS Machine Operator	Full-time
Lial	Rice	Production	FAS Machine Operator	Full-time
Darryl	Whitehead	Production	FAS Machine Operator	Full-time
Saguinatou	Dia	Production	Scheduler	Full-time
Masoud	Partia	Production	Stocker	Full-time
Frehiwot	Abebe	Production	Wholesale Production Processor	Full-time
Maram	Abuarqoub	Production	Wholesale Production Processor	Full-time
Carlee	Baudendistel	Production	Wholesale Production Processor	Full-time
Haley	Harphant	Production	Wholesale Production Processor	Full-time

Sidonie	Kalondji	Production	Wholesale Production Processor	Full-time
Jessame	Manzon	Production	Wholesale Production Processor	Full-time
Kelly	Rose	Production	Wholesale Production Processor	Full-time
Karen	Setser	Production	Wholesale Production Processor	Full-time
Joann	Wouters	Production	Wholesale Production Processor	Full-time
Heidi	Herron	Production	Wholesale Production Processor	Part-time
Sherry	King	Production	Wholesale Production Processor	Part-time
Emily	Watts	Production	Wholesale Production Processor	Part-time
Rouzin "Rose"	Saed	Production	Wholesale Production Processor	Part-time
Sarah	Lewis	Quality	Quality Auditor	Full-time
Michele	Rose	Quality	Quality Auditor	Full-time
Lisa	Tipton	Quality	Quality Auditor	Full-time
Ellen	Todd	Quality	Quality Auditor	Full-time
Susan	Lucas	Production	FAS Machine Operator	Full-time
Jillian	Gillespie	Production	FAS Machine Operator	Full-time
Deborah	Ball	Maintenance	Custodian-Production	Full-time
Douglas	Salensky	Maintenance	Custodian-Production	Full-time
John	Parrish	Maintenance	Maintenance Technician II	Full-time
Jay	Stiles	Maintenance	Maintenance Technician II	Full-time
Mary	Meece	Operations	Coordinator-Dist	Full-time
Jason	Smethers	Operations	Coordinator-Dist	Full-time
Timothy	Gilligan	Operations	Pick/Pack L1	Full-time
Shanta	Hughes	Operations	Pick/Pack L1	Full-time
Aaron	Kimbrough	Operations	Pick/Pack L2	Full-time
Kristy	Murphy	Operations	Pick/Pack L1	Full-time
Levi	Page	Operations	Pick/Pack L2	Full-time
John	Salta	Operations	Pick/Pack L1	Full-time
Desirae	Albert	Operations	Pick/Pack L2	Full-time
Trevor	Bruce	Operations	Pick/Pack L2	Full-time
Summer	Fleenor	Operations	Pick/Pack L2	Full-time
Jamaal	Hunter	Operations	Pick/Pack L2	Full-time
James	Stevens	Operations	Pick/Pack L2	Full-time
Conner	Thomas	Operations	Summer Pick/Pack	Temp
Tim	Roesch	Shipping	Coordinator-Dist	Full-time
Jon	Baker	Shipping	High Bay Operator	Full-time
Jordan	Kelly	Shipping	High Bay Operator	Full-time
Josh	McElfresh	Shipping	High Bay Operator	Full-time
Paul	Noe	Shipping	High Bay Operator	Full-time
Christopher	Clark	Shipping	Shipping/Receiving	Full-time
Deborah	Cole	Shipping	Shipping/Receiving	Full-time
Josh	Lawson	Shipping	Warehouse Scheduler	Full-time
Alec	Gregory	Support	Inventory Control Specialist	Full-time
Robert "Mike"	Saul	Support	Inventory Control Specialist	Full-time
Natalya	Schramchevskiy	Support	Inventory Control Specialist	Full-time
Brady	Smith	Support	Inventory Control Specialist	Full-time
Camron	Neal	Support	Inventory Control Specialist	Full-time
Matt	Heinrich	Office	Customer Service	Full-time
Deanna	Smith	Office	Customer Service	Full-time
Kimberly	Thomas	Office	Customer Service	Full-time
Casey	Joubert	Warehouse	Coordinator-Dist	Full-time
Ashton	Lewis	Warehouse	Coordinator-Dist	Full-time

Maria	Crider	Warehouse	High Bay Operator	Full-time
James	Cullen	Warehouse	High Bay Operator	Full-time
Austin	Gregory	Warehouse	High Bay Operator	Full-time
Gary	Lackey	Warehouse	High Bay Operator	Full-time
David	Pechie	Warehouse	High Bay Operator	Full-time
Tony	Wallace	Warehouse	High Bay Operator	Full-time
Gerald 'Pope'	Pope	Kit Pack	Temporary Kit Pack	Temp
Kisha	Carpenter	Production	Temporary Production	Temp
April	Flint	Production	Temporary FAS Machine Operator	Temp
Taylor	Mullins	Quality	Temporary Quality Auditor	Temp
Tracy	Viars	Quality	Temporary Quality Auditor	Temp

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 285069850

Application/License No. _____

CINTAS CORPORATION NO. 2 (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 3577 Yankee Road, Suite B, Middletown, OH 45040 (Address of Applicant/Principal), as PRINCIPAL, and LIBERTY MUTUAL INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of MA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street Boston, MA 02116 (Address of Surety), as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 29, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 29th day of June, 2022.

APPLICANT/PRINCIPAL
CINTAS CORPORATION NO. 2

Authorized Representative

SURETY COMPANY
LIBERTY MUTUAL INSURANCE COMPANY

Surety Company's Representative

Roger Paraison, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Sandra M. Winsted

Witness Jessica B. Dempsey

Countersigned by:

Nevada Resident Agent

Susan Ann Welsh, Non-Resident Agent,
State of Nevada – License # 625566
Aon, 200 East Randolph Street, Chicago Illinois 60601

Posted February 20, 2020

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8206346-285057**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Christina L. Sandoval, Corinne Chapman, Diane M. O'Leary, James B. McTaggart, Jean Torres, Jennifer L. Jakaitis, Jessica B Dempsey, Judith A. Lucky-Eftimov, Kristin L. Hannigan, Nicholas Kertesz, Roger Paraison, Samantha Chierici, Sandra M. Nowak, Sandra M. Winsted, Susan A. Welsh

all of the city of Chicago state of IL each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 27th day of September , 2021 .

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 27th day of September , 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 29th day of June , 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Cintas Corporation No. 2

Physical Address: 3577 Yankee Road Suite B

City: Middletown State: OH Zip: 45044

Mailing Address (if different from physical address): 6800 Cintas Blvd

City: Mason State: OH Zip: 45040

Telephone: (513) 972 - 3969 Website: www.cintas.com

Licensing Company Email: Regulatory@cintas.com

Section 2: Personal Information

First: Alex Middle: J. Last: Bracken

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Crane Ave

City: Cincinnati State: OH Zip: 45207

Telephone: [redacted] Email: BrackenA2@cintas.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials AB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Miami University		08/13 - 05/17	
Address	**City**	**State**	**Zip**
83 N Patterson Ave	Oxford	OH	45056
Diploma/Degree obtained, if any			
Bachelor of Science in Business			

School Name		From - To (MM/YY – MM/YY)	
Archbishop Moeller High School		08/09 - 05/13	
Address	**City**	**State**	**Zip**
9001 Montgomery Rd	Cincinnati	OH	45242
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/21 - Present	[redacted] Crane Ave.	Cincinnati	OH	45207
08/20 - 05/21	[redacted] Stewart Rd. Apt. [redacted]	Cincinnati	OH	45236
11/18 - 08/20	[redacted] Singleton Blvd. Apt. [redacted]	Dallas	TX	75212
04/11 - 04/18	[redacted] Augusta Blvd.	Loveland	OH	45140
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Cintas Corporation No. 2			10/21 - Present	
Business Address		**City**	**State**	**Zip**
3577 Yankee Road Suite B		Middletown	OH	45044
Phone	**Title**		**Number of Employed Hours**	
(513) 318 - 0048	Distribution Center Manager II		1,920	
Description of Duties				
Oversee all operations that consist of handling, repackaging, and distributing First Aid & Safety products in the Middletown Distribution Center.				

Business Name			From - To (MM/YY – MM/YY)	
Cintas Corporation No. 2			07/20 - 10/21	
Business Address		**City**	**State**	**Zip**
6800 Cintas Blvd.		Mason	OH	45040
Phone	**Title**		**Number of Employed Hours**	
(513) 972 - 3969	Distribution Center Manager II		2,430	
Description of Duties				
Oversee all operations that consist of handling, repackaging, and distributing First Aid & Safety products in the Mason Distribution Center.				

Business Name			From - To (MM/YY – MM/YY)	
Cintas Corporation			10/18 - 07/20	
Business Address		**City**	**State**	**Zip**
3450 Northern Cross Blvd.		Fort Worth	TX	76137
Phone	**Title**		**Number of Employed Hours**	
(817) 831 - 5600	Distribution Center Manager		2,650	
Description of Duties				
Oversee all operations that consist of handling and distributing Facility Service products in the Fort Worth Distribution Center.				

Business Name			From - To (MM/YY – MM/YY)	
Cintas Corporation			06/17 - 10/18	
Business Address		**City**	**State**	**Zip**
6800 Cintas Blvd.		Mason	OH	45040
Phone	**Title**		**Number of Employed Hours**	
(513) 972 - 3969	Global Supply Chain Management Trainee		3,240	
Description of Duties				
Helped assist in key projects in various departments within Global Supply Chain.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials AB

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).	✓	
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 9. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				
Cintas Corporation No. 2				

Provide explanation below:

Surrendered Licenses – Cintas Corporation No. 2

MN – Wholesale distributor License Non-Resident License
- No prescription drug products

AZ – Medical Gas Supplier Resident License
- No longer sells compressed medical gas

SC – Medical Gas Non-Resident and Non-Dispensing Drug Outlet Resident License
- No prescription drug products
- No Controlled substances
- License Exemption Granted

IL – Wholesale Drug Distributor Non-Resident License
- License Exemption Granted

KY – Wholesaler Non-Resident License
- No prescription drug products
- License Exemption Granted

MS – Medical Equipment Supplier Permit Non-Resident License
- License Exemption Granted

PA – Distributor of Non-Prescription Drugs & Devices Non-Resident License (Mason, OH Facility Only)
- No scheduled drug products
- No sales representatives operating in PA from facility

Alex J. Brook

Original Signature (electronic, copies or stamps not accepted)

06/29/2022

Date

Applicant's initials AB

I, Alex Bracken, **certify that as the designated representative for**

Cintas Corporation No. 2,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Alex Bracken

Print Name (First, Last)

Alex J. Bracken

Original Signature (electronic, copies or stamps not accepted)

06/29/2022

Date

Applicant's initials AB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alex Bracken

Print Name (First, Last)

Alex J. Bracken — 06/29/2022

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Ohio, ss. County of Warren

I, Terri Egelston Smith, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Alex J. Bracken — 06/29/2022

Original Signature — **Date**

Subscribed and Sworn to before me this 18th day of July 2022.

Terri Egelston Smith

Notary Public Signature

Terri Egelston Smith
Notary Public
In and For the State of Ohio
My Commission Expires
August 18, 2024

(Seal)

Applicant's initials _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Cintas Corporation No. 2 MDEG License # (if applicable) _____

Physical Address 3577 Yankee Road Suite B

City Middletown State OH Zip 45044

Mailing Address (if different from physical address) 6800 Cintas Blvd

City Mason State OH Zip 45040

Telephone (513)972-3969 Website www.Cintas.com

Licensing Company Email Regulatory@cintas.com

Section 2: Personal Information

First Alex Middle J. Last Bracken

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ✓ M ☐ F ☐ X

Mailing Address [redacted] Crane Ave

City Cincinnati State OH Zip 45207

Telephone [redacted] Email BrackenA2@cintas.com

Are you a citizen of the United States? ✓ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Miami University		08/13 - 05/17	
Address	City	State	Zip
83 N Patterson Ave	Oxford	OH	45056
Diploma/Degree obtained, if any			
Bachelor of Science in Business			
School Name		From - To (MM/YY – MM/YY)	
Archbishop Moeller High School		08/09 - 05/13	
Address	City	State	Zip
9001 Montgomery Road	Cincinnati	OH	45242
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/21 - Present	[redacted] Crane Ave.	Cincinnati	OH	45207
From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/20 - 05/21	[redacted] Stewart Rd. Apt. [redacted]	Cincinnati	OH	45236
From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/18 - 08/20	[redacted] Singleton Blvd. Apt. [redacted]	Dallas	TX	75212
From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/11 - 04/18	[redacted] Augusta Blvd.	Loveland	OH	45140
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Cintas Corporation No. 2			10/21 - Present	
Business Address		**City**	**State**	**Zip**
3577 Yankee Road Suite B		Middletown	OH	45044
Phone	**Title**		**Number of Employed Hours**	
(513)318-0048	Distribution Center Manager II		360	
Description of Duties				
Oversee all operations that consist of handling, repackaging, and distribution of First Aid and Safety products in our Middletown DC.				

Business Name			From - To (MM/YY – MM/YY)	
Cintas Corporation No. 2			07/20 - 10/21	
Business Address		**City**	**State**	**Zip**
6800 Cintas Blvd		Mason	OH	45040
Phone	**Title**		**Number of Employed Hours**	
(513)972-3969	Distribution Center Manager II		2,430	
Description of Duties				
Oversee all operations that consist of handling, repackaging, and distribution of First Aid and Safety products in our Mason DC.				

Business Name			From - To (MM/YY – MM/YY)	
Cintas Corporation			10/18 - 07/20	
Business Address		**City**	**State**	**Zip**
3450 Northern Cross Blvd		Fort Worth	TX	76137
Phone	**Title**		**Number of Employed Hours**	
(817)831-5600	Distribution Center Manager		2,650	
Description of Duties				
Oversee all operations that consist of handling and distribution of Facility Service products in our Fort Worth DC.				

Business Name			From - To (MM/YY – MM/YY)	
Cintas Corporation			06/17 - 10/18	
Business Address		**City**	**State**	**Zip**
6800 Cintas Blvd		Mason	OH	45040
Phone	**Title**		**Number of Employed Hours**	
(513)972-3969	Global Supply Chain Management Trainee		3,240	
Description of Duties				
Helped assist in key projects in various departments withing Global Supply Chain.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Alex J. Brach

Original Signature (electronic, copies or stamps not accepted)

1-7-22

Date

I, Alex Bracken, **certify that as the MDEG Administrator for**

Cintas Corporation No. 2,

that I (initial that you have read and meet the following requirements):

1. AB Have a high school diploma or its equivalent;
2. AB Have
   a. At least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. AB Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. AB Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bracken, Alex
Print Name (First, Last)

Alex J. Bracken
Original Signature (electronic, copies or stamps not accepted)

1-7-22
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (06/08/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☒ New MDEG		☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*	* If making a change, provide current license number:	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Cintas Corporation No. 2

MDEG Physical Address: 3577 Yankee Road Suite B

City: Middletown State: OH Zip: 45044

Mailing Address (if different from physical address): 6800 Cintas Blvd

City: Mason State: OH Zip: 45040

Telephone: (513) 318 - 0048 Website: www.Cintas.com

Email: Regulatory@cintas.com

Name of MDEG Administrator (NAC 639.694): Alex Bracken

Type of MDEG products that will be sold (check all applicable)

☐ Medical Gases**	☐ Assistive Equipment
☐ Respiratory Equipment**	☐ Diabetic Supplies
☒ Life-sustaining equipment**	☐ Orthotics and Prosthetics
☐ Parenteral and Enteral Equipment**	☒ Others: OTC First Aid Convenience Kits

** If providing these products, you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):

Name: Wayne Eble Telephone: (775)002-0216

Days and Hours of Operation

Mon:	5:30 a.m. to 5 p.m.
Tues	5:30 a.m. to 5 p.m.
Wed:	5:30 a.m. to 5 p.m.
Thurs:	5:30 a.m. to 5 p.m.
Fri:	5:30 a.m. to 5 p.m.
Sat:	Closed
Sun:	Closed
Holidays:	Closed

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?	✓	
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	✓	
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
N/A

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:

   a) A practicing health professional; or

   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.

2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NV (Cintas Corporation No. 2)

Parent Company (if any): Cintas Corporation (Publicly Traded)

Corporation/Organization Name: Cintas Corporation No. 2 (100% Corporately Owned by Cintas Coporation)

Mailing Address: 6800 Cintas Blvd.

City: Mason State: OH Zip: 45040

Telephone: (513) 972 - 3969 Email: Regulatory@cintas.com

Contact Person Name: Emily Wilburn

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark Carter Jr.
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

Date 3/15/22

Board Use Only	Date Received: _____	Amount: # 500 Check 7532548

Cintas Corporation No. 2 Officers

1. Todd M. Schneider – President & CEO of Cintas Corporation
2. J. Michael Hansen – Executive Vice President & CFO of Cintas Corporation
3. Paul F. Adler – Vice President & Treasurer of Cintas Corporation
4. Brock Denton – Sr. VP, Secretary & General Counsel of Cintas Corporation
5. Mike Thompson – Executive Vice President & CAO of Cintas Corporation
6. Mark Carter Jr. – President & COO of Cintas Corporation No. 2

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CINTAS CORPORATION NO. 2, a Nevada corporation, having qualified to do business within the State of Ohio on June 1, 2000 under License No. 1161685 is currently in GOOD STANDING upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of December, A.D. 2021.

Ohio Secretary of State

Validation Number: 202135502418

STATE OF OHIO BOARD OF PHARMACY

April 2, 2019

The Whom It May Concern,

The State of Ohio Board of Pharmacy (Board) only licenses facilities that possess, store, sell or compound dangerous drugs as defined in ORC 4729.01(F).

(F) "Dangerous drug" means any of the following:

(1) Any drug to which either of the following applies:

(a) Under the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, the drug is required to bear a label containing the legend "Caution: Federal law prohibits dispensing without prescription" or "Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian" or any similar restrictive statement, or the drug may be dispensed only upon a prescription;

(b) Under Chapter 3715. or 3719. of the Revised Code, the drug may be dispensed only upon a prescription.

(2) Any drug that contains a schedule V controlled substance and that is exempt from Chapter 3719. of the Revised Code or to which that chapter does not apply;

(3) Any drug intended for administration by injection into the human body other than through a natural orifice of the human body;

(4) Any drug that is a biological product, as defined in section 3715.01 of the Revised Code.

Additionally, the Board only licenses home medical equipment service providers that engage in the sale, delivery, installation, maintenance, replacement or demonstration of home medical equipment as defined in ORC 4752.01(B).

(B) "Home medical equipment" means equipment that can stand repeated use, is primarily and customarily used to serve a medical purpose, is not useful to a person in the absence of illness or injury, is appropriate for use in the home, and is one or more of the following:

(1) Life-sustaining equipment prescribed by an authorized health care professional that mechanically sustains, restores, or supplants a vital bodily function, such as breathing;

(2) Technologically sophisticated medical equipment prescribed by an authorized health care professional that requires individualized adjustment or regular maintenance by a home medical equipment services provider to maintain a patient's health care condition or the effectiveness of the equipment;

(3) An item specified by the state board of pharmacy in rules adopted under division (B) of section 4752.17 of the Revised Code.

Therefore, any over-the-counter medication or medical device that does not contain a dangerous drug or considered to be home medical equipment does not require licensure from our agency.

In the state of Ohio, Cintas' facility (Mason FAS DC) is not require to be licensed, because Ohio does not regulate the distribution of over-the-counter drugs, medical devices that do not contain dangerous drugs, and AEDs.

Regards,

Karrie Southard

Karrie Southard
Director of Licensing
State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215

T: (614) 466.4143 | **F:** (614) 752.4836 | **contact@pharmacy.ohio.gov** | **www.pharmacy.ohio.gov**

Cintas Corporation No. 2
6800 Cintas Blvd.
Mason, OH 45040

5 August 2022

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

To Whom It May Concern:

Enclosed is a resubmission of an application for Cintas Corporation No. 2 for the Middletown, Ohio facility. Cintas Corporation No. 2 previously submitted an MDEG application for the Middletown, Ohio facility; however, the Nevada Board of Pharmacy instructed Cintas to re-apply as a Wholesaler based on meeting the definition of a Wholesaler.

A few clarifications are needing to be made for the enclosed application.

Cintas Corporation No. 2's Middletown facility does not supply directly to hospital facilities. Cintas Corporation No. 2 will supply product to hospital warehouses. These warehouses store a hospital's product prior to the hospital shipping the product to patient-facing hospital facilities.

Cintas Corporation No. 2 is 100% corporately owned by Cintas Corporation. There are no other stakeholders of Cintas Corporation No. 2 outside of the Cintas Corporation entity.

Cintas Corporation No. 2 (Cintas Corporation) is registered as a repack/relabel manufacturer by the FDA.

A check for the remaining $500 of the $1,000 application fee is also enclosed. A check for $500 was submitted with the MDEG application.

Do not hesitate to reach out if additional information is needed to process this application. Cintas appreciates your time in reviewing this application.

Best Regards,

Emily Wilburn
Compliance Specialist

Enclosures

Cintas Corporation
6800 Cintas Blvd.
Mason, OH 45040

Risk & Compliance Department
6800 Cintas Blvd.
Mason, OH 45040
(513) 972 – 3969
Regulatory@cintas.com

14 March 2022

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway #206
Reno, NV 89521

Nevada State Board of Pharmacy,

Enclosed you will find the completed initial application for Cintas Corporation No. 2 of Middletown, Ohio. This application is being resubmitted in response to a missing documentation notice received from this Board. A copy of the notice is also enclosed.

In response to the missing documentation items outlined in the notice, the following materials are now included:

- Updated Application
- Updated list of corporate officers and directors
- Explanation of wholesale distribution

A personal history record application in not included as Cintas Corporation No. 2 is 100% corporately owned by Cintas Corporation. Cintas Corporation No. 2 has no individuals acting as shareholders or owners.

The non-refundable $500 application fee was previously submitted with check #7532548.

Do not hesitate to reach out if there is additional information needed to process this application.

Sincerely,

Emily Wilburn
Compliance Specialist

RECEIVED
MAR 22 2022
NEVADA STATE BOARD
OF PHARMACY

4J

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: CivicaScript LLC

Physical Address: 2912 Executive Parkway, Ste #300

City: Lehi State: UT Zip: 84043

Mailing Address (if different from physical address): 2912 Executive Parkway, Ste #300

City: Lehi State: UT Zip: 80403

Telephone: 801.430.0120 Website: N/A

Name of Designated Representative (DR): Scott Gochnour

Licensing Company Email: CivicaScript.Licensing@civicarx.org DR Email: Scott.Gochnour@civicarx.org

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Specialty Pharmacies		☒ Others: Virtual Manufacturer

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Gina Guinasso, President

9/9/2022

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No Suppliers sold, dispensed or distributed w/i last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): N/A - Delaware Statutory Public Benefit LLC

Corporation/Organization Name: CivicaScript, LLC

Mailing Address: 2912 Executive Parkway, Ste #300

City: Lehi State: UT Zip: 80403

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

CivicaScript LLC
Facility Name

Gina Guinasso, President
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

9/9/2022
Date

Board Use Only	Date Received: 9-28-22	Amount: 1000.00 CK-16820 9/13/22

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

CivicaScript, LLC

EFFECTIVE
04/27/2022

EXPIRATION
09/30/2023

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

12808348-1710 Pharmacy - Class C

Manufacturer
Virtual

DBA: None Associated

IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

CIVICASCRIPT, LLC
2912 EXECUTIVE PARKWAY STE #300
LEHI UT 84043

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING
ACTIVE LICENSE

EFFECTIVE DATE: **04/27/2022**

EXPIRATION DATE: **09/30/2023**

ISSUED TO: **CivicaScript, LLC**
2912 Executive Parkway Ste #300
Lehi UT 84043

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

12808348-1710 **Pharmacy - Class C**

Manufacturer
Virtual

DBAs: **None Associated**

Form #1

UTAH DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
LICENSEE LOOKUP & VERIFICATION SYSTEM

Details for CivicaScript, LLC

License Information

Name:	CivicaScript, LLC
City, State, Zip, Country:	Lehi UT 84043 United States
Profession:	Pharmacy
License Type:	Pharmacy - Class C
License Number:	12808348-1710
Obtained By:	Application
License Status:	Active
Original Issue Date:	04/27/2022
Expiration Date:	09/30/2023
Agency and Disciplinary Action*:	NO DISCIPLINARY ACTIONS OR NO DISCIPLINARY ACTIONS WITHIN THE TIME FRAME ESTABLISHED IN UTAH CODE 63G-4-106 AND 107
Docket and Citation Number(s):	N/A

Specialty(s):
Manufacturer, Virtual

Reports require Adobe® Acrobat® Reader™ Free download

This information is accurate as far as is contained in the Division's official records. It does not reflect whether an entity required to maintain a current registration with the Division of Corporations is current in that registration. You can verify such status at https://secure.utah.gov/bes/bes. Additionally, this verification does not show a complete license history or interruptions of licensure. Original issue dates listed as 01/01/1910 and 01/01/1911 were unknown at the time the Division implemented its first electronic licensing database.

*NOTE: The disciplinary documents linked to this website include final orders issued by DOPL, with the exception of citations. Click here for citations.

Give Feedback



Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CIVICASCRIPT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CIVICASCRIPT, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

7820581 8300

SR# 20220138820

Authentication: 202406600

Date: 01-14-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

CIVICASCRIPT

Description of Operations

CivicaScript LLC is a VirtualManufacturer. CivicaScript LLC's products are manufactured by a Contract Manufacturer and will be distributed to retail pharmacies, specialty pharmacies and hospital pharmacies by their Third-Party Logistics Provider, Cardinal Health , who is licensed to ship pharmaceutical products into your state. Sales records are stored at the CivcaScript Lehi office and at the 3PL.

Contract Manufacturer Information:
We are using the following contract manufacturer to produce our product:

Hikma Pharmaceuticals USA INC
2130 Rohr Road
Lockborne, OH 43137
FDA Establishment Number: 3012545029

Contact Person: Jim Clarkson
Contact Number: 614-241-4160

Catalent manufactures CivicaScript LLC's product and packages finished product. At no time does Catalent own the product, contract with CivicaScript LLC's customers, invoice, nor sell a CivicaScript LLC product. CivicaScript LLC's products are not Controlled Substances.

Labeler Code:
82249

Third Party Logistic information:
For distribution into the commercial supply channels, Cardinal Health acts as CivicaScript LLC's Third Party Logistics (3PL) provider to manage the storage and distribution of CivicaScript LLC's product to retail pharmacies, specialty pharmacies and hospital pharmacies throughout the United States. Cardinal Health's address is:

Cardinal Health
15 Ingram Blvd,
La Vergne, TN 37086
Contact: Stuart Martin Phone Number: (615)287-5365

CivicaScript LLC has four working on site during normal business hours.

CivicaScript LLC's hours of operation are 9:00 am – 5:00pm Monday through Friday.

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Current through September 26, 2022

You have searched Finished drug products

Search Results: *'82249'*

Back to Search Page () | **Search Again ()**

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Market Date
+ Abiraterone	82249-010-12	250 mg/1	TABLET	ORAL; ORAL	ANDA208339	CivicaScript, LLC	82249-010	Abiraterone acetate	ABIRATERONE ACETATE	HUMAN PRESCRIPTION DRUG	06/27/2022	N/A

Showing 1 to 1 of 1 entries Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Verified 11/4/22 MH

CIVICASCRIPT

Company Information

Company Name: CivicaScript LLC
Address: 2912 Executive Parkway, Ste #300
City, State, Zip: Lehi, UT 84043
Phone: 801.430.0120
Website: N/A
E-mail: CivicaScript.Licensing@civicarx.org

FEIN: 84-4777602
State of Formation: Delaware
Date Incorporated: 2/22/2021
File Number: 7820581

Ownership Information

CivicaScript is what is called a statutory public benefit company. We are bound by the principles of providing sustainable, affordable, essential, generic medications in a manner that promotes the social welfare and health of the community. CivicaScript LLC has no stocks and no shares.

Officers

Eamon Fitzmaurice, Chief Financial Officer
Business Address: 2912 Executive Parkway, Ste #325, Lehi, UT 84043
Business Phone: 919-880-4412
Ownership %: 0

Jennifer Spalding, General Counsel & Chief Compliance Officer
Business Address: 2912 Executive Parkway, Ste #325, Lehi, UT 84043
Business Phone: 614-586-3835
Ownership %: 0

Gina Guinasso, President
Business Address: 2912 Executive Parkway, Ste #300, Lehi, UT 84043
Business Phone: 206-484-2348
Ownership %: 0

CivicaScript Employee List

Gina Guinasso
Scott Gochnour
John Mbagwu
Bob Kennedy

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: CivicaScript LLC

Physical Address: 2912 Executive Parkway, Ste #300

City: Lehi State: UT Zip: 84043

Mailing Address (if different from physical address): 2912 Executive Parkway, Ste #300

City: Lehi State: UT Zip: 80403

Telephone: 801.430.0120 Website: N/A

Licensing Company Email: CivicaScript.Licensing@civicarx.org

Section 2: Personal Information

First: Scott Middle: David Last: Gochnour

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: 2912 Executive Parkway, Ste #300

City: Lehi State: UT Zip: 84043

Telephone: [redacted] Email: Scott.Gochnour@civicarx.org

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Date of Service: From: N/A to: N/A

Military Occupation/Specialty: N/A

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Applicant's initials: [signature]

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Utah - Materials Science and Engineering		01/1983 - 12/1988	
Address	**City**	**State**	**Zip**
122 S. Central Campus Drive, #304	Salt Lake City	UT	84112-0063
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
East High School		09/1977 – 06/1980	
Address	**City**	**State**	**Zip**
840 South 1300 East	Salt Lake City	UT	84102
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/2020 - present	[redacted] Draper Hts. Way	Draper	UT	84020
03/1990 - 11/2020	[redacted] South Amanda Ave.	Salt Lake City	UT	84105

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
CivicaScript LLC			02/2021 - present	
Business Address		**City**	**State**	**Zip**
2912 Executive Parkway, Ste #300		Lehi	UT	84043
Phone	**Title**		**Number of Employed Hours**	
(801) 430-0120	Chief R&D Officer		2,400+	
Description of Duties				
See Attached Resume				

Business Name			From - To (MM/YY – MM/YY)	
Civica, Inc			2018 - 2022	
Business Address		**City**	**State**	**Zip**
2912 West Executive Parkway, Ste. 325		Lehi	UT	84043
Phone	**Title**		**Number of Employed Hours**	
(888) 304-0120	Chief R&D Officer		7,000+	
Description of Duties				
See Attached Resume				

Business Name			From - To (MM/YY – MM/YY)	
Teva and Allergan Pharmaceuticals, Inc.			2015 - 2018	
Business Address		**City**	**State**	**Zip**
4745 W Wiley Post Way		Salt Lake City	UT	84116
Phone	**Title**		**Number of Employed Hours**	
(801) 401-7719	Senior Vice President, Global Generics R & D		6,200+	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

I, Scott Gochnour, **certify that as the designated representative for**

CivicaScript LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Scott Gochnour

Print Name (First, Last)

Scott Gochnour

Original Signature (electronic, copies or stamps not accepted)

06-15-2022

Date

Applicant's initials SG

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Scott Gochnour
Print Name (First, Last)

Scott Gochnour
Original Signature (electronic, copies or stamps not accepted)

06-15-2022
Date

Please have this section completed in the presence of a Notary Public.

State of Utah, ss. County of Utah

I, ~~GREGORY SCOTT LARSEN~~ Scott David Gochnour (1-entry error), being duly sworn, depose and say I have read the foregoing application and know the contents thereof, that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Scott Gochnour
Original Signature

06-15-2022
Date

Subscribed and Sworn to before me this 15 day of June.

Gregory Scott Larsen
Notary Public Signature

GREGORY SCOTT LARSEN
Notary Public - State of Utah
Comm. No. 702851
My Commission Expires on
Oct 12, 2022

(Seal)

Applicant's initials SG

SCOTT D. GOCHNOUR

Draper, UT • [redacted]

PHARMACEUTICAL RESEARCH AND DEVELOPMENT

Pharmaceutical/Bioengineering Industry Leader with extensive experience in defining, developing and optimizing product performance and providing technical leadership to bring high quality products to market. Areas of expertise include:

- Research and Development Operations
- Formulation Development
- Scale-up and Technology Transfer
- Clinical Supplies Manufacturing
- Quality and Regulatory Oversight
- Portfolio and Project Management

PROFESSIONAL EXPERIENCE

CivicaScript, Inc., Lehi, UT **2021 – Current**
Chief R&D Officer
Manage the research and development of products selected by partners for internal development

- Identify key manufacturers for complex products on drug shortage
- Select products for Civica to develop and commercialize
- Initiated product development for Civica Abbreviated New Drug Applications
- Lead and manage all R&D team members
- Serves as the Designated Representative for the facility

Civica, Inc., Lehi, UT **2018 - 2021**
Chief R&D Officer
Manage the research and development of products selected by Civica hospital partners for internal development

- Identify key manufacturers for complex products on drug shortage
- Select products for Civica to develop and commercialize
- Initiated product development for Civica Abbreviated New Drug Applications
- Assembled R&D Team for Civica

Teva and Allergan Pharmaceuticals, Inc., Salt Lake City, UT **2015 - 2018**
Allergan sold generic drug division to Teva
Senior Vice President, Global Generics R & D
Responsible to Global R & D of all Semi-solid, Liquid, and topical complex dosage forms

- Managed four Global R&D sites with 280 employees
- Responsible for all aspects of R&D development
- Oversight of the development for more than 200 products

Actavis Pharmaceuticals, Inc., Salt Lake City, Utah **2011 - 2015**
Merged with Allergan
Vice President, Transdermal R & D

Watson Pharmaceuticals, Inc., Salt Lake City, Utah **1999 - 2011**
Merged with Actavis

Executive Director, Transdermal Development, 2002 - 2011
Director, Manufacturing Technical Services, 1999 - 2002

TheraTech, Inc., Salt Lake City, Utah **1988 - 1999**
Acquired by Watson Pharmaceuticals
Associate Director, Transdermal Development, 1997 - 1999
Sr. Manager, Transdermal Product Development, 1995 - 1997
Group Leader, Transdermal Systems Development, 1993 - 1995
Supervising Engineer, LRS Transdermal Engineering, 1991 - 1993
Engineer, Transdermal Systems Development, 1988 - 1991

Education and Professional Development

B.S. Materials Science and Engineering, University of Utah, Salt Lake City, UT
Minor: Chemistry and Spanish

Professional Presentations:

Bio-International 2008: Royal Pharmaceutical Society Great Britain, London, UK, October, 2008 "Formulation Development and Transdermal Absorption: Prediction of drug absorption by in vitro testing"

AAPS/FDA/USP Scale-Up of Adhesive Transdermal Drug Delivery Systems Conference, Arlington, VA, April 1996 "Compositional Variables: Material and Vendor Change"

Professional Publications:
S. Gochnour, J.D Bright and D.K. Shetty, *Solid Particle Erosion of SiC-Al_2OC Ceramics,* Journal of Material Science, **25,** (1990), pp.3229-3235.

G. A. Van Buskirk et al., *Scale-up of Adhesive Transdermal Drug Delivery Systems,* Pharmaceutical Research, **14,** No 7, (1997), pp. 848-852.

Professional Organizations:
AAPS: American Association of Pharmaceutical Scientists
ISPE: International Society of Pharmaceutical Engineers
IBA: Intermountain Biomedical Association
BioUtah Institute: Utah Life Sciences
DIA: Drug Information Association

Professional Certifications:
CPIP (ISPE): Certified Pharmaceutical Industry Professional awarded in 2009

Board Appointments:
ENAC: Engineering National Advisory Committee, University of Utah
Intermountain Biomedical Association: Board Chairman – Pharma

Patents:
Gochnour, Scott. 2014. Method for Treating Overactive Bladders and a Device for Storage and Administration of Topical Oxybutynin Compositions.
US 8,920,392 B2. Filed May 5, 2009. Issued: Dec 30, 2014.

Bond No. 107602027

RIDER

To be attached to and form a part of Nevada State Board of Pharmacy Bond, No 107602027

dated the 9th day of May 2022 issued by

Travelers Casualty and Surety Company of America as Surety, on behalf of

CivicaScript, LLC , as Principal,

in the penal sum of Twenty Five Thousand and xx/100 Dollars

Dollars ($ 25,000), and in favor of State of Nevada

In consideration of the premium charged for the attached bond, it is hereby agreed that the attached bond be amended as follows:

The Principal address shall be changed

From 2915 W Executive Parkway, Suite 325, Lehi, UT 84043

To 2912 W Executive Parkway, Suite 300 Lehi, UT 84043

Provided, However, that the attached bond shall be subject to all its agreements, limitations and conditions except as herein expressly modified, and further that the liability of the Surety under the attached bond and the attached bond as amended by this rider shall not be cumulative.

This rider shall become effective as of the 9th day of May , 2022

Signed, sealed and dated this 24th day of October , 2022

CivicaScript, LLC

ATTEST:

By

PRINCIPAL

Travelers Casualty and Surety Company of America

ACCEPTED:

By

Sherry J. Pace , Attorney-in-Fact

GEN90004ZZ1001f

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Sherry J. Pace,** of **Salt Lake City, Utah**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February, 2017.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February, 2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

Marie C. Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 24th day of October , 2022

Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107602027

Application/License No. _____

CivicaScript, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2915 W Executive Parkway, Suite 325, Lehi, UT 84043 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square, Hartford, CT 06183-6014 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on May 9, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.

(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.

(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.

(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.

(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 9th day of May, 2022.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Sherry J. Pace, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

GREGORY SCOTT LARSEN
Notary Public - State of Utah
Comm. No. 702851
My Commission Expires on
Oct 12, 2022

Countersigned by:

Nevada Resident Agent

4K

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Cosette Pharmaceuticals NC Laboratories, LLC

Physical Address: 1877 Kawai Road

City: Lincolnton State: NC Zip: 28092

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 800-922-1038 Website: www.cosettepharma.com

Name of Designated Representative (DR): Gregory Sherwood

Licensing Company Email: rpluckhorn@cosettepharma.com DR Email: gsherwood@cosettepharma.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: Prescription drugs	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: AmerisourceBergen Corporation
Address: 10910 LEE VISTA BLVD Suite 401 City: Orlando State: FL Zip: 32829

Name: Cardinal Health
Address: 5995 COMMERCE CENTER ROAD City: Groveport State: OH Zip: 43125

Name: McKesson Corporation
Address: 8313 POLK LANE City: Olive Branch State: MS Zip: 38654

Name: Zyla Life Sciences
Address: 600 LEE ROAD City: Wayne State: PA Zip: 19087

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Cosette Pharmaceuticals, Inc.
Corporation/Organization Name: Cosette Pharmaceuticals NC Laboratories, LLC
Mailing Address: 1877 Kawai Road
City: Lincolnton State: NC Zip: 28092
Telephone: 800-922-1038 Email: rpluckhorn@cosettepharma.com
Contact Person Name: Rebecca Pluckhorn

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Cosette Pharmaceuticals NC Laboratories, LLC

Facility Name

Rebecca Pluckhan

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

9-21-22

Date

Board Use Only	Date Received: 9-26-22	Amount: 1000.00 CC 10/13/22

2022

NOT TRANSFERABLE
STATUTE GS 81.106.119

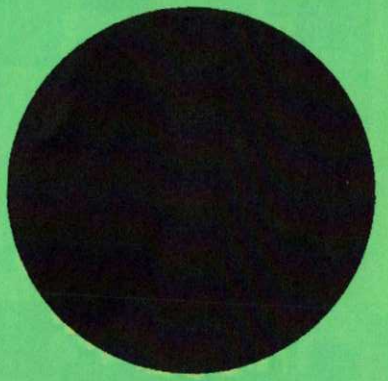
North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

LICENSE/CERTIFICATE NO.
971

LICENSE/CERTIFICATE: Manufacturer
TYPE PRESCRIPTION DRUG LICENSE
Expiration Date 12/31/2022

LICENSEE OR CERTIFICATOR
COSETTE PHARMACEUTICALS NC LABORATORIES LLC
1877 Kawai Road
Lincolnton NC 28092





THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

Steven W. Troxler
STEVE TROXLER, COMMISSIONER

List of Officers and Directors

Cosette Pharmaceuticals NC Laboratories, LLC

Officers:

- Apurva Saraf – President and Chief Executive Officer
- Serge Ilin-Schneider – General Counsel and Vice President Corporate Development
- Gregory Sherwood – Vice President Manufacturing Operations

Directors:

- Apurva Saraf – President and Chief Executive Officer
- Serge Ilin-Schneider – General Counsel and Vice President Corporate Development

List of all corporation shareholders and their percent ownership.

Cosette Pharmaceuticals NC, LLC owns 100% of Cosette Pharmaceuticals NC Laboratories, LLC.

Cosette Pharmaceuticals, Inc. owns 100% of Cosette Pharmaceuticals NC, LLC.

NORTH CAROLINA
Department of the Secretary of State

CERTIFICATE OF AUTHORIZATION
(Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

COSETTE PHARMACEUTICALS NC LABORATORIES, LLC

is a limited liability company formed under the laws of Delaware as Cosette Pharmaceuticals NC Laboratories, LLC and was authorized to transact business in the State of North Carolina by issuance of a certificate of authority on 13th day of May, 2014. I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company has not withdrawn from the State of North Carolina, (ii) the said limited liability company's certificate of authority has not been suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively revoked for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial revocation, withdrawal, articles of merger, or articles of conversion for said limited liability company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 19th day of September, 2022.

Elaine F. Marshall

Secretary of State

Scan to verify online.

Certification# 114288643-1 Reference# 19036659- Page: 1 of 1
Verify this certificate online at https://www.sosnc.gov/verification

Drug Establishments Current Registration Site

Share Tweet LinkedIn Email Print

New Search

Search Results for **Cosette Pharmaceuticals NC Laboratories, LLC**

CSV Excel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Cosette Pharmaceuticals NC Laboratories, LLC	1053439	079419931	ANALYSIS; LABEL; MANUFACTURE; PACK;	1877 Kawai Road, Lincolnton, North Carolina (NC) 28092, United States (USA)	12/31/2022

Showing 1 to 1 of 1 entries

Previous 1 Next

Data Current through: Wednesday, Oct 12, 2022

Return to Drug Firm Annual Registration Status Home Page

A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.

FULL NAME	ASSIGNMENT TYPE	STATUS FLAG	LEGAL EMPLOYER
Congedo, Alfred	Employee	Active	Cosette NC Laboratories
Marine, Mark	Employee	Active	Cosette NC Laboratories
Clark, Tracee	Employee	Active	Cosette NC Laboratories
Clark, Albert	Employee	Active	Cosette NC Laboratories
Betts, Jennifer	Employee	Active	Cosette NC Laboratories
Arias, Nestor	Employee	Active	Cosette NC Laboratories
Ervin, Heather	Employee	Active	Cosette NC Laboratories
Csuy, David	Employee	Active	Cosette NC Laboratories
Sherwood, Gregory	Employee	Active	Cosette NC Laboratories
Hullett, Lisa	Employee	Active	Cosette NC Laboratories
Towers, Brian	Employee	Active	Cosette NC Laboratories
Taylor, Andrew	Employee	Active	Cosette NC Laboratories
Wellman, Cheryl	Employee	Active	Cosette NC Laboratories
Sparks, Gregory	Employee	Active	Cosette NC Laboratories
Ruppe, Charles	Employee	Active	Cosette NC Laboratories
Cline, Wendy	Employee	Active	Cosette NC Laboratories
Bracey, Suprina	Employee	Active	Cosette NC Laboratories
Blackwood, Gina	Employee	Active	Cosette NC Laboratories
Black, Deborah	Employee	Active	Cosette NC Laboratories
Bellamy, Robert	Employee	Active	Cosette NC Laboratories
Johnson, Robin	Employee	Active	Cosette NC Laboratories
Rendleman, Janice	Employee	Active	Cosette NC Laboratories
Stone Jr, Ervin	Employee	Active	Cosette NC Laboratories
Norris, Jeremiah	Employee	Active	Cosette NC Laboratories
Carvajal, Nestor	Employee	Active	Cosette NC Laboratories
Caldwell, Kathleen	Employee	Active	Cosette NC Laboratories
Sigmon, Wanda	Employee	Active	Cosette NC Laboratories
Digh, Jonavonne	Employee	Active	Cosette NC Laboratories
Odum, Melvin	Employee	Active	Cosette NC Laboratories
Fredell, Tina	Employee	Active	Cosette NC Laboratories

Lancaster, Kimberly	Employee	Active	Cosette NC Laboratories
Parrish, Timothy	Employee	Active	Cosette NC Laboratories
Elmore Jr, Bobby	Employee	Active	Cosette NC Laboratories
Martin, Michael	Employee	Active	Cosette NC Laboratories
Lawing, June	Employee	Active	Cosette NC Laboratories
Patton, Wanda	Employee	Active	Cosette NC Laboratories
Gibson, Robert	Employee	Active	Cosette NC Laboratories
Tolbert, Charity	Employee	Active	Cosette NC Laboratories
Carpenter II, Ronald	Employee	Active	Cosette NC Laboratories
Leonard, Russell	Employee	Active	Cosette NC Laboratories
Gates, Sonja	Employee	Active	Cosette NC Laboratories
Riddick, Tracy	Employee	Active	Cosette NC Laboratories
Teague, Lisa	Employee	Active	Cosette NC Laboratories
Lovelace, Eric	Employee	Active	Cosette NC Laboratories
Oltmanns Warren, Angela	Employee	Active	Cosette NC Laboratories
Rostan, Angela	Employee	Active	Cosette NC Laboratories
Ray, Malissa	Employee	Active	Cosette NC Laboratories
Stamey, Glenda	Employee	Active	Cosette NC Laboratories
Brittain, Tony	Employee	Active	Cosette NC Laboratories
Morgan, Donna	Employee	Active	Cosette NC Laboratories
Davis, Cathey	Employee	Active	Cosette NC Laboratories
Loomis, Jeffrey	Employee	Active	Cosette NC Laboratories
Shives, David	Employee	Active	Cosette NC Laboratories
Webb, Linda	Employee	Active	Cosette NC Laboratories
Motz, Tiffany	Employee	Active	Cosette NC Laboratories
Mosteller, Sandra	Employee	Active	Cosette NC Laboratories
Frye, Wendy	Employee	Active	Cosette NC Laboratories
Mabry, Harley	Employee	Active	Cosette NC Laboratories
Moore, Dale	Employee	Active	Cosette NC Laboratories
Smith, Deborah	Employee	Active	Cosette NC Laboratories
Bryan, Andrew	Employee	Active	Cosette NC Laboratories
Mull, James	Employee	Active	Cosette NC Laboratories
Grigg, Cynthia	Employee	Active	Cosette NC Laboratories
Hollar, Caroline	Employee	Active	Cosette NC Laboratories

Cook, John	Employee	Active	Cosette NC Laboratories
McDermott, Rossy	Employee	Active	Cosette NC Laboratories
Hilton, Joseph	Employee	Active	Cosette NC Laboratories
Trammell, Tommy	Employee	Active	Cosette NC Laboratories
Johnson, Pamela	Employee	Active	Cosette NC Laboratories
Adams, Angela	Employee	Active	Cosette NC Laboratories
Calloway, Tonya	Employee	Active	Cosette NC Laboratories
Collins, Shannon	Employee	Active	Cosette NC Laboratories
Leonard, Samantha	Employee	Active	Cosette NC Laboratories
Eaker, Daniel	Employee	Active	Cosette NC Laboratories
Peeler, Ramey	Employee	On Leave	Cosette NC Laboratories
Gates, Phillip	Employee	Active	Cosette NC Laboratories
Rose, Darrel	Employee	Active	Cosette NC Laboratories
Stone, Julia	Employee	Active	Cosette NC Laboratories
Goins, Deanna	Employee	Active	Cosette NC Laboratories
Collins, Jessica	Employee	Active	Cosette NC Laboratories
Wease, Robin	Employee	Active	Cosette NC Laboratories
Beal, Susan	Employee	Active	Cosette NC Laboratories
Jenkins, Wanda	Employee	Active	Cosette NC Laboratories
Huffman, Gary	Employee	Active	Cosette NC Laboratories
Vazquez, Sharon	Employee	Active	Cosette NC Laboratories
Bollinger, Jill	Employee	Active	Cosette NC Laboratories
Hoyle, Sandy	Employee	Active	Cosette NC Laboratories
Stallings, Terry	Employee	Active	Cosette NC Laboratories
Smith, Wanda	Employee	Active	Cosette NC Laboratories
Shell, Stephanie	Employee	Active	Cosette NC Laboratories
Davis, Carol	Employee	Active	Cosette NC Laboratories
Hardy, Deanna	Employee	Active	Cosette NC Laboratories
Richardson, Vanessa	Employee	Active	Cosette NC Laboratories
Richardson, Mark	Employee	Active	Cosette NC Laboratories
Smith, Helen	Employee	Active	Cosette NC Laboratories
Milholland, Anthony	Employee	Active	Cosette NC Laboratories
Caskey, Jan	Employee	Active	Cosette NC Laboratories
Gryder, Phillip	Employee	Active	Cosette NC Laboratories

Richards, Teresa	Employee	Active	Cosette NC Laboratories
Desai, Sunilkumar	Employee	Active	Cosette NC Laboratories
Howell, Rebecca	Employee	Active	Cosette NC Laboratories
Reid, Cindy	Employee	Active	Cosette NC Laboratories
Barger, Adrian	Employee	Active	Cosette NC Laboratories
Chapman, Amy	Employee	Active	Cosette NC Laboratories
Campbell, Mark	Employee	Active	Cosette NC Laboratories
Clark, Katherine	Employee	Active	Cosette NC Laboratories
Edwards, Gala	Employee	Active	Cosette NC Laboratories
McCoy, Aaron	Employee	Active	Cosette NC Laboratories
Jones, James	Employee	Active	Cosette NC Laboratories
Gregory, Karlene	Employee	Active	Cosette NC Laboratories
Cerick, Jennifer	Employee	Active	Cosette NC Laboratories
Bacon, Elizabeth	Employee	Active	Cosette NC Laboratories
McRae, Loredana	Employee	Active	Cosette NC Laboratories
Wilson, Troy	Employee	Active	Cosette NC Laboratories
Hoover, Jasen	Employee	Active	Cosette NC Laboratories
Johnson, Elinore	Employee	Active	Cosette NC Laboratories
Aguilar, Maria	Employee	Active	Cosette NC Laboratories
Friday, Joanna	Employee	Active	Cosette NC Laboratories
Ochoa, Angelica	Employee	Active	Cosette NC Laboratories
Lemus, Sugey	Employee	Active	Cosette NC Laboratories
Alvarado, Josefa	Employee	Active	Cosette NC Laboratories
Bhende, Kamakshi	Employee	Active	Cosette NC Laboratories
Guernsey, Myla	Employee	Active	Cosette NC Laboratories
Harrelson, Tommy	Employee	Active	Cosette NC Laboratories
Gates, Benjamin	Employee	Active	Cosette NC Laboratories
Frasure, Ryan	Employee	Active	Cosette NC Laboratories
Ward, Michaela	Employee	Active	Cosette NC Laboratories
Bennett, Nicholas	Employee	Active	Cosette NC Laboratories
Patel, Akash	Employee	Active	Cosette NC Laboratories
Ibnidris, Safa	Employee	Active	Cosette NC Laboratories
Remington, Barry	Employee	Active	Cosette NC Laboratories
Sanchez Pabon, Juan	Employee	Active	Cosette NC Laboratories

Briscoe, Lindsey	Employee	Active	Cosette NC Laboratories
Dixon, Maurice	Employee	Active	Cosette NC Laboratories
VanderLaan, Matthew	Employee	Active	Cosette NC Laboratories
White, Caleb	Employee	Active	Cosette NC Laboratories
Slaght, Adam	Employee	Active	Cosette NC Laboratories
Alexander, Shrree	Employee	Active	Cosette NC Laboratories
Stickle, Meghan	Employee	Active	Cosette NC Laboratories
Mayes, Jessica	Employee	Active	Cosette NC Laboratories
Jeffries, Ladajal	Employee	Active	Cosette NC Laboratories
Surles, Marnie	Employee	Active	Cosette NC Laboratories
Starnes, Tiffany	Employee	Active	Cosette NC Laboratories
Hawkins, Robin	Employee	Active	Cosette NC Laboratories
Sexton, McKenzi	Employee	Active	Cosette NC Laboratories
Rehr, Jeffrey	Employee	Active	Cosette NC Laboratories
McIntyre, Terry	Employee	Active	Cosette NC Laboratories
Gore, Robert	Employee	Active	Cosette NC Laboratories
Weaver, Katherine	Employee	Active	Cosette NC Laboratories
Ptacek, Lynanne	Employee	Active	Cosette NC Laboratories
Boggs, Brittany	Employee	Active	Cosette NC Laboratories
Finger, Shannon	Employee	Active	Cosette NC Laboratories
Turner, Benjamin	Employee	Active	Cosette NC Laboratories
Cook, Sarah	Employee	Active	Cosette NC Laboratories
Heatherly, Hannah	Employee	Active	Cosette NC Laboratories
Bhalerao, Ishan	Employee	Active	Cosette NC Laboratories
Burns, Michael	Employee	Active	Cosette NC Laboratories
Richardson, Sydney	Employee	Active	Cosette NC Laboratories
Putt, Douglas	Employee	Active	Cosette NC Laboratories
Turner, Eric	Employee	Active	Cosette NC Laboratories
Daye, Alec	Employee	Active	Cosette NC Laboratories
Shannon, Katie	Employee	Active	Cosette NC Laboratories
Bhatt, Tanuja	Employee	Active	Cosette NC Laboratories
Hutchinson-Lundy, Alanna	Employee	Active	Cosette NC Laboratories
Burke, Jason	Employee	Active	Cosette NC Laboratories
Seeger, Savannah	Employee	Active	Cosette NC Laboratories

Graham, Ma Luisa	Employee	Active	Cosette NC Laboratories
Collop, Paul	Employee	Active	Cosette NC Laboratories
Garrison, Danielle	Employee	Active	Cosette NC Laboratories
Tellez, Jose	Employee	Active	Cosette NC Laboratories
Patel, Prexaben	Employee	Active	Cosette NC Laboratories
Garner, Leigh	Employee	Active	Cosette NC Laboratories
McCafferty, Jennifer	Employee	Active	Cosette NC Laboratories
Ellis, Jamie	Employee	Active	Cosette NC Laboratories
DaCosta, Alexis	Employee	Active	Cosette NC Laboratories
DeBord, Caleb	Employee	Active	Cosette NC Laboratories
Avato, Brent	Employee	Active	Cosette NC Laboratories
Dula, Thalia	Employee	Active	Cosette NC Laboratories
Tomblin, Sara	Employee	Active	Cosette NC Laboratories
Huss, Olivia	Employee	Active	Cosette NC Laboratories
Phan, Thu	Employee	Active	Cosette NC Laboratories
Helms, Caitlyn	Employee	Active	Cosette NC Laboratories
Bumgarner, Christopher	Employee	Active	Cosette NC Laboratories
Hildebran, Amye	Employee	Active	Cosette NC Laboratories
Johnson, Alexis	Employee	Active	Cosette NC Laboratories
Szatkowski, Gloria	Employee	Active	Cosette NC Laboratories
Wright, Matthew	Employee	Active	Cosette NC Laboratories
Spake, Emily	Employee	Active	Cosette NC Laboratories
Wiggins, Ronald	Employee	Active	Cosette NC Laboratories
Vue, May	Employee	Active	Cosette NC Laboratories
Pitman, Gregory	Employee	Active	Cosette NC Laboratories
Giermanski, Dulce	Employee	Active	Cosette NC Laboratories
Montez, Sophia	Employee	Active	Cosette NC Laboratories
Brooks, Ayanna	Employee	Active	Cosette NC Laboratories
Grigg, Warren	Employee	Active	Cosette NC Laboratories
Howe, William	Employee	Active	Cosette NC Laboratories
Baker, Kimberly	Employee	Active	Cosette NC Laboratories
Southammavong, Peth	Employee	Active	Cosette NC Laboratories
Gutierrez-Ochoa, Gabriel	Employee	Active	Cosette NC Laboratories
Russell, Stephanie	Employee	Active	Cosette NC Laboratories

Campbell, Megan	Employee	Active	Cosette NC Laboratories
Martinez Alvarez, Diego	Employee	Active	Cosette NC Laboratories
Miller, David	Employee	Active	Cosette NC Laboratories
Jenkins, Richard	Employee	Active	Cosette NC Laboratories
Foriska, Daniel	Employee	Active	Cosette NC Laboratories
Gantt, Michael	Employee	Active	Cosette NC Laboratories
Segura Luna, Yendry	Employee	Active	Cosette NC Laboratories
DeWeese, Jon	Employee	On Leave	Cosette NC Laboratories
Smith, Callie	Employee	Active	Cosette NC Laboratories
Montgomery, India	Employee	Active	Cosette NC Laboratories
Varner, Samantha	Employee	Active	Cosette NC Laboratories
Thompson, Tricoa	Employee	Active	Cosette NC Laboratories
Shaw, Jasmine	Employee	Active	Cosette NC Laboratories
Hughes, James	Employee	Active	Cosette NC Laboratories
Curtis, Brian	Employee	Active	Cosette NC Laboratories
Vang, Cindy	Employee	Active	Cosette NC Laboratories
Cronin, Terri	Employee	Active	Cosette NC Laboratories
Littlejohn, Jada	Employee	Active	Cosette NC Laboratories
Campbell, Sarah	Employee	Active	Cosette NC Laboratories
Walker, Jeremy	Contingent Worker	Active	Cosette NC Laboratories
Lor, Ashlie	Contingent Worker	Active	Cosette NC Laboratories
Leiva Castillo, Cesar	Employee	Active	Cosette NC Laboratories
Bracey, Franklin	Employee	Active	Cosette NC Laboratories
Slowik, Kiersten	Contingent Worker	Active	Cosette NC Laboratories
Green, Scott	Employee	Active	Cosette NC Laboratories
Arias, Brandon	Employee	Active	Cosette NC Laboratories
Turner, Brittany	Employee	Active	Cosette NC Laboratories
Rehr, Diane	Employee	Active	Cosette NC Laboratories
Fuller, Trena	Employee	Active	Cosette NC Laboratories
Vazquez Hernandez, Viridiana	Employee	Active	Cosette NC Laboratories
Lewis, Fallon	Contingent Worker	Active	Cosette NC Laboratories
Cable, Holly	Contingent Worker	Active	Cosette NC Laboratories
Burton, Jennifer	Contingent Worker	Active	Cosette NC Laboratories
Benton, Daniel	Contingent Worker	Active	Cosette NC Laboratories

Kendrick, Joey	Contingent Worker	Active	Cosette NC Laboratories
Martin, Katherine	Contingent Worker	Active	Cosette NC Laboratories
Phillips, Shatavia	Contingent Worker	Active	Cosette NC Laboratories
Violante, Maria	Contingent Worker	Active	Cosette NC Laboratories
Lynch, Shanika	Contingent Worker	Active	Cosette NC Laboratories
Owen, Janette	Contingent Worker	Active	Cosette NC Laboratories
Friday, Quadarius	Contingent Worker	Active	Cosette NC Laboratories
Evans, Laniya	Contingent Worker	Active	Cosette NC Laboratories
Jester, Taelor	Contingent Worker	Active	Cosette NC Laboratories
Russell, William	Contingent Worker	Active	Cosette NC Laboratories
Shull, Cathy	Employee	Active	Cosette NC Laboratories
Sampson, Christina	Contingent Worker	Active	Cosette NC Laboratories
Sims, Latisha	Contingent Worker	Active	Cosette NC Laboratories
Friday, Althena	Contingent Worker	Active	Cosette NC Laboratories
Boyce, Mikayla	Contingent Worker	Active	Cosette NC Laboratories
Phillips, Jaylyn	Contingent Worker	Active	Cosette NC Laboratories
Williams, Amaya	Contingent Worker	Active	Cosette NC Laboratories

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Cosette Pharmaceuticals NC Laboratories, LLC

Pharmacy/Wholesaler License # (if applicable): _____

Physical Address: 1877 Kawai Road

City: Lincolnton State: NC Zip: 28092

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 800-922-1038 Website: www.cosettepharma.com

Licensing Company Email: rpluckhorn@cosettepharma.com

Section 2: Personal Information

First: Gregory Middle: _____ Last: Sherwood

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Rustling Woods Dr.

City: Denver State: NC Zip: 28037

Telephone: [redacted] Email: gsherwood@cosettepharma.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The Pennsylvania State University		08/86-05/90	
Address	City	State	Zip
various	State College	PA	16802
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Bishop McCort High School		08/82-06/86	
Address	City	State	Zip
25 Osborne St.	Johnstown	PA	15905
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/06-present	[redacted] Rustling Woods Dr.	Denver	NC	28037
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Cosette Pharmaceuticals NC Laboratories, LLC			08/06 - present	
Business Address		City	State	Zip
1877 Kawai Rd		Lincolnton	NC	28092
Phone	Title		Number of Employed Hours	
704-276-7009	Sr. Vice President, Operations		33,000+	
Description of Duties				
General Management responsible for all matters associated with cost, quality, safety, and service.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent		Lawsuit/Arbitration/Bankruptcy		
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

09/15/2022
Date

I, Gregory Sherwood, **certify that as the designated representative for**

Cosette Pharmaceuticals NC Laboratories, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. GS I am at least 21 years of age;
3. GS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. GS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. GS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. GS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. GS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Gregory Sherwood

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/15/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gregory Sherwood

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/15/2022

Date

Please have this section completed in the presence of a Notary Public.

State of North Carolina, ss. County of Lincoln

I, Gregory Sherwood, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

09/15/22

Date

Subscribed and Sworn to before me this 15th day of September.

Suprina Denise Bracey

Notary Public Signature

SUPRINA DENISE BRACEY NOTARY PUBLIC LINCOLN COUNTY, NC MY COMM. EXPIRES MAY 13 2023

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 810007962

Application/License No. _____

Cosette Pharmaceuticals (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 101 Coolidge St, South Plainfield, New Jersey 07080-3801, United States (Address of Applicant/Principal), as PRINCIPAL, and Atlantic Specialty Insurance Company (Surety Company), a corporation organized under the laws of the state of New York (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One State Street Plaza, 31st Floor, New York, NY 10004 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 02, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 3rd day of March, 20 21.

APPLICANT/PRINCIPAL

COMPANY

Cosette Pharmaceuticals, Inc.

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Atlantic Specialty Insurance Company

Surety Company's Representative

Mary Y. Volmar, Attorney-in-fact
Print Name

SIGNED and SEALED in the presence of:

Witness Jeremy Knapp

Witness Lori A. Wright

Countersigned by:

N/A
Nevada Resident Agent

[intact]

Atlantic Specialty Insurance Company

Period Ended 12/31/2019

Dollars displayed in thousands

Admitted Assets	
Investments:	
Bonds	$ 1,219,332
Preferred Stocks	-
Common Stocks	791,167
Mortgage Loans	-
Real Estate	-
Contract Loans	-
Derivatives	-
Cash, Cash Equivalents & Short Term Investments	62,383
Other Investments	17,350
Total Cash & Investments	2,090,232
Premiums and Considerations Due	261,176
Reinsurance Recoverable	51,892
Receivable from Parent, Subsidiary or Affiliates	21,005
All Other Admitted Assets	59,800
Total Admitted Assets	2,484,105

Liabilities and Surplus	
Liabilities	
Loss Reserves	$ 750,516
Loss Adjustment Expense Reserves	243,193
Total Loss & LAE Reserves	993,709
Unearned Premium Reserve	520,053
Total Reinsurance Liabilities	17,061
Commissions, Other Expenses, and Taxes due	40,497
Derivatives	-
Payable to Parent, Subs or Affiliates	-
All Other Liabilities	165,932
Total Liabilities	1,737,252
Capital and Surplus	
Common Capital Stock	9,001
Preferred Capital Stock	-
Surplus Notes	-
Unassigned Surplus	49,392
Other Including Gross Contributed	688,460
Capital & Surplus	746,853
Total Liabilities and C&S	2,484,105

State of Minnesota
County of Hennepin

I, Christopher Jerry, Secretary of Atlantic Specialty Insurance Company do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said OneBeacon Insurance Company, on the 31st day of December, 2019, according to the best of my information, knowledge and belief.

Secretary

Subscribed and sworn to, before me, a Notary Public of the State of Minnesota on this 27th day of February, 2020.

SHANNON MARIE LAUBY-WOLF
Notary Public
Minnesota
My Commission Expires
Jan 31, 2025

Notary Public

intact INSURANCE

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Carolyn E. Wheeler, Vicki Nobinger, Mary Y. Volmar, Loretta M. Jones, Sandra King, Joy M. Williams, Bonnie L. Rice, Rachel A. Chaveriat, Julie Karnes, Sandy McElhaney, Jessica Frederick, Andrea Allman, Krystal Karnes, Linda M. Howard, Michelle Lute-Heatherly, Thelma M. Lett**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this twenty-seventh day of April, 2020.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Paul J. Brehm, Senior Vice President

STATE OF MINNESOTA
HENNEPIN COUNTY

On this twenty-seventh day of April, 2020, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON DWAN NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2025

_____
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 2nd day of March, 2021.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

This Power of Attorney expires
January 31, 2025

_____
Kara Barrow, Secretary

Please direct bond verifications to surety@intactinsurance.com

4L

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH02640	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Leadiant Biosciences, Inc.

Physical Address: 9841 Washingtonian Boulevard, Suite 500

City: Gaithersburg State: MD Zip: 20878

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.leadiant.com

Name of Designated Representative (DR): Valerie Jean Paterno

Licensing Company Email: LED@slsny.com DR Email: Valerie.Paterno@leadiant.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☒ Dangerous Drugs	☒ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Distributors		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: AmerisourceBergen Drug Corporation
Address: 1300 Morris Drive City: Chesterbrok State: PA Zip: 19087
Name: McKesson Corporation
Address: 6555 State Hwy 161 City: Irving State: TX Zip: 75039
Name: Cardinal Health
Address: 7000 Cardinal Place City: Dublin State: OH Zip: 43017
Name: Morris & Dickson Co., LLC
Address: 410 Kay Lane City: Shreveport State: LA Zip: 71115

N/A

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NV
Parent Company (if any): Essetifin S.p.A.
Corporation/Organization Name: Leadiant Biosciences, Inc.
Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3
City: Florida State: NY Zip: 10921
Telephone: (845) 544-2482 Email: LED@slsny.com
Contact Person Name: Christine Cannon

N/A

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

N/A

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: Labeler Code: 54482 and 57665	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - Essetifin S.p.A.100% Sole Ownership		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A - No CS	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A - No Devices, Equipment of Gases	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A - No Devices, Equipment of Gases	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Leadiant Biosciences, Inc.

Facility Name

Giuseppe Izzi

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

07/30/2022

Date

Board Use Only	Date Received: 8-8-22	Amount: 1000.00 CK-2912

Home State License

DISTRIBUTOR REGISTRATION

133226

STATE OF MARYLAND
DEPARTMENT OF HEALTH

133226

Maryland Board of Pharmacy

4201 Patterson Avenue
Baltimore, Maryland 21215

Leadiant Biosciences, Inc.
9841 Washingtonian Blvd
Suite 500
Gaithersburg MD 20878

THE MARYLAND STATE BOARD OF PHARMACY CERTIFIES THAT
Leadiant Biosciences, Inc.
IS A REGISTERED Active
Distributor (exp.: 05/31/2023)

In accordance with the Health Occupations Article of the Annotated Code of Maryland

LIC. REG. PERM. NO.	EXPIRATION DATE
D07075	05/31/2023

SIGNATURE OF BEARER

133226

State of Maryland

133226

DEPARTMENT OF HEALTH

THE MARYLAND STATE BOARD OF PHARMACY
CERTIFIES THAT Leadiant Biosciences, Inc.
IS A REGISTERED Active
Distributor (exp.: 05/31/2023)

SIGNATURE OF BEARER

IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND

LIC. REG. PERM. NO.	EXPIRATION DATE
D07075	05/31/2023

SECRETARY MDH

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

Formation State Certificate of Good Standing

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **LEADIANT BIOSCIENCES, INC.**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 12/19/2000, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/15/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202202152407060
You may verify this certificate online at http://www.nvsos.gov

Leadiant Biosciences, Inc.

Corporate Address: 9841 Washingtonian Boulevard, Suite 500, Gaithersburg, MD 20878 USA
FEIN: 88-0485370
www.leadiant.com

Drug Labeler Code: 54482 and 57665
Incorporation State: NV
Incorporation Date: 12/19/2000

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
9841	9841 Washingtonian Boulevard Suite 500 Gaithersburg, MD 20878 County: Montgomery	N/A	N/A - No CS		No	(301) 948-1041	(301) 948-1862

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Valerie Jean Paterno	[redacted] Potato Hill Farm Lane Leonardtown, MD 20650	Director, Patient Services, Strategy, and Development	No	[redacted]		

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Essetifin S.p.A.	Via Sudafrica, 20 00144 Roma, Italy	N/A	100	N/A		N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Lorenza Laureti	Via Elio Vittorini [redacted] Roma, ITALY 00144 Italy	Secretary			[redacted]	
Raffaele Sanguigni	via Casali delle Comacchiole, [redacted] Roma, ITALY 00178 Italy	President	No		[redacted]	
Michael J. Minarich	[redacted] S. McKenna Drive Plainfield, IL 60586	CEO	No	[redacted]		
Giuseppe Izzi	[redacted] Rollinmead Dr Gaithersburg, MD 20878	Treasurer	No	[redacted]		

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
Corporation Service Company			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Integrated Commercialization Solutions, LLC	420 International Boulevard #500 Brooks, KY 40109					

Company Particulars

Leadiant Biosciences, Inc.

Verification of Home Date

508

MARYLAND
Department of Health

Larry Hogan, Governor • Boyd Rutherford, Lt. Governor • Dennis R. Schrader, Secretary

MARYLAND BOARD OF PHARMACY
4201 Patterson Avenue, Baltimore, Maryland 21215-2299
Jennifer Hardesty, Board President • Deena Speights-Napata, Executive Director

Maryland Board of Pharmacy
DISTRIBUTOR VERIFICATION OF GOOD STANDING

NAME OF PHARMACIST: **Leadiant Biosciences, Inc**

TYPE OF REGISTRATION ISSUED: **DISTRIBUTOR**

LICENSE NUMBER: **D07075**

ORIGINAL ISSUANCE DATE: 02/28/2022

EXPIRATION DATE: 05/31/2023

CURRENT STATUS: Active __X__ Non-Renewed___ Closed___ Revoked___

GOOD STANDING: Yes __X__ No___

HAS ESTABLISHMENT BEEN FOUND GUILTY OF ANY VIOLATIONS FOR WHICH DISCIPLINARY ACTION WAS TAKEN? Yes_____ No __X__

SIGNATURE: Deena Speights-Napata

Deena Speights-Napata, M.A.
Executive Director
Date: 03/28/2022

410-764-4755 • Fax 410-358-6207 • Toll Free 800-542-4964
DHMH 1-877-463-3464 • Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.maryland.gov/pharmacy

Assigned Labeler Code 509

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)
TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)
EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through February 24, 2021

You have searched Finished drug products

S R : *'leadiant'*

Back to Search Page () | Search Again ()

CSV | Excel

D p 50 p p S x :

P p N	NDC P k C	S	D F	R	App. N.	L N	P NDC	N p p N	S N
ABELCET	57665-101-41	5 mg/mL, 3.4 mg/mL, 1.5 mg/mL	INJECTION	INTRAVENOUS	NDA050724	Leadiant Biosciences, Inc.	57665-101	am hotericin b, dimyristoyl hos hatidylcholine, di- and dimyristoyl hos hatidylglycerol, di-	AMPHOTERICIN B; DIMYRISTOYLPHOSPHATI DL-; DIMYRISTOYLPHOSPHATI DL-
Carnitor	54482-147-01	1 g/5mL	INJECTION, SOLUTION	INTRAVENOUS	NDA020182	Leadiant Biosciences, Inc.	54482-147	levocarnitine	LEVOCARNITINE
CARNITOR	54482-144-07	330 mg/1	TABLET	ORAL	NDA018948	Leadiant Biosciences, Inc.	54482-144	levocarnitine	LEVOCARNITINE
Carnitor	54482-145-08	1 g/10mL	SOLUTION	ORAL	NDA019257	Leadiant Biosciences, Inc.	54482-145	levocarnitine	LEVOCARNITINE
Carnitor SF	54482-148-01	1 g/10mL	SOLUTION	ORAL	NDA019257	Leadiant Biosciences, Inc.	54482-148	levocarnitine	LEVOCARNITINE
CYSTARAN	54482-020-01	6.5 mg/mL	SOLUTION	OPHTHALMIC	NDA200740	Leadiant Biosciences, Inc.	54482-020	cysteamine hydrochloride	CYSTEAMINE HYDROCHL
Matulane	54482-054-01	50 mg/1	CAPSULE	ORAL	NDA016785	Leadiant Biosciences, Inc.	54482-054	rocarba ine hydrochloride	PROCARBAZINE HYDROC
Revcovi	57665-002-01	1.6 mg/mL	INJECTION	INTRAMUSCULAR	BLA761092	Leadiant Biosciences, Inc.	57665-002	ela egademase-lvlr	ELAPEGADEMASE

Showing 1 to 8 of 8 entries Previous 1 Ne t

B k l (p :// . . /D /l O D / 142438.)

Drug questions email: DRUGINFO@FDA.HHS.GOV (:DRUGINFO@FDA.HHS.G)

See also: D R L I
(p :// . . /D /G C p R I /D R L / 078801.)
N D C D D F (p :// . . /D /l O D / 142438.)

U.S De artment of Health and Human Services
Public Health Service
Food and Drug Administration

Name
Albea, Kimberly
Barron, Roxanne
Bhagchandani, Yashi
Briggs, KimIrene
Cardona, Lina
Cruz, Alyssa
Dao, Kathryn
David, Kristine
Davis, Kevin
Emeche, Keiru
Falleroni, Daniel
Fernando-Garcia, Janis
Fleming, Suzy
Fornasini, Gianfranco
Froger, Alexandrine
Germain, Rocky
Gorlatova, Natalia
Gu, Jingjing
Harris, Douglas
Ho, Yik-Khuan
Holly, Lori
Howell, Huston
Hu, Ping
Izzi, Giuseppe
Jain, Sumit
Kaczmarek, Kara
Kaithakkattu Vijayan, Sreehari
King Brown, Lesli
Kubly, Stefanie
Lair, Catherine
Lapinski, Rachel
Li, Jing
Mathew, Roy
Mauceri, Joseph
McCrea, Nicholas
Minarich, Michael
Molina, Kenia
Palmieri, Iolanda
Paterno, Valerie
Pavlova, Olga A
Powell, Derval G
Quinones Navarro, Christine M
Raja, Vineeth
Resnick, Mark G
Ricardo, Lester
Sandoval, David
Schiavoni, Rochelle

Sewlall, Waveney
Tadesse, Helina
Testa, Giuseppe
Tisdale, Kelly
Tisdale, Kietta L
Troyan II, Robert L.
Tsang, Jennifer
Venkadaswamy, Madhusoothanan
Venna, Sharath
Walker, Jacqueline
Wall, Eileen
Wiley, Joseph M

CHOW Docs

esse
ti fin

Rome, 19 November 2021

A CHI DI COMPETENZA

TO WHOM IT MAY CONCERN

La presente per informarvi che, a far data dal **19 novembre 2021**, la Leadiant Biosciences S.p.A. è stata fusa per incorporazione nella Essetifin S.p.A.

*This is to inform you that Leadiant Biosciences S.p.A. was merged into Essetifin S.p.A. effective as of **19 November 2021.***

Di conseguenza, Essetifin S.p.A. è subentrata ora in tutti i rapporti giuridici attivi e passivi originariamente facenti capo alla Leadiant Biosciences S.p.A.

For any agreement or relationship in place with Leadiant Biosciences S.p.A. please refer to Essetifin S.p.A.

In fede

Yours faithfully

Essetifin S.p.A.

Marino Zigrossi
Chief Executive Officer

Essetifin S.p.A.
Sede legale: via Sudafrica, 20 - 00144 Roma, Italia
Tel. +39 06 542771 Fax +39 06 54220453
essetifin@legalmail.it

Capitale sociale EUR 11.931.568 interamente versato
Iscrizione al Registro delle Imprese di Roma n. 01644390583
R.E.A. RM-326187
Codice Fiscale 01644390583 Partita Iva 01010571006

Numero 7457 del Repertorio.
Numero 5196 della Raccolta.
ATTO DI FUSIONE DI SOCIETA' PER INCORPORAZIONE
REPUBBLICA ITALIANA
16 novembre 2021

L'anno duemilaventuno, il giorno sedici del mese di novembre, in Roma, nel mio studio.

Davanti a me Avvocato Anna LORIA, Notaio in Roma, con studio in Viale Parioli, n.124, iscritto nel Collegio Notarile dei Distretti Riuniti di Roma, Velletri e Civitavecchia,

sono presenti:

-SANGUIGNI Raffaele, nato a Roma (RM) il 22 marzo 1960, domiciliato in Roma, per la carica, ove appresso, che interviene al presente atto quale Consigliere della:

-**LEADIANT BIOSCIENCES Società per Azioni**, con unico socio, con sede in Roma (RM), Via Sudafrica, n.20, capitale sociale euro 5.000.000,00 (cinquemilioni virgola zero zero), interamente versato, iscritta presso la C.C.I.A.A. di Roma al n.REA RM - 1501684, codice fiscale e numero di iscrizione al Registro delle Imprese di Roma: 14175021006, partita IVA 14175021006, al presente atto espressamente autorizzato con deliberazione dell'assemblea straordinaria dei soci della predetta società, di cui al verbale a mio rogito in data 22 luglio 2021, Rep.n.7101/4930, registrato all'Agenzia delle Entrate - Ufficio di Roma 4, in data 26 luglio 2021 al n.27048, serie 1T;

-ZIGROSSI Marino, nato a Roma il 25 marzo 1962, domiciliato in Roma, per la carica, ove appresso in qualità di Consigliere della:

-**ESSETIFIN S.P.A.**, con sede in Roma (RM), Via Sudafrica, n.20, capitale sociale euro 11.931.568,00 (undicimilioninovecentotrentunomilacinquecentosessantotto virgola zero zero), interamente versato, iscritta presso la C.C.I.A.A. di Roma al n.REA RM - 326187, Codice Fiscale e numero di iscrizione al Registro delle Imprese di Roma: 01644390583, partita IVA 01010571006, al presente atto espressamente autorizzato con deliberazione dell'assemblea straordinaria dei soci della predetta società, di cui al verbale a mio rogito in data 22 luglio 2021, Rep.n.7100/4929, registrato all'Agenzia delle Entrate - Ufficio di Roma 4, in data 26 luglio 2021 al n.27049, serie 1T.

I comparenti, della cui identità personale, qualifica e poteri io Notaio sono certo, mi chiedono di ricevere il presente atto al quale

p r e m e t t o n o:

-che, con deliberazione dell'assemblea straordinaria dei soci di cui al citato atto a mio rogito in data 22 luglio 2021, Rep.n.7100/4929, iscritta presso il Registro delle Imprese di Roma in data 28 luglio 2021, prot.n.306104/2021 del 26 luglio 2021 la ESSETIFIN S.P.A. deliberava di addivenire a fusione per incorporazione della LEADIANT BIOSCIENCES Società per Azioni, alle condizioni tutte risultanti dalla deliberazione stessa, conferendo tutti i poteri per la stipula dell'atto di fusione e conseguenti al signor ZIGROSSI Marino;

-che con deliberazione dell'assemblea straordinaria dei soci di cui al citato atto a mio rogito in data 22 luglio 2021, Rep.n.7101/, iscritta nel Registro delle Imprese di Roma in data 28 luglio 2021, prot.n.305977/2021 del

Registrato a ROMA 4
il 18/11/2021
al n. 39620 Serie 1T
€ 200,00

Depositato nel Registro Imprese
di ROMA
il 18/11/2021
numero 500923/2021
per € 90,00

Depositato nel Registro Imprese
di ROMA
il 18/11/2021
numero 500841/2021
per € 155,00

26 luglio 2021, la LEADIANT BIOSCIENCES Società per Azioni deliberava di addivenire a fusione, mediante incorporazione nella ESSETIFIN S.P.A., alle condizioni tutte risultanti dalla deliberazione stessa, conferendo tutti i poteri per la stipula dell'atto di fusione e conseguenti al signor SANGUIGNI Raffaele;

--che la fusione può essere effettuata in quanto sono trascorsi sessanta giorni dalla pubblicazione delle delibere sopra citate, senza opposizione dei creditori, dichiarandolo essi comparenti, ai sensi degli artt.21 e 47 del D.P.R. 28 dicembre 2000, n. 445, consapevoli delle responsabilità penali derivanti da dichiarazioni mendaci, di cui all'art. 76 del predetto D.P.R. n. 445/2000.

Tutto ciò premesso

e ritenuto parte integrante e sostanziale del presente atto, i comparenti, nelle predette qualità, convengono e stipulano quanto segue.

Articolo 1)-Le società LEADIANT BIOSCIENCES Società per Azioni e ESSETIFIN S.P.A., come sopra rappresentate, si dichiarano fuse per incorporazione della LEADIANT BIOSCIENCES Società per Azioni nella ESSETIFIN S.P.A., in esecuzione dei verbali sopra citati.

Gli effetti giuridici della fusione decorrono, ai sensi dell'art. 2504-bis c.c., dalla data di esecuzione dell'ultima delle iscrizioni prescritte dall'art. 2504 c.c..

Gli effetti contabili ai quali si riferisce l'art. 2501-ter, comma 1, numero 6, c.c., decorrono dal primo giorno dell'esercizio sociale nel corso del quale si è perfezionata la fusione, ai sensi e per gli effetti di cui all'art. 2504-bis comma 2 c.c. ("Data d'Efficacia Contabile") e, pertanto, dal 1° gennaio 2021; a partire da tale data, pertanto, le operazioni della società incorporata saranno imputate al bilancio della società incorporante; analogamente, gli effetti fiscali della fusione si produrranno anch'essi, nel rispetto di quanto previsto dall'art. 172, comma 9, del D.P.R. 917/86, a partire dalla Data d'Efficacia Contabile.

Articolo 2)-La ESSETIFIN S.P.A. subentra di pieno diritto in tutto il patrimonio attivo e passivo della incorporata LEADIANT BIOSCIENCES Società per Azioni ed in tutti i rapporti giuridici e le situazioni di fatto di qualsiasi natura facenti capo alla medesima incorporata, con conseguente acquisto ed assunzione, da parte della incorporante, dei relativi diritti ed obblighi, con subingresso in tutti i diritti reali e di credito, nelle domande intese al riconoscimento degli stessi, nelle concessioni ed autorizzazioni amministrative in genere, comprese le pratiche ancora in istruttoria, nei depositi cauzionali, nei contratti ed accordi di qualsiasi tipo, nonché in tutti gli impegni, obbligazioni o passività, come in genere in tutti i diritti, ragioni ed aspettative riferibili alla società incorporante, nulla escluso od eccettuato; non essendoci beni immobili, alla società incorporante, unitamente agli altri beni e diritti vengono trasferiti anche tutti gli eventuali beni mobili. Tutti i beni si intendono trasferiti alla società incorporante a corpo, nello stato di fatto e di diritto in cui si trovano con ogni accessorio e pertinenza. Si intendono trasferiti alla incorporante, come sopra precisato, tutte le attività e passività di qualsiasi natura della incorporata, sia anteriori sia posteriori alle deliberazioni di fusione, anche se qui non specificate, intendendo e volendosi espressamente dalle parti contraenti che, indipendentemente dal richiamo esplicito od implicito, ogni diritto e ragione, comunque spettante o

riferentesi alla incorporata, dovrà considerarsi ad ogni effetto come interamente compreso nella presente fusione.

—Ogni persona, ente od ufficio, sia pubblico che privato, resta, pertanto, autorizzato fin da ora e senza bisogno di ulteriori atti e consensi, a trasferire ed intestare alla incorporante tutti i beni, gli atti, documenti, depositi cauzionali ed altri titoli attualmente intestati od intitolati alla società incorporata.

—La società LEADIANT BIOSCIENCES Società per Azioni sarà, pertanto, estinta, con effetto dalla data in cui si produrranno gli effetti giuridici della presente fusione; alla data d'efficacia della fusione, verrà annullata, senza sostituzione, la partecipazione rappresentante l'intero capitale sociale della società incorporata.

Articolo 3)-I comparenti danno atto:

—-che le attività e passività delle società partecipanti alla fusione sono contabilizzate nelle rispettive situazioni patrimoniali alla data del 30 giugno 2021, come allegate ai rispettivi verbali sopra citati, e

—-che la presente fusione avviene a valori di libro; le eventuali differenze di fusione che dovessero emergere a seguito dell'annullamento della partecipazione della società incorporata saranno trattate coerentemente con i Principi Contabili applicabili alla società incorporante.

Articolo 4)-La presente fusione non comporta aumento di capitale della società incorporante, in quanto la stessa è titolare dell'intero capitale sociale della incorporata.

Articolo 5)-Con effetto dalla data in cui si produrranno gli effetti giuridici della presente fusione, cesseranno di pieno diritto le cariche sociali della società incorporata e tutte le procure rilasciate in nome della medesima.

—Il signor SANGUIGNI Raffaele, nella predetta qualità ed in esecuzione e conferma della richiamata deliberazione assembleare della società incorporata LEADIANT BIOSCIENCES Società per Azioni, autorizza irrevocabilmente, nella più ampia e definitiva forma, la ESSETIFIN S.P.A. a compiere in ogni tempo e senza bisogno di alcun intervento della incorporata, qualunque atto, pratica, formalità, necessaria od opportuna, allo scopo di farsi riconoscere, nei confronti di chiunque, quale piena ed esclusiva proprietaria e titolare di ogni attività patrimoniale della incorporata e subentrata, di pieno diritto, in ogni rapporto attivo e passivo di quest'ultima, a norma dell'art.2504 bis, primo comma, codice civile.

Articolo 6)-I comparenti dichiarano che la società incorporata LEADIANT BIOSCIENCES Società per Azioni non è proprietaria di beni immobili ma è titolare delle seguenti partecipazioni societarie e precisamente:

—-quota pari al 100% (cento per cento) del capitale sociale della LEADIANT BIOSCIENCES LTD, con sede legale in Londra (UK) 21 Holborn Viaduct, EC1A 2DY, numero di registrazione 9544704, VAT number GB 375 5302 92;

—-quota pari al 100% (cento per cento) del capitale sociale, costituito da 1000 (mille) azioni senza valore nominale, della LEADIANT BIOSCIENCES, INC., con sede legale in 502 East John Street Carson City - 89706 Nevada, sede amministrativa 9841 Washingtonian Blvd, Suite 500 - Gaithersburg MD - numero di registrazione NV20001508514 (Stato del Nevada) - Federal taxpayer id: 88-0485370.

Articolo 6)-Le spese del presente atto e sue conseguenziali tutte sono a carico della società incorporante.----------

---Richiesto io Notaio ho redatto il presente atto, scritto da persona di mia fiducia con strumenti di tecnologia informatica ed in parte di mia mano, di cui ho dato lettura ai comparenti, i quali, da me interpellati, lo confermano ed approvano e con me Notaio lo sottoscrivono alle ore quindici e minuti cinquantaquattro (15:54)----------

-----Scritto in quattro pagine di un foglio.----------

F.to: Raffaele Sanguigni----------

-" : Marino Zigrossi----------

-" : Anna Loria Notaio----------

Copia su supporto informatico conforme all'originale documento su supporto cartaceo, ai sensi dell'art. 22 Lgs. 235 del 30 dicembre 2010 che si trasmette per gli usi consentiti. Imposta di bollo assolta ai sensi del Decreto 22 febbraio 2007 mediante M.U.I..
Roma, li 18 novembre 2021
Firmato digitalmente Notaio Anna Loria



Firmato digitalmente da
ANNA LORIA
C: IT
O: DISTRETTO NOTARILE
DI ROMA:02126441001

VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond No. POA1003280 issued by Seneca Insurance Company, Inc. dated this 23 day of September , 2020, in the amount of One Hundred Thousand Dollars and 00/100 Dollars ($100,000.00), on behalf of Leadiant Biosciences, Inc (as Principal), and in favor of Nevada State Board of Pharmacy (as Obligee) , covers a term which began on the 31 day of October , 2020, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated* (enter below)

Seneca Insurance Company, Inc.

BY: *Joshua Sanford*
Joshua Sanford
Attorney-in-Fact

Seneca Insurance Company, Inc. CORPORATE SEAL 1978 NEW YORK

12/16/2021
***Use current or renewal date.**

POWER OF ATTORNEY
SENECA INSURANCE COMPANY, INC.
PRINCIPAL OFFICE, NEW YORK, NEW YORK

92001

KNOW ALL MEN BY THESE PRESENTS: That SENECA INSURANCE COMPANY, INC., a corporation duly organized and existing under the laws of the State of New York, has made, constituted and appointed, and does hereby make, constitute and appoint:

Aimee R. Perondine, Bethany Stevenson, Donna M. Planeta, Joshua Sanford, Samuel E. Begun, Melissa J. Stanton, Nicholas Turecamo, Michelle Anne McMahon, Alexis R. Apostolidis, Bryan M. Caneschi, Phillip M. Knower, Brendan William Fletcher, Cassandra Baez, Jacqueline Rose Susco, Kathryn Pryor

each, its true and lawful Attorney(s)-In-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver: Any and all bonds and undertakings of surety and other documents that the ordinary course of surety business may require, and to bind the Corporation thereby as fully and to the same extent as if such bonds or undertakings had been duly executed and acknowledged by the regularly elected officers of the Corporation at its principal office, in amounts or penalties not exceeding: UNLIMITED.

This Power of Attorney limits the act of those named therein to the bonds and undertakings specifically named therein, and they have no authority to bind the Company except in the manner and to the extent therein stated.

This Power of Attorney is granted pursuant to unanimous written consent passed the 19th day of September 2011 by the directors of Seneca Insurance Company, Inc. in accordance with Article II, Section 12 of the By-Laws of Seneca Insurance Company, Inc.

> Resolved that the President, Vice President, Secretary and Treasurer and each of them hereby is authorized to execute powers of attorney, and such authority can be executed by use of facsimile signatures, which may be attested or acknowledged by any officer or attorney of the Company, qualifying the attorney or attorneys named in the given power of attorney to execute on behalf of, and acknowledge as the act and deed of the Company, all bond undertakings and contracts of suretyship, and to affix the corporate seal thereto.

IN WITNESS WHEREOF, SENECA INSURANCE COMPANY, INC. has caused these presents to be signed and attested by its appropriate officer and its corporate seal hereunto affixed this 11th day of March, 2019.

Corporate Seal:

SENECA INSURANCE COMPANY, INC.

Daniel Sussman
Senior Vice President

STATE OF NEW JERSEY,
ss.:

COUNTY OF MORRIS

On this 11th day of March, 2019 before me, a Notary Public, personally appeared the above named officers, Daniel Sussman and Laura Schneider, who, being duly sworn, acknowledged that they signed the above Power of Attorney as Senior Vice President and Vice President of the said SENECA INSURANCE COMPANY, INC. and acknowledged said instrument to be the voluntary Act and Deed of said Company. They are both personally known to me.

Sonia Scala, Notary Public

SONIA SCALA
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES 3/25/2024

No. 2163686

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal of Seneca Insurance Company, Inc. on the 16th day of December 2021

Laura Schneider
Senior Vice President

S-0000SN (03/19)

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. POA1003280

Application/License No. _____

Leadiant Biosciences, Inc (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 9841 Washingtonian Blvd., Suite 500, Gaithersburg, MD 20878 (Address of Applicant/Principal), as PRINCIPAL, and Seneca Insurance Company, Inc. (Surety Company), a corporation organized under the laws of the state of New York (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 160 Water Street, New York, NY 10038 - 4922 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 31, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 23rd day of September, 20 20.

APPLICANT/PRINCIPAL
Leadiant Biosciences, Inc

Authorized Representative

SURETY COMPANY
Seneca Insurance Company, Inc.

Surety Company's Representative

Joshua Sanford, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

SIGNED and SEALED in the presence of:

Witness Jacqueline Susco

Witness

Witness Kathryn Pryor

Countersigned by:

Nevada ~~Resident~~ Agent Bryan Caneschi, License No. 17933994
Non-Resident

POWER OF ATTORNEY
SENECA INSURANCE COMPANY, INC.
PRINCIPAL OFFICE, NEW YORK, NEW YORK 92001

KNOW ALL MEN BY THESE PRESENTS: That SENECA INSURANCE COMPANY, INC., a corporation duly organized and existing under the laws of the State of New York, has made, constituted and appointed, and does hereby make, constitute and appoint:

Aimee R. Perondine, Aiza Anderson, Bethany Stevenson, Danielle D. Johnson, Donna M. Planeta, Jenny Rose Belen Phothirath, Joshua Sanford Mercedes Phothirath Samuel E. Begun, Melissa J. Stanton, Lorina Monique Garcia, Nicholas Turecamo, Michelle Anne McMahon

each, its true and lawful Attorney(s)-In-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver: Any and all bonds and undertakings of surety and other documents that the ordinary course of surety business may require, and to bind the Corporation thereby as fully and to the same extent as if such bonds or undertakings had been duly executed and acknowledged by the regularly elected officers of the Corporation at its principal office, in amounts or penalties not exceeding: Fifty Million Dollars ($50,000,000).

This Power of Attorney limits the act of those named therein to the bonds and undertakings specifically named therein, and they have no authority to bind the Company except in the manner and to the extent therein stated.

This Power of Attorney revokes all previous Powers of Attorney issued on behalf of the Attorneys-In-Fact named above and expires on 31 day, of January month, 2021 year.

This Power of Attorney is granted pursuant to unanimous written consent passed the 19th day of September 2011 by the directors of Seneca Insurance Company, Inc. in accordance with Article II, Section 12 of the By-Laws of Seneca Insurance Company, Inc.

> Resolved that the President, Vice President, Secretary and Treasurer and each of them hereby is authorized to execute powers of attorney, and such authority can be executed by use of facsimile signatures, which may be attested or acknowledged by any officer or attorney of the Company, qualifying the attorney or attorneys named in the given power of attorney to execute on behalf of, and acknowledge as the act and deed of the Company, all bond undertakings and contracts of suretyship, and to affix the corporate seal thereto.

IN WITNESS WHEREOF, SENECA INSURANCE COMPANY, INC. has caused these presents to be signed and attested by its appropriate officer and its corporate seal hereunto affixed this 11th day of March, 2019.

Corporate Seal:

SENECA INSURANCE COMPANY, INC.

By _____
Daniel Sussman
Senior Vice President

Attest: _____
Laura Schneider
Senior Vice President

STATE OF NEW JERSEY,
ss.:
COUNTY OF MORRIS

On this 11th day of March, 2019 before me, a Notary Public, personally appeared the above named officers, Daniel Sussman and Laura Schneider, who, being duly sworn, acknowledged that they signed the above Power of Attorney as Senior Vice President and Vice President of the said SENECA INSURANCE COMPANY, INC. and acknowledged said instrument to be the voluntary Act and Deed of said Company. They are both personally known to me.

Sonia Scala, Notary Public

SONIA SCALA
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES 3/25/2024
No. 2163686

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal of Seneca Insurance Company, Inc. on the 23rd day of September, 2020

S-0000SN (02/19)

Willis Towers Watson

Telephone: 212- 915-8682
Website: www.willistowerswatson.com
E-mail: john.homenuk@willistowerswatson.com

September 23, 2020

Leadiant Biosciences, Inc
Attn: Kenia Molina
9841 Washingtonian Boulevard, Suite 500
Gaithersburg, Maryland 20878

RE: ***Bond Number: POA1003280***
Obligee: Nevada State Board of Pharmacy
Description: NV Pharmaceutical Wholesaler Bond

Attached is the completed document per your request. This was issued based upon the information you provided to our office and we urge you to check all of the information for accuracy (i.e. Power of Attorney, signatures, dates, amounts, description, etc.).

Please verify that the form attached is the form required and complete the execution with the proper signature(s) and seal.

If a premium is charged, our invoice will follow under a separate cover. Please note the premium payment for this bond is due upon receipt.

Thank you for the opportunity to service your surety needs. Should you have any questions, please do not hesitate to contact any member of your Willis Towers Watson Surety Team.

Sincerely,

John Homenuk

Willis Towers Watson Southeast, Inc.
One Brookfield Place
200 Liberty St, 6th Floor
New York, NY 10281

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Leadiant Biosciences, Inc.

Physical Address: 9841 Washingtonian Boulevard, Suite 500

City: Gaithersburg State: MD Zip: 20878

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.leadiant.com

Licensing Company Email: LED@slsny.com

Section 2: Personal Information

First: Valerie Middle: Jean Last: Paterno

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] Potato Hill Farm Lane

City: Leonardtown State: MD Zip: 20650

Telephone: [redacted] Email: Valerie.Paterno@leadiant.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials: VP

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Montgomery College		08/2005 - 05/2009	
Address	City	State	Zip
20200 Observation Dr #4067	Germantown	MD	20876
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Oxon Hill High School		09/1979 - 06/1982	
Address	City	State	Zip
6701 Leyte Dr	Oxon Hill	MD	20745
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2021 - present	[redacted] Potato Hill Farm Lane	Leonardtown	MD	20650
2011 - 2021	[redacted] Black Rock Rd	Germantown	MD	20874

Applicant's initials VP

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Leadiant Biosciences, Inc.			01/2009 - Present	
Business Address		**City**	**State**	**Zip**
9841 Washingtonian Boulevard, Suite 500		Gaithersburg	MD	20878
Phone	**Title**		**Number of Employed Hours**	
(301) 948-1041	Director, Patient Services, Strategy, and Development		27,000 @ 40hrs a wk	
Description of Duties				
Responsible for planning, process creation, improvement, and implementation of day-to-day operations related to Third Party Logistics Company (3PL) and Specialty Pharmacy call centers, order management and distribution, including access of patient access programs through at-risk manufacturer-sponsored and non-profit programs 340B, VA/FSS, Special Access Programme (SAP), wholesale and retail access to STPI rare disease, Rx and consumer products.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?	✓	
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
06/03/97	09/10/1997	MD	LaPlata	Charles

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
004P00010217 & 005P00008699	District Court of Maryland for Charles County-District

Reason/Charge
Order for Expungment of police and court records

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Valerie Paterno	

Name of Business/Industry/Entity

Provide explanation below:

N/A- Records were expunged. There were no convictions and no pleas were made.

Valerie Paterno

Original Signature (electronic, copies or stamps not accepted)

4/7/2022

Date

Applicant's initials VJP

I, Valerie Jean Paterno, certify that as the designated representative for

Leadiant Biosciences, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Valerie Jean Paterno

Print Name (First, Last)

Valerie Paterno

Original Signature (electronic, copies or stamps not accepted)

4/7/2022

Date

Applicant's initials VP

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Valerie Jean Paterno

Print Name (First, Last)

Valerie Paterno

Original Signature (electronic, copies or stamps not accepted)

4/7/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Maryland, ss. County of Montgomery

I, David Sandoval, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/7/22

Date

Subscribed and Sworn to before me this 7th day of April, 2022.

Notary Public Signature

DAVID SANDOVAL
Notary Public-Maryland
Montgomery County
My Commission Expires
September 20, 2025

DAVID SANDOVAL
Notary Public-Maryland
Montgomery County
My Commission Expires
September 20, 2025

(Seal)

Applicant's Initials VP

DISTRICT COURT OF MARYLAND FOR Charles County
Located at Court House, P.O. Box 3070, LaPlata, Maryland 20646

Case No. 005P00008699

STATE OF MARYLAND VS. PATERNO, VALERIE JEAN

ID. D.O.B. [redacted]

[redacted] Black Rock Road, Germantown, MD 20874-0000

Central Complaint #

FORM 4-508.1. ORDER FOR EXPUNGEMENT OF POLICE AND COURT RECORDS

Having found that PATERNO, VALERIE JEAN of [redacted] BLACK ROCK ROAD, GERMANTOWN, MD, is entitled to expungement of the police records pertaining to his/her arrest, detention, or confinement on or about 01/20/1997 at La Plata, Maryland by a law enforcement officer of the Charles County Sheriff's Dept and the court records in this action, it is by the District Court of Maryland, this 28th day of March, 2017

ORDERED that the clerk forthwith shall serve a true copy of this Order on each of the parties to this proceeding; and it is further

ORDERED that the clerk forthwith shall serve on each custodian of police and court records designated in this Order and on the Central Repository a copy of this Order together with a blank form of Certificate of Compliance; and it is further

ORDERED that within 60 days after the entry of this Order, or if this Order is stayed, 30 days after the stay is lifted, the clerk and the following custodians of court and police records and the Central Repository shall (1) expunge all court and police records pertaining to this action or proceeding in their custody, (2) file an executed Certificate of Compliance, and (3) serve a copy of the Certificate of Compliance on the applicant/petitioner/defendant; and it is further

ORDERED that the clerk and other custodians of records forthwith upon receipt of this Order, if it is not stayed or notice that the stay is lifted, shall remove the records from public inspection; and it is further

ORDERED that this Order

- ☐ is stayed pending further order of the court.
- ☐ is not stayed.

Anthony Covington
Office Of The States Attorney
P.O. BOX 3065
La Plata, MD 20646

Cjis-Centrel Repository
Rishawn White
P.O. BOX 32708
Pikesville, MD 21208

Brenda Giammerino
District Court Of Maryland
P.O. BOX 3070
La Plata, MD 20646

Gary Cranford/supervisor Of Records
District Court Of Marvland
2002A INDUSTRIAL DRIVE
Annapolis, MD 21401

True Test Copy
By: [illegible] Date: 3-30-17

Charles County Sheriff's Dept
Records
P.O. BOX 189
La Plata, MD 20646

Date: 3/28/17

Judge: W. Louis Hennessy

DISTRICT COURT OF MARYLAND

NOTICE TO APPLICANT/PETITIONER/DEFENDANT: Until a custodian of records has received a copy of this Order and a Certificate of Compliance, expungement of the records in the custody of that custodian is not complete and may not be relied upon

Tracking No. 971001053385

CC-DC/CR 75 (Rev 4/2005)

Department of Public Safety and Correctional Services
Information Technology & Communications Division
Criminal Justice Information System - Central Repository
Post Office Box 32708 - Pikesville, Maryland - 21282-2708
Main No: 410-764-4501 - Toll Free: 1-888-795-0011
www.dpscs.state.md.us

VALERIE PATERNO J
17301 BLACK ROCK ROAD
GERMANTOWN, MD 20874

☐ ***CIRCUIT COURT*** ☒ ***DISTRICT COURTOF MARYLAND FOR*** ***CHARLES COUNTY-DISTRICT***
City/County

Located at *P.O. BOX 3070, LA PLATA, MD 20646* *Case No.* *5p00008699*

PATERNO, VALERIE J
Defendant

CERTIFICATE OF COMPLIANCE

On this *09* *day of* *June, 2017* *I have complied with the Order for Expungement of Records dated* *Mar-29-2017* *entered in the above-captioned case.*

DIRECTOR
CJIS-CENTRAL REPOSITORY
1201 REISTERSTOWN ROAD
PIKESVILLE, MARYLAND 21208

Carole Shelton
Director

PATERNO, VALERIE J
RMW/SS 09-Jun-2017

DISTRICT COURT OF MARYLAND FOR Charles County
Located at Court House, P.O. Box 3070, LaPlata, Maryland 20646

Case No. 5P00008699

STATE OF MARYLAND VS. PATERNO, VALERIE JEAN

CERTIFICATE OF COMPLIANCE

On this 25th day of May (Month), 2017 (Year), I have complied with the Order for Expungement of Records dated 03/28/2017 entered in the above-captioned case.

Custodian: Judy Torney #1144

Signature: Judith A. Torney

Title: Deputy Director

Tracking No. 971001053385
DC/CR 77 (Rev. 11/97)

DISTRICT COURT OF MARYLAND FOR Charles County
Located at Court House, P.O. Box 3070, LaPlata, Maryland 20646

Case No. 5P00008699

STATE OF MARYLAND VS. PATERNO, VALERIE JEAN

CERTIFICATE OF COMPLIANCE

On this 9 day of May (Month), 2017 (Year), I have complied with the Order for Expungement of Records dated 03/28/2017 entered in the above-captioned case.

Custodian: Brenda Giammarino

Signature: Brenda L Giammarino CH

Title: County Clerk

Tracking No. 971001053385
DC/CR 77 (Rev. 11/97)

DISTRICT COURT OF MARYLAND FOR Charles County
Located at Court House, P.O. Box 3070, LaPlata, Maryland 20646

Case No. 5P00008699

STATE OF MARYLAND VS. PATERNO, VALERIE JEAN

CERTIFICATE OF COMPLIANCE

On this 25 day of May (Month), 2017 (Year), I have complied with the Order for Expungement of Records dated 03/28/2017 entered in the above-captioned case.

Custodian: ANTHONY B. COVINGTON

Signature: _____

Title: State's Attorney

Tracking No. 971001053385
DC/CR 77 (Rev. 11/97)

DISTRICT COURT OF MARYLAND FOR Charles County
Located at Court House, P O Box 3070, LaPlata, Maryland 20646

Case No. **004P00010217**

STATE OF MARYLAND VS. PATERNO, VALERIE JEAN

ID. D.O.B. [redacted]

[redacted] Black Rock Road, Germantown, MD 20874-0000

Central Complaint #

FORM 4-508.1. ORDER FOR EXPUNGEMENT OF POLICE AND COURT RECORDS

Having found that PATERNO, VALERIE JEAN of 17301 BLACK ROCK ROAD, GERMANTOWN, MD, is entitled to expungement of the police records pertaining to his/her arrest, detention, or confinement on or about 06/03/1997 at La Plata, Maryland by a law enforcement officer of the Charles County Sheriff's Dept and the court records in this action, it is by the District Court of Maryland, this 28th day of March, 2017

ORDERED that the clerk forthwith shall serve a true copy of this Order on each of the parties to this proceeding; and it is further

ORDERED that the clerk forthwith shall serve on each custodian of police and court records designated in this Order and on the Central Repository a copy of this Order together with a blank form of Certificate of Compliance; and it is further

ORDERED that within 60 days after the entry of this Order, or if this Order is stayed, 30 days after the stay is lifted, the clerk and the following custodians of court and police records and the Central Repository shall (1) expunge all court and police records pertaining to this action or proceeding in their custody, (2) file an executed Certificate of Compliance, and (3) serve a copy of the Certificate of Compliance on the applicant/petitioner/defendant; and it is further

ORDERED that the clerk and other custodians of records forthwith upon receipt of this Order, if it is not stayed or notice that the stay is lifted, shall remove the records from public inspection; and it is further

ORDERED that this Order

- ☐ is stayed pending further order of the court.
- ☐ is not stayed.

Anthony Covington
Office Of The States Attorney
P.O. BOX 3065
La Plata, MD 20646

Brenda Giammerino
District Court Of Maryland
P.O. BOX 3070
La Plata, MD 20646

Charles County Detention Center
Records
P.O. BOX 189
La Plata, MD 20646

Charles County Sheriff's Dept
Records
P.O. BOX 189
La Plata, MD 20646

Cjis-Centrel Repository
Rishawn White
P.O. BOX 32708
Pikesville, MD 21208

Gary Cranford/supervisor Of Records
District Court Of Maryland
2002A INDUSTRIAL DRIVE
Annapolis, MD 21401

THIS IS A True Copy
Clerk
By: [signature] Date: 3-30-17

Date: 3/28/17

Judge: [signature] W. Louis Hennessy

DISTRICT COURT OF MARYLAND

NOTICE TO APPLICANT/PETITIONER/DEFENDANT: Until a custodian of records has received a copy of this Order and a Certificate of Compliance, expungement of the records in the custody of that custodian is not complete and may not be relied upon.

Tracking No. 950001876246

Department of Public Safety and Correctional Services
Information Technology & Communications Division
Criminal Justice Information System - Central Repository
Post Office Box 32708 - Pikesville, Maryland - 21282-2708
Main No: 410-764-4501 - Toll Free: 1-888-795-0011
www.dpscs.state.md.us

VALERIE PATERNO J
17301 BLACK ROCK ROAD
GERMANTOWN, MD 20874

☐ ***CIRCUIT COURT*** ☒ ***DISTRICT COURTOF MARYLAND FOR*** ***CHARLES COUNTY-DISTRICT***
City/County

Located at *P.O. BOX 3070, LA PLATA, MD 20646* *Case No. 4p00010217*

PATERNO, VALERIE J
Defendant

CERTIFICATE OF COMPLIANCE

On this 09 day of June, 2017 I have complied with the Order for Expungement of Records dated Mar-29-2017 entered in the above-captioned case.

DIRECTOR
CJIS-CENTRAL REPOSITORY
1201 REISTERSTOWN ROAD
PIKESVILLE, MARYLAND 21208

DISTRICT COURT OF MARYLAND FOR Charles County
Located at Court House, P.O. Box 3070, LaPlata, Maryland 20646

Case No. 4P00010217

STATE OF MARYLAND VS. PATERNO, VALERIE JEAN

CERTIFICATE OF COMPLIANCE

On this 25 day of May (Month), 2017 (Year), I have complied with the Order for Expungement of Records dated 03/28/2017 entered in the above-captioned case.

Custodian: ANTHONY B. COVINGTON

Signature: _____

Title: State's Attorney

Tracking No. 950001876246
DC/CR 77 (Rev. 11/97)

DISTRICT COURT OF MARYLAND FOR Charles County
Located at Court House, P.O. Box 3070, LaPlata, Maryland 20646

Case No. 4P00010217

STATE OF MARYLAND VS. PATERNO, VALERIE JEAN

CERTIFICATE OF COMPLIANCE

On this 25th day of May (Month), 2017 (Year), I have complied with the Order for Expungement of Records dated 03/28/2017 entered in the above-captioned case.

Custodian: Judy Torney #1144

Signature: Judith A Torney

Title: Deputy Director

Tracking No. 950001876246
DC/CR 77 (Rev. 11/97)

4M

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located?	☐ Nevada ■ Out-of-State
Is your facility a reverse distributor?	☐ Yes ■ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler	* If making a change, provide current license number: WH 02418	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)		☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medical Purchasing Solutions, LLC

Physical Address: 3660 Pkwy Lane, Ste J

City: Hilliard State: OH Zip: 43026

Mailing Address (if different from physical address): Same as physical.

City: State: Zip:

Telephone: (888) 894-2487 Website: www.medicalpurchasingsolutions.com

Name of Designated Representative (DR): Denis G McNicholl

Licensing Company Email: denis@medicalpurchasingsolutions.com DR Email: denis@medicalpurchasingsolutions.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☐ Pharmacies	■ Legend Pharmaceuticals, Supplies or Devices
■ Practitioners	■ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
■ Others: Clinics	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See attached.

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Arizona (LLC formed on 10/25/2005)

Parent Company (if any): Medical Purchasing Holdings, Inc.

Corporation/Organization Name: Medical Purchasing Solutions, LLC

Mailing Address: 15021 N. 74th Street, #300

City: Scottsdale State: AZ Zip: 85260-2497

Telephone: 602-476-1595 Email: denis@medicalpurchasingsolutions.com

Contact Person Name: Denis G McNicholl, Vice President

Section 6: Partnership

Partnership Name: N/A

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Denis G McNicholl
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

2/14/22
Date

Board Use Only	Date Received: _____	Amount: 50	check # 875028

Processed

Medical Purchasing Solutions, LLC

List top 4 suppliers:

1. AmerisourceBergen, 7775 W. Buckeye Rd Suite 150, Phoenix AZ 85043
2. McKesson Specialty, PO Box 93307, Atlanta GA 31193
3. Almaject, 44 Whippany Rd Ste 300, Morristown NJ 07960
4. Capital Wholesale Drug Co, 873 Williams Ave, Columbus OH 43212

Quarles & Brady LLP

Renaissance One
Two North Central Avenue
Phoenix, Arizona 85004-2391
602.229.5200
Fax 602.229.5690
www.quarles.com

Attorneys at Law in
Chicago
Indianapolis
Madison
Milwaukee
Minneapolis
Naples
Phoenix
Scottsdale
Tampa
Tucson
Washington, D.C.

Writer's Direct Dial: 602.229.5530
E-Mail: amy.cottonpeterson@quarles.com

RECEIVED
JAN 20 2022
NEVADA STATE BOARD OF PHARMACY

January 19, 2022

VIA UPS OVERNIGHT

Mr. Dave Wuest
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno, NV 89521

Re: Transaction Notice - Medical Purchasing Solutions, LLC
Current Permit(s): WH01874

Dear Mr. Wuest:

Please accept this letter as notice of a pending transaction involving the above referenced permit holder, Medical Purchasing Solutions, LLC, located in Scottsdale, Arizona. The anticipated transaction date is on or about February 18, 2022.

Currently, Medical Purchasing Solutions, LLC is owned by individual members, John Discerni and Denis McNicholl. On or about, February 18, 2022, they will sell all of their membership interests to Medical Purchasing Holdings, Inc.

Please note that the entity that holds the permit, Medical Purchasing Solutions, LLC, will remain intact and Medical Purchasing Holdings, Inc. will be the new parent entity. The facility location, FEIN, and all facility operations and staff will remain unchanged.

If you have any questions or if you need additional information, please contact me at 602-229-5530 or amy.cottonpeterson@quarles.com. Thank you for your consideration in this matter.

Sincerely,

Amy R. Cotton Peterson

Amy Cotton Peterson

Medical Purchasing Solutions, LLC
3660 Pkwy Lane, Ste J
Hilliard, OH 43026
FEIN: 56-2537799

Organizational Chart – Effective 2/18/2022



Medical Purchasing Solutions, LLC
Officer List:

Name, Title	Address	DOB	SSN
Denis McNicholl, Vice President	[redacted]S. Spinnaker Road Tempe, AZ 85283	[redacted]	[redacted]
John Discerni, Vice President	[redacted]E Desert Vista Rd. Scottsdale, AZ 85255	[redacted]	[redacted]

Medical Purchasing Solutions, LLC
3660 Pkwy Lane, Ste J
Hilliard, OH 43026

Provide a list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender, or holder of indebtedness of the applicant. Pursuant to NRS 639.500 (2).

Ohio Location Employee List:

- Jim Karlsgberger, Manager
- Shawna Hylton, Warehouse Associate
- Stephanie Smith, Warehouse Associate
- Alyssa Cordle, Warehouse Associate

Officers:

- Denis G McNicholl, Vice President and Designated Representative
- John Discerni, Vice President

STATE OF ARIZONA

Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

MEDICAL PURCHASING SOLUTIONS, LLC

ACC file number: L12377130

was incorporated under the laws of the State of Arizona on 10/25/2005, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **11/01/2021**

Matthew Neubert, Executive Director

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RM0481628	01-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	12-20-2021

MEDICAL PURCHASING SOLUTIONS, LLC
3660 PARKWAY LANE
SUITE J
HILLIARD, OH 43026

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RM0481628	01-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	12-20-2021

MEDICAL PURCHASING SOLUTIONS, LLC
3660 PARKWAY LANE
SUITE J
HILLIARD, OH 43026

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Ohio | eLicense Ohio Professional Licensure

License Look Up

2/16/2022 5:32 PM

MEDICAL PURCHASING SOLUTIONS, LLC

Status	Active
Sub-Status	
Board	Board of Pharmacy
License Type	Wholesaler - Category 3
License Number	012488300
License Issue Date	03/11/2015
License Expiration Date	06/30/2023
License Effective Date	07/01/2021
Street Address	3660 PARKWAY LANE, SUITE J
City	HILLIARD
State	OH
Zipcode	43026
Country	United States
Board Action	No

Supervised By:

Supervisor Name	Supervisor License	Status	Start Date	End Date
		Active	Wed Jan 28 00:00:00 GMT 2015	

Current date & time: **2/16/2022 5:32 PM**

Disclaimer: The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 41233908

Application/License No. _____

Medical Purchasing Solutions, LLC (Applicant/Principal) doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 15021 N 74th St Ste 300, Scottsdale, AZ 85260 (Address of Applicant/Principal), as PRINCIPAL, and Platte River Insurance Company (Surety Company), a corporation organized under the laws of the state of Nebraska (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 4110 S. Maryland Pkwy Ste 17, Las Vegas, NV 89119 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 21,2012 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 26th day of September, 20 12.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

David Sparks, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent Colleen Watson

Platte River Insurance Company

SURETY BOND RIDER

To be attached to and form part of **Pharmaceutical Wholesaler Surety Bond,** BOND NO. **41233908** issued by **Platte River Insurance Company** as Surety on behalf of **Medical Purchasing Solutions, LLC**, as Principal, in favor of **State of Nevada and Nevada State Board of Pharmacy**, as Obligee.

It is hereby understood and agreed that the above captioned bond is amended as follows:

From - One location at 15021 N 74th St Ste 300, Scottsdale AZ 85260

To - Two locations at 15021 N 74th Street, Ste. 300, Scottsdale AZ 85260 and 3660 Parkway Lane, Ste. J, Hilliard, OH 43026

This Rider is executed upon the express conditions that the Company's liability under said bond, together with this and all previous Riders shall not be cumulative and shall in no event exceed the amount specifically set forth in said bond or any existing certificate changing the amount of said bond.

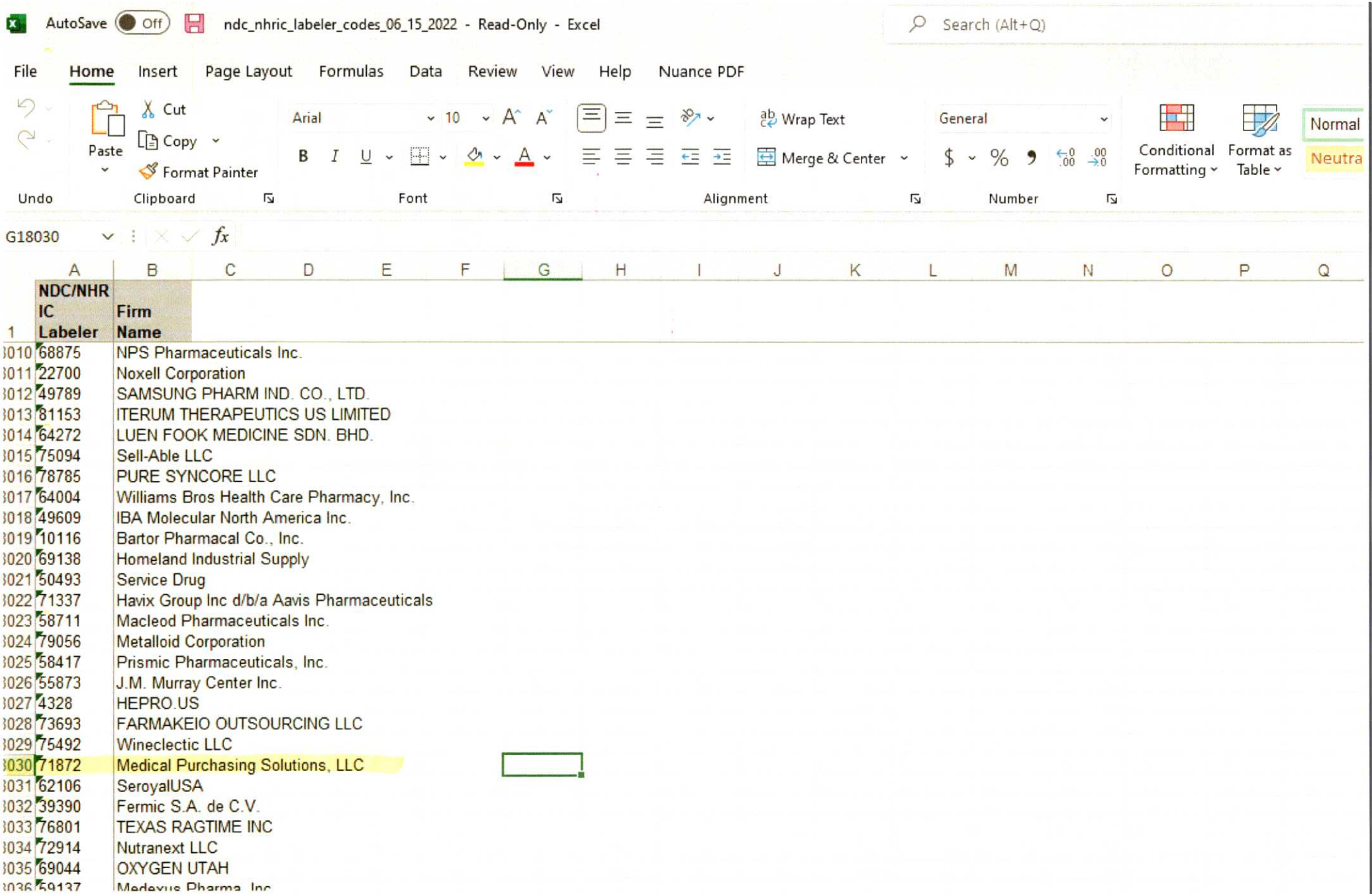
SIGNED, SEALED AND DATED: November 2, 2017.

Platte River Insurance Company
Surety

By: _____
Jenna L. Sparks, Attorney-in-Fact

Medical Purchasing Solutions, LLC
Principal

By: _____


AutoSave Off
ndc_nhric_labeler_codes_06_15_2022 - Read-Only - Excel
Search (Alt+Q)
File Home Insert Page Layout Formulas Data Review View Help Nuance PDF
Cut
Copy
Format Painter
Paste
Arial
10
Wrap Text
Merge & Center
General
Conditional Formatting
Format as Table
Normal
Neutra
Undo
Clipboard
Font
Alignment
Number
G18030
NDC/NHRIC Labeler
Firm Name
68875 NPS Pharmaceuticals Inc.
22700 Noxell Corporation
49789 SAMSUNG PHARM IND. CO., LTD.
81153 ITERUM THERAPEUTICS US LIMITED
64272 LUEN FOOK MEDICINE SDN. BHD.
75094 Sell-Able LLC
78785 PURE SYNCORE LLC
64004 Williams Bros Health Care Pharmacy, Inc.
49609 IBA Molecular North America Inc.
10116 Bartor Pharmacal Co., Inc.
69138 Homeland Industrial Supply
50493 Service Drug
71337 Havix Group Inc d/b/a Aavis Pharmaceuticals
58711 Macleod Pharmaceuticals Inc.
79056 Metalloid Corporation
58417 Prismic Pharmaceuticals, Inc.
55873 J.M. Murray Center Inc.
4328 HEPRO.US
73693 FARMAKEIO OUTSOURCING LLC
75492 Wineclectic LLC
71872 Medical Purchasing Solutions, LLC
62106 SeroyalUSA
39390 Fermic S.A. de C.V.
76801 TEXAS RAGTIME INC
72914 Nutranext LLC
69044 OXYGEN UTAH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Y

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Medical Purchasing Solutions, LLC

Physical Address: 3660 Pkwy Lane, Ste J

City: Hilliard State: OH Zip: 43026

Mailing Address (if different from physical address): Same as physical.

City: State: Zip:

Telephone: (888) 894-2487 Website: www.medicalpurchasingsolutions.com

Licensing Company Email: denis@medicalpurchasingsolutions.com

Section 2: Personal Information

First: Denis Middle: Guy Last: McNicholl

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] N. 74th Street, [redacted]

City: Scottsdale State: AZ Zip: 85260-2497

Telephone: [redacted] Email: denis@medicalpurchasingsolutions.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	☐	☑
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A	☐	☐

Applicant's initials DGM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
See resume.				
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
Over 10 years	[redacted] S. Spinnaker Road	Tempe	AZ	85283
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Denis G McNicholl

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Medical Purchasing Solutions, LLC			05/2006 - Present
Business Address	**City**	**State**	**Zip**
3660 Pkwy Lane, Ste J	Hilliard	OH	43026
Phone	**Title**	**Number of Employed Hours**	
(888) 894-2487	Designated Representative and Vice President	32,160	
Description of Duties			
Oversee purchasing, receiving, outgoing orders, stock rotation, licensing, verification, vendors, record keeping, reporting, inspections.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials DGM

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Medical Purchasing Solutions, LLC			
Business Address	**City**	**State**	**Zip**
3660 Pkwy Lane, Ste J	Hilliard	OH	43026
Phone	**Title**		**Number of Employed Hours**
(888) 894-2487	Designated Representative and Vice President		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		☑
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?	✓	
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
7/29/1995	8/21/1995	NY	Poughkeepsie (Town)	Dutchess
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
95080318		Poughkeepsie Town Court		
Reason/Charge				
See attached.				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
N/A		N/A		
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/14/22
Date

Applicant's initials DSM

I, Denis G McNicholl, certify that as the designated representative for

Medical Purchasing Solutions, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Denis G McNicholl

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/14/22

Date

Applicant's initials DGM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Denis G McNicholl

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/14/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Denis G McNicholl, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/14/2022

Date

Subscribed and Sworn to before me this 14 day of 2022.

Notary Public Signature

EDDI KALANTARZADEH
Notary Public - State of Arizona
MARICOPA COUNTY
Commission # 616277
Expires October 31, 2025

(Seal)

Applicant's initials DGM

Medical Purchasing Solutions, LLC
3660 Pkwy Lane, Ste J
Hilliard, OH 43026
FEIN: 56-2537799

New Mexico Affirmative Response:

Item 11 - I (we) have not been arrested, investigated for, charged with, convicted of, sentenced for, entered a plea of nolo contendere, or entered into any other legal agreements for any criminal offense in any state, territory or possession of the United States or by the federal government.*

See attached Certificate of Disposition for Denis G McNicholl.

Poughkeepsie Town Court
17 TUCKER DRIVE
POUGHKEEPSIE, NY 12603

Paul L. Banner
TOWN JUSTICE

Phone: 845-485-3690
Fax: 845-485-2939

CERTIFICATE OF DISPOSITION

STATE OF NEW YORK
DUTCHESS COUNTY

POUGHKEEPSIE TOWN COURT
CRIMINAL PART

PEOPLE OF THE STATE OF NEW YORK

VS.

DENIS G. MCNICHOLL; Defendant

CASE NO: 95080318

Date of Birth: [redacted]
Date of Arrest: 07/29/1995
Adjudication Date: 08/21/1995
Disposition Date: 08/21/1995

Section Charged	Section Disposed	Ticket No & Description	Disposition	Fine	Civil-Fee	Surchg
VTL 1129-A	VTL 1129-A	TW853471 3 Follow too closely	COVO	0.00	0.00	0.00
VTL 1229-C-3	VTL 1229-C-3	TW853472 4 No Seat Belt	COVO	0.00	0.00	0.00
VTL 375-2A4	VTL 375-2A4	TW853473 5 NO PLATE LAMP	COVO	0.00	0.00	0.00
VTL 1160-A	VTL 1160-A	TW853474 6 FAIL TO TURN	COVO	0.00	0.00	0.00
VTL 1192.2,3	VTL 1192-1	TW853475 0 DWAI - BAC .13	PG/CD/FINE/SC	300.00	0.00	25.00

Upon a proper request for an official statement of disposition, I certify that the above named defendant having appeared before this court was charged as shown above. Each of the charges was disposed of as indicated.

Dated: The 24th day of March 2015

,Clerk to Justice

CAUTION: This information must not be divulged if the case is sealed or where the defendant has been adjudicated a youthful

Denis G. McNicholl
[redacted] S. Spinnaker Road
Tempe, AZ 85283
Home and Cellular: [redacted] e-mail: [redacted]

Educational Overview

Marist College, Poughkeepsie, NY
Graduated August 1993, Bachelors of Science
G.P.A. 3.0 Concentration: Finance, Minor: Marketing

Professional Overview

January 1993 – August 1995
Prudential Securities, Broker's Assistant
Smith Barney, Stock Broker

November 95- November 98

Physicians Formulary International: Account Manager

- Accelerated 3.5 million in annual sales from an under performing, newly created sales territory.
- Exceeded sales and profit goals 22 of 24 months
- Opened over 500 Accounts, consistently raising profit from single digit to more than 16% annually and securing double-digit revenue growth.
- Initiated warehouse training for all sales which included actual warehouse operations, further knowledge testing and management experiences.
- Developed controlled substance training program educating sales reps as to the completing of 222 forms, record keeping and warehouse management of C2-C5.
- Initiated and positioned myself as the resident expert in drug distribution within the surgery center market to well respected, aggressive sales professionals from leading drug manufactures to Group Purchasing Organizations.
- Developed Target Marketing Program (TMP) that has accounted for 90% of my organic sales and profitability growth over the past 3 years.
- Assisted in the creation, development and implementation of our internal, discounted purchasing program. Moreover, I established the base-pricing model for all non-acute care members (P.E.P.P. Program).

November 98- November 99

Physicians Formulary International: National Sales Manager

- Managed 8 sales representatives, while actively managing my top 100 accounts (2 million in annual sales).
- Worked extensively on creation, marketing, pricing and managing of a visionary new program that enabled smaller dollar volume accounts to access to previously unavailable GPO prices.
- Conceptualized and implemented computer based sales tools that resulted in internal account manager efficiencies of more than 50%.
- Hired, trained and mentored several employees including the two leading ambulatory reps both at PFI and PHC.
- Analyzed monthly, quarterly and yearly reports to identify trends, determine appropriate actions and work in conjunction with sales reps and other managers to exceed both short and long-term goals.

- Wrote e-mails, monthly newsletters and was quoted by Outpatient Surgery Magazine when drug prices were needed for articles.
- Rallied a team of "energized reps" to drive company sales from 18-24 million dollars in annual revenue, while maintaining an 18% profit margin.

November 99- April 01
Physicians Formulary International: VP, Operations & Emerging Markets, 4/1/01 purchased by PHC

- Oversee all operations for $49 million drug distributor
- Analyzed cost/benefits and profit/loss of sub-categorical markets under the alternate site umbrella; thus forecasting future expansions in other markets.
- Worked exclusively with GPO sales reps, manufacture reps, med-surg reps, as well as competing reps to ensure accurate reporting and to simplify the working relationship among different market players.
- Signed and serviced several corporate accounts, referred to as 'chains,' that generated millions to our top-line, as well as starting and directing smaller markets such as O.A.C. markets which provided us with 28% profit.
- Managed the P.M.I. Affiliate GPO program that included working with clients, evaluating base sale prices in the face of competitive threats and selling and signing new facilities to our program.
- Strengthened and leveraged my relationships with current GPOs and manufacture reps to create new opportunities for pharmaceutical distribution and contract administration with other GPOs and manufactures.

April 1 01 – May 03
Priority Healthcare Corporation: Regional Account Manager – West

- National Account Manager – MedAssets/HSCA.
- Managed 15 corporate accounts including Ambsurg, Ortholink & ASC Group.
- Developed ambulatory portfolio for Pharmaceutical Buyers Inc.
- Vigorously worked to re-created PHC's ambulatory division to mirror PFI's.
- Assisted sales representatives with complex questions and situations regarding various GPO contracts, as well as trained and motivated them.
- Coordinated with corporate vice-presidents of sales distribution, contract negotiations, business development, purchasing, contracts, accounting, information systems and marketing to further cohesively integrate PFI with Priority Healthcare.

May 03 – May 04
John L. Scott Real Estate: Realtor

- Educated buyers as to purchasing homes within their "financial comfort zone"

May 04 – May 2006
Drug Valet, Inc: VP, National Sales, Partner

- Established direct accounts with several manufactures including Baxter, Abbott, Hospira, American Regent, Bedford and numerous smaller players.
- Worked with IT to establish EDI/Chargebacks and Reporting

- Secured and manage our distribution agreement for alternate site with MedAssets Supply Chain Systems GPO (MASCS).
- Developed relationships with MASCS' affiliate companies including, Medigroup, Prime Inc., Shared Services and Medical Concepts.
- Hired and trained our current sales force, with expansion of several more representatives that began in January '05.
- Developed new marketing material including catalog, client and prospect letters, tri-folds, brochures and business cards to name a few examples.
- Created our successful, new *Code Red* marketing campaign for crash cart drug expiration dating, maintenance and automatic replenishment.
- Cultivated over 100 accounts with an aggregate profit of 20% and annualized sales of $300,000.

May 2006 – Current

Medical Purchasing Solutions: Partner / Member

- Created, with my partner, a sales, consulting and distribution company that specializes in prescription drugs and medical/dental supplies for the general and cosmetic dentists, as well as cosmetic, plastic and oral surgeons.
- Crafted policy and procedures manual for proper handling, storing, shipping and reporting of all Non-Controlled and Controlled prescription drugs.
- Developed an internal data system that is used in all facets of business integration including, but not limited to purchasing, sales, tracking, inventorying, logging, shipping and reporting, while maintaining regular counts for inventory accuracy and temperature requirements
- Responsible for record keeping, reporting, documenting, reviewing and ordering controlled substances C2-C5 (reported monthly, quarterly, yearly).
- Daily managing all areas of warehouse operations including purchasing, receiving, inventorying, picking, packing, shipping and all other responsibilities or a warehouse manager.
- Sales operations include marketing, Inside/Outside sales, traveling to conferences and training new employees in both sales and warehouse operations
- Continuing to expand our contracted offerings to include additional vendors products, gpo source pricing with an added focus on supplies.

4N

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Thea Pharma Inc

Physical Address: 420 Bedford St. Suite 150

City: Lexington State: MA Zip: 02420

Mailing Address (if different from physical address): Same as above.

City: _____ State: _____ Zip: _____

Telephone: 781-832-3664 Website: www.theapharmainc.com

Name of Designated Representative (DR): Susan Benton

Licensing Company Email: license.us@theapharma.com DR Email: susan.benton@theapharma.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: OTC Eye drops	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

N-A

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attached CMO List

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Laboratoires Thea SAS

Corporation/Organization Name: Thea Pharma Inc

Mailing Address: 420 Bedford St. Suite 150

City: Lexington State: MA Zip: 02420

Telephone: 781-832-3664 Email: license.us@theapharma.com

Contact Person Name: Marika Thiessen

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Thea Pharma Inc

Facility Name

Susan Benton

Print Name of Authorized Person Submitting Application

Susan Benton

Original signature of Authorized Person (copies or stamps not accepted)

7/27/2022

Date

Board Use Only	Date Received: 9.4.22	Amount: 1000.00 CK-1247

9/2/22

Thea Pharma, Inc.
420 Bedford Street, Suite 150
Lexington, MA 02420

EIN – 32-0456691
DUNS – 117787029

FDA Label code 82584
FDA establishment number 3022351866

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Thea Pharma, Inc.	3022351866	117787029	LABEL MANUFACTURE PACK	420 Bedford Street, Suite 150, Lexington, Massachusetts (MA) 02420, United States (USA)	12/31/2022

CMO

CMO Name	Address	FDA Establishment #
Akorn AG	Riethofstrasse 1, Hettlingen, 8442, Switzerland (CHE)	3005531475
Laboratoire Unither	1 Rue De L Arquerie, Coutances, 50200, France (FRA)	3006974616
Woodstock Sterile Solutions, Inc.	2210 Lake Shore Drive, Woodstock, Illinois (IL) 60098, United States (USA)	1419377

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Akorn AG	3005531475	482198285	ANALYSIS LABEL MANUFACTURE PACK	Riethofstrasse 1, Hettlingen, 8442, Switzerland (CHE)	12/31/2022

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Laboratoire Unither	3006974616	574139809	ANALYSIS LABEL MANUFACTURE PACK	1 Rue De L Arquerie, Coutances, 50200, France (FRA)	12/31/2022

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Woodstock Sterile Solutions, Inc.	1419377	117895702	ANALYSIS LABEL MANUFACTURE PACK REPACK	2210 Lake Shore Drive, Woodstock, Illinois (IL) 60098, United States (USA)	12/31/2022



The Commonwealth of Massachusetts
DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
250 WASHINGTON STREET BOSTON, MA 02108

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0001002	04/12/2022	04/12/2023	Virtual Drug Manufacturers

ISSUED TO

THEA PHARMA, INC.
420 BEDFORD STREET
SUITE 150
LEXINGTON, MA 02420
ATTN: SUSAN BENTON GENERAL MANAGER

Margret R Cooke

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

NEW

848898

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0001002	04/12/2022	04/12/2023	Virtual Drug Manufacturers

ISSUED TO

THEA PHARMA, INC.
420 BEDFORD STREET
SUITE 150
LEXINGTON, MA 02420
ATTN: SUSAN BENTON GENERAL MANAGER

Margret R Cooke

NEW

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&TITLE=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&DESCRIPTION=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE)

±

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

PRINT

New Search (default.cfm)

Search Results for **Thea Pharma**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Thea Pharma, Inc.	3022351866	117787029	LABEL; MANUFACTURE; PACK;	420 Bedford Street, Suite 150, Lexington, Massachusetts (MA) 02420, United States (USA)	12/31/2022

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Wednesday, Jun 29, 2022

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THEA PHARMA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THEA PHARMA INC." WAS INCORPORATED ON THE EIGHTH DAY OF DECEMBER, A.D. 2014.

Jeffrey W. Bullock, Secretary of State

5652667 8300

SR# 20222719514

Authentication: 203684374

Date: 06-15-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
Drug Control Program
250 Washington Street, 3rd Floor
Boston, MA 02108

Tel: 617-973-0949
TTY : 617-973-0988
www.mass.gov/dph/boards

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MARGRET R. COOKE
Commissioner

June 17, 2022

RE: Verification of Massachusetts Controlled Substances Registration (MCSR)

To Whom This May Concern,

Please be advised that **Thea Pharma, INC (MA0001002)**, located at **420 Bedford Street Suite 150 Lexington, MA 02420** has an active MCSR as a Virtual Drug Manufacturer is in good standing. The current registration has an issue date of **04/12/2022** and expires on **04/12/2023**

As of the date on this letter, there has been no disciplinary action issued by the Drug Control Program for this registrant.

Should you have any questions or concerns regarding the above information, please contact us at 617-973-0949.

Mallory Gentle

Mallory Gentle
Program Coordinator

Online Licensure Verification Services: https://www.mass.gov/service-details/registration-verification-for-mcsr . The Information provided in this 'Certified Statement' is based on the records maintained by the Massachusetts Bureau of Health Professions Licensure and its licensing boards. Facilities are deemed to be in good standing if their license is current and not subject to any disciplinary status on the date of issuance of the 'Certified Statement'. Disciplinary status is defined as voluntary surrender, revocation, suspension, or probation of a license.

Employee Name	Title	Department	Territory
Acosta, Randall	VP, Market Access & Strategic Accts	Commercial	Remote - California
Anderson, Evan	Account Manager	Sales / Field Team	Remote - New Jersey
Andrews, Alexandra	Account Manager	Sales / Field Team	San Antonio, Texas
Arias, Steven	VP Ethics & Compliance	Complicance	Home Office - Lexington
Bagley, Lee	Office Manager	Office Admin	Home Office - Lexington
Bates, Kelly	Account Manager	Sales / Field Team	Birmingham, Alabama
Beckman, Robert	Account Manager	Sales / Field Team	Saint Louis, Missouri
Benton, Susan	President	President	Home Office - Lexington
Bowles, Jennifer	Chief Operations Officer	COO	Remote - Illinois
Brecht, Jason	Regional Director - EAST/NORTH	Sales / Field Team	NORTH REGION
Brunswick, Justin	Regional Director - WEST	Sales / Field Team	WEST REGION
Collins, Matthew	Executive Account Manager	Sales / Field Team	Cincinnati, Ohio
Corbaci, Levent	Senior Accountant	Finance	Home Office - Lexington
DellaCagna, Lou	Executive Account Manager	Sales / Field Team	Remote New York
Diaz, Nestor	Account Manager	Sales / Field Team	Remote - Arizona
DiChiara, Deborah	Senior Account Manager	Sales / Field Team	Remote - Maryland
Furber, Brett	Executive Account Manager	Sales / Field Team	Remote - Georgia
Grocholski, Nancy	Senior Account Manager	Sales / Field Team	Remote - Micigan
Harris, Ken	Director, Sales Training	Sales Training	Remote - Ohio
Hazelton, Rebecca	Chief Human Resource Officer	Human Resources	Home Office - Lexington
Heigenhauser, Laura	Account Manager	Sales / Field Team	Arlington Heights, Illinois
Hudson, Sharon	Executive Account Manager	Sales / Field Team	Remote - Florida
Keefe, David	Account Manager	Sales / Field Team	Remote - Pennsylvania
Kepchar, Mark	Regional Director - SOUTH	Sales / Field Team	SOUTH REGION
Kessler, Kevin	Executive Account Manager	Sales / Field Team	Remote - Illinois
Knight JR, William	Senior Account Manager	Sales / Field Team	Remote - North Carolina
Lamp, Steven	Senior Account Manager	Sales / Field Team	Remote - Colorado
Lee, Karen	Executive Account Manager	Sales / Field Team	Remote - Louisiana
Lewis, Ashley (Sarah)	Executive Account Manager	Sales / Field Team	Remote - Florida
Lindley, Lane	Regional Director - CENTRAL	Sales / Field Team	CENTRAL REGION
Matthaei, Paul	Senior Account Manager	Sales / Field Team	Remote - Texas
Megyesi, Joseph	Senior Account Manager	Sales / Field Team	Remote - Ohio, Remote
Montovani, Joseph	Account Manager	Sales / Field Team	Remote - Connecticut

Nacinovich, Mario	Sr Dir, Marketing - Glaucoma	Marketing	Home Office - Lexington / Hybrid
North, Scott	Account Manager	Sales / Field Team	Remote - Indiana
Olmiere, Celine	Head of External Research	Unassigned Department	Home Office - Lexington
Olsson, Erik	VP Finance	Finance	Home Office - Lexington
Ortiz, Christian D	Account Manager	Sales / Field Team	Remote - California
Patterson, Victor	VP Ext. Mfg & Supply Quality	QA	Home Office - Lexington / Hybrid
Pavicich, Rhonda	Director, Marketing	Commercial	Remote - Illinois
Peach,Tonia	Manager Quality Assurance	REGULATORY	Remote - Michigan
Pearson,Christopher	Chief Commercial Officer	CCO	Home Office - Lexington
Perelmuter,Tatyana	Senior Account Manager	Sales / Field Team	Remote - New York
Pulsifer,Jennifer	Manager Commercial Operations	Commercial	Home Office - Lexington / Hybrid
Puthenpurayil,James	Account Manager	Sales / Field Team	Remote - Pennsylvania
Quill,Marsia A	Executive Account Manager	Sales / Field Team	Remote - Maine
Reed,Courtney	Account Manager	Sales / Field Team	Remote - Washington
Rock,Anita	Executive Assistant	Commercial	Home Office - Lexington
Rushing,Brian Pacsha	Executive Account Manager	Sales / Field Team	Remote - North Carolina
Sekab, Karli	Medical - WEST	Medical Affairs	Remote - California
Singh, Rashmi	iVIZIA ECP Marketing	Commercial	Remote - Texas
Spain,Olivia M	Account Manager	Sales / Field Team	Remote - Tennessee
Stappas, Katerina	Account Manager	Sales / Field Team	Remote - Wisconsin
Thiessen,Marika	VP Commercial Ops	Commercial	Remote - Florida
Tomasi,Eric	Dir, Bus Insights & Analytics	Analytics	Home Office - Lexington / Hybrid
Tran, Johnny	Account Manager	Sales / Field Team	Remote - California
Trone,Mark Allen	Executive Account Manager	Sales / Field Team	Remote - Florida
Valencia,Xavier	Account Manager	Sales / Field Team	Remote - Florida
Vasquez, Rene	Medical - EAST	Medical Affairs	Remote - Pennsylvania
Walia,Dipanshu	Account Manager	Sales / Field Team	Remote - New York
Williams, Emily	Commercial Data Mgmnt	Analytics	Remote - Massachusetts
Woheidy,Leila M	Account Manager	Sales / Field Team	Remote - Texas
Worden,Ashley M	Senior Account Manager	Sales / Field Team	Remote - California
Young,Kathy	Account Manager	Sales / Field Team	Remote - California
Young,Stacy	Account Manager	Sales / Field Team	Remote - Virginia
Zhang, Steven	EVP, Head of Medical Affairs	Medical Affairs	Home Office - Lexington

Théa
let's open our eyes

September 1, 2022

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

RE: Personal History Record Forms

Théa Pharma Inc. would like to specify that we are 100% owned by Corporation Laboratoires Théa SAS. There is only 1 officer, Susan Benton, for the US Théa Pharma subsidiary.

With regards,

Susan Benton
President
Théa Pharma Inc.
420 Bedford St., Suite 150
Lexington, MA 02420

Théa Pharma Inc
420 Bedford Street, Suite 150
Lexington, MA 02420

State of Incorporation – Delaware
EIN 32-0456691

President
Susan Benton
420 Bedford Street, Suite 150
Lexington, MA 02420
[redacted]

SUSAN K. BENTON

[redacted] Manor Ave., Burlington, MA, 01803 • [redacted] • [redacted]@icloud.com

PROFESSIONAL PROFILE

Entrepreneurial leader with 30+ years of demonstrated success in building and growing businesses through organic and external opportunities. Passionate about bringing innovative new therapies to patients and building great companies and teams. Broad leadership and commercial experience in developing, launching, and marketing medicines at all stages of corporate development including start-up, turn around, and large established organizations.

AREAS OF GLOBAL EXPERTISE

Marketing & Commercial Insight
- Market and brand insight
- Market & KOL development
- Brand & POA planning
- Pricing & HEOR

Strategy Creation & Implementation
- Business strategy development
- Franchise & disease area strategy
- Sales channels & distribution
- Payer & patient outreach strategy

Technology & Business Development
- BD driven portfolio optimization
- Formulation & device strategies
- Technology transfer & integration
- Alliance management

EXPERIENCE

THEA PHARMA, INC **2019- Present**
President and Head of the US
Responsibilities include the establishment and growth of the U.S. subsidiary through internal programs and M&A. Create the strategy and the operational plan for the business including; marketing, sales, administrative, finance, quality, logistics, and regulatory for the Business unit, in line with the Thea Code of Conduct and in compliance with U.S. regulatory commercial laws. Full P&L responsibility.

SHIRE, INC./TAKEDA **2015 – 2019**
Head of Global Franchise Strategy and New Products, Ophthalmology **2017 – 2019**
Head of Business Development and Pipeline Products, Ophthalmology **2015 – 2017**

Responsibilities included the identification, evaluation, and prioritization of assets for in-licensing or M&A in support of Shire's Corporate and Global Ophthalmology Franchise Strategy. Led commercial and strategic input on all early-stage pipeline programs and business development opportunities. Led Franchise and Disease Area Strategy to identify opportunities of high unmet medical need and innovation for Shire Ophthalmology.

- Led the development of the Franchise and Disease Area Strategy including priority MOAs and LCM
- Led and championed the identification, evaluation, and prioritization of LCM opportunities for Xiidra®, a blockbuster potential dry eye therapy, and targeted three MDPF options for feasibility exploration
- Successfully led and negotiated the acquisition of Foresight Biotherapeutics. Successfully led and negotiated the acquisition of Foresight Biotherapeutics for $300M and the in-licensing of a novel dry eye asset from Parion Sciences.
- Chief architect of the R&D strategy that was endorsed by Shire governance to activate three novel compounds in development for retinal disease. Lead the Ophthalmology Innovation Cell to identify new products
- Global commercial leader for the SHP639, a glaucoma asset with a novel MOA, successfully advanced to Ph 1

RPS DIAGNOSTICS, INC. **2013 – 2015**
Vice President of Corporate Business Development and Global Eye Care Sales
Responsibilities included the creation of the business development strategy, identification and relationship building with prospective business partners including pharma and biotech companies, investor organizations, CROs, and academic institutions. Established the U.S. commercial sales, marketing, and business operations for the launch and establishment of InflammaDry®, the first rapid, in office point of care device that detects elevated levels of MMP9 in the tears of patients with dry eyes as well as AdenoPlus®.

BAUSCH & LOMB, INC. **2011 - 2013**
Executive Director, Global Pharmaceuticals Business Development
Responsibilities included the development and execution of global strategies for new product sourcing for the $1.3B branded RX, OTC and generic ophthalmic pharmaceutical business. Led or participated in the negotiation and execution of agreements for over 10 pipeline assets in all ranges of value and complexity. Collaborated with colleagues in a matrix environment to manage and communicate with cross functional teams on all asset opportunities and diligence efforts.

- Served as the project champion in the development of BD&L opportunities to drive value for the company
- Developed and maintained a comprehensive project database of all opportunities evaluated
- Led cross-functional diligence including developing and running the various financial and valuation models required for the financial assessment of the business opportunities
- Screened and evaluated all BD&L opportunities to make a go/no-go decision on the various technologies
- Collaborated with KOLs to identify unmet needs in the market and sourced technologies to satisfy these needs

i2eye CONSULTING SERVICES, LLC **2010- 2011**
Managing Partner
Provided a diverse group of clients with actionable insight into product and market development from preclinical through commercial launch. Created both strategic and tactical implementation plans for start- up and established ophthalmic companies commercializing products in the global market. Key project work included:

- In-licensed a novel MOA asset for glaucoma. Project scope included the building and validation of the P&L for the product in the U.S. and Europe. Provided strategic guidance on all portfolio compounds.
- Worked closely with B+L to launch the first new anti-viral agent in the U.S. in 30 years. Completed a comprehensive competitive intelligence project in all therapeutic areas of ophthalmic pharmaceuticals that included the identification of late-stage product opportunities for potential license or acquisition. Identified and introduced a co-promote partner or their anti-infective franchise to expand into the pediatric market.
- Worked with a Japanese company to build their commercial operations and infrastructure in anticipation of a relaunch of a glaucoma product in the U.S.
- Vetted the business plan for a client looking to bring assets from Japan to the U.S. Provided an extensive analysis and recommendations for commercial operation and infrastructure considerations to senior executive management
- Provided strategic guidance to an ocular nutraceutical company looking to grow their business through a co-promotion/licensing arrangement

SIRION THERAPEUTICS, INC.
Co-founder and Senior Vice President Sales & Marketing **2004-2010**
Established commercial operations including the development and implementation of both sales and marketing strategy and plans for Sirion's portfolio of products. P&L responsibility w/ reporting to the CEO.

- Created and implemented commercial policies including the establishment of the order to cash business process with a leading 3PL company
- Oversaw the negotiation and execution of the contract with Quintiles for the deployment of a national team of 37 specialty ophthalmic pharmaceutical sales professionals
- Staffed a team of trade and strategic account managers that launched both Durezol™ and Zirgan™ prior to the products being sold to Alcon and B+L respectively
- Worked closely with banks, attorneys, CFO and CEO to draft the corporate prospectus for an initial public offering
- Worked executive team to raise over $120M in capital in from leading healthcare investment firms
- Established corporate scientific advisory board and relationships with key opinion leaders in ophthalmology

LIFESCAN, INC., A JOHNSON & JOHNSON COMPANY
Vice President of Professional and Consumer Sales **2001-2004**
Provided leadership and strategic direction for 350 U.S. based professional and consumer sales professionals as well as global business operations to deliver $831 million in sales within a $71 million budget. Set direction for call coverage, frequency, compensation and message management aligned with business objectives and strategies to grow the number one market share position. Developed and executed a $5 million field sales expansion to increase customer penetration by 40%. Seven direct reports including five field-based. Reported to the Vice President of Sales & Marketing and sat on the Management Board.

- Grew sales at 12% on average above category growth of 9%
- Increased sales force effectiveness for competitive selling and closing by 30% and 44% respectively
- Increased single brand healthcare professional recommendations by 48% in four-year tenure
- Implemented sales management leadership assessment and development program for 30 District Managers
- Lead the efforts for contracting with professional and retail service organizations to improve sales efficiency

BAUSCH & LOMB, INC.
Vice President of Sales, Pharmaceuticals **2000-2001**
P&L responsibility for $219M in sales consisting of $66 million in branded sales and $153 million in multi-source sales. Department responsibilities included medical and national account sales, inside sales, sales operations, sales training, contracts and customer service. Organization consisted of 12 direct reports and 115 employees in total, ~100 salaried. Reported to the President of North American Pharmaceuticals.

- Designed and implemented competency-based performance model for trade and medical sales force along with an aligned compensation plan
- Streamlined both the initial and advanced sales training programs and implemented a sales management leadership training and development program
- Implemented the CARs contract system to control and manage $80M in gross to net waterfall
- Launched B+L's first branded therapeutics including Lotemax®, Alrex® and Optivar® in the US & Puerto Rico
- Optimized and re-deployed the U.S. field sales force based on sales potential and workload

Director of Sales and Multi-Source Marketing **1997-2000**
Senior Product Manager, Multi-Source Products **1996-1997**
Product Manager, Multi-Source Products **1995-1996**

CONNAUGHT LABORATORIES, INC. (Sanofi Pasteur)
Senior Product Manager, Pediatric Vaccines **1994-1995**
Product Manager, Pertussis Vaccines **1993-1994**
Associate Product Manager, Pertussis Vaccines **1992-1993**

Biological Products Specialist	**1987-1992**
Research Lab Technician	**1987-1987**
Assistant Technician	**1986-1987**
Lab Assistant	**1986-1986**

EDUCATION

- MBA, University of South Florida Executive Program, Tampa, FL (1998)
- B.S. Biology, Muhlenberg College, Allentown, PA (1986)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Thea Pharma Inc

Pharmacy/Wholesaler License # (if applicable): MA0001002

Physical Address: 420 Bedford St. Suite 150

City: Lexington State: MA Zip: 02420

Mailing Address (if different from physical address): Same as above.

City: State: Zip:

Telephone: 781-832-3664 Website: www.theapharmainc.com

Licensing Company Email: license.us@theapharma.com

Section 2: Personal Information

First: Susan Middle: K Last: Benton

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] Manor Ave.

City: Burlington State: MA Zip: 01803

Telephone: [redacted] Email: susan.benton@theapharma.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
See attached resume			
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/15 - Present	[redacted] Manor Ave.	Burlington	MA	01803
01/05-07/15	[redacted] Valrico Grove Dr.	Tampa	FL	33594
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
See attached resume			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Susan Benton, **certify that as the designated representative for**

Thea Pharma Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. SB I am at least 21 years of age;
3. SB I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. SB I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SB I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SB I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. SB I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Susan Benton

Print Name (First, Last)

Susan Benton

Original Signature (electronic, copies or stamps not accepted)

7/26/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Susan Benton

Print Name (First, Last)

Susan Benton

Original Signature (electronic, copies or stamps not accepted)

7/26/2022

Date

Please have this section completed in the presence of a Notary Public.

State of MA, ss. County of Middlesex

I, Susan Benton, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Susan Benton

Original Signature

7/26/2022

Date

Subscribed and Sworn to before me this 26th day of July, 2022

Anita Rock

Notary Public Signature

ANITA A. ROCK
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires On
(Seal) August 09, 2024

SUSAN K. BENTON

[redacted] Manor Ave., Burlington, MA, 01803 • [redacted] • [redacted]@icloud.com

PROFESSIONAL PROFILE

Entrepreneurial leader with 30+ years of demonstrated success in building and growing businesses through organic and external opportunities. Passionate about bringing innovative new therapies to patients and building great companies and teams. Broad leadership and commercial experience in developing, launching, and marketing medicines at all stages of corporate development including start-up, turn around, and large established organizations.

AREAS OF GLOBAL EXPERTISE

Marketing & Commercial Insight
- Market and brand insight
- Market & KOL development
- Brand & POA planning
- Pricing & HEOR

Strategy Creation & Implementation
- Business strategy development
- Franchise & disease area strategy
- Sales channels & distribution
- Payer & patient outreach strategy

Technology & Business Development
- BD driven portfolio optimization
- Formulation & device strategies
- Technology transfer & integration
- Alliance management

EXPERIENCE

Ripple Therapeutics **2022-Present**
Board of Directors
Ripple Therapeutics' Epidel® technology enables precision engineered and controlled drug delivery without the use of polymers or excipients.

OCUPHIRE PHARMA, INC **2020-Present**
***Board of Directors* (Compensation and Nominating and Governance Committees)**
Ocuphire is a public clinical-stage ophthalmic biopharmaceutical company developing and commercializing therapies for the treatment of refractive and back of the eye disorders.

TARSIUS PHARMA
Board of Directors **2019 – Present**
Tarsius is a privately held biopharmaceutical company developing a bio-inspired platform to treat a broad array of autoimmune and inflammatory ocular conditions.

THEA PHARMA, INC **2019- Present**
President and Head of the US
Responsibilities include the establishment and growth of the U.S. subsidiary through internal programs and M&A. Create the strategy and the operational plan for the business including; marketing, sales, administrative, finance, quality, logistics, and regulatory for the Business unit, in line with the Thea Code of Conduct and in compliance with U.S. regulatory commercial laws. Full P&L responsibility.

SHIRE, INC./TAKEDA **2015 – 2019**
Head of Global Franchise Strategy and New Products, Ophthalmology **2017 – 2019**
Head of Business Development and Pipeline Products, Ophthalmology **2015 – 2017**
Responsibilities included the identification, evaluation, and prioritization of assets for in-licensing or M&A in support of Shire's Corporate and Global Ophthalmology Franchise Strategy. Led commercial and strategic input on all early-stage pipeline programs and business development opportunities. Led Franchise and Disease Area Strategy to identify opportunities of high unmet medical need and innovation for Shire Ophthalmology.

- Led the development of the Franchise and Disease Area Strategy including priority MOAs and LCM
- Led and championed the identification, evaluation, and prioritization of LCM opportunities for Xiidra®, a blockbuster potential dry eye therapy, and targeted three MDPF options for feasibility exploration

- Successfully led and negotiated the acquisition of Foresight Biotherapeutics. Successfully led and negotiated the acquisition of Foresight Biotherapeutics for $300M and the in-licensing of a novel dry eye asset from Parion Sciences.
- Chief architect of the R&D strategy that was endorsed by Shire governance to activate three novel compounds in development for retinal disease. Lead the Ophthalmology Innovation Cell to identify new products
- Global commercial leader for the SHP639, a glaucoma asset with a novel MOA, successfully advanced to Ph 1

RPS DIAGNOSTICS, INC. **2013 – 2015**

Vice President of Corporate Business Development and Global Eye Care Sales

Responsibilities included the creation of the business development strategy, identification and relationship building with prospective business partners including pharma and biotech companies, investor organizations, CROs, and academic institutions. Established the U.S. commercial sales, marketing, and business operations for the launch and establishment of InflammaDry®, the first rapid, in office point of care device that detects elevated levels of MMP9 in the tears of patients with dry eyes as well as AdenoPlus®.

BAUSCH & LOMB, INC. **2011 - 2013**

Executive Director, Global Pharmaceuticals Business Development

Responsibilities included the development and execution of global strategies for new product sourcing for the $1.3B branded RX, OTC and generic ophthalmic pharmaceutical business. Led or participated in the negotiation and execution of agreements for over 10 pipeline assets in all ranges of value and complexity. Collaborated with colleagues in a matrix environment to manage and communicate with cross functional teams on all asset opportunities and diligence efforts.

- Served as the project champion in the development of BD&L opportunities to drive value for the company
- Developed and maintained a comprehensive project database of all opportunities evaluated
- Led cross-functional diligence including developing and running the various financial and valuation models required for the financial assessment of the business opportunities
- Screened and evaluated all BD&L opportunities to make a go/no-go decision on the various technologies
- Collaborated with KOLs to identify unmet needs in the market and sourced technologies to satisfy these needs

i2eye CONSULTING SERVICES, LLC **2010- 2011**

Managing Partner

Provided a diverse group of clients with actionable insight into product and market development from preclinical through commercial launch. Created both strategic and tactical implementation plans for start- up and established ophthalmic companies commercializing products in the global market. Key projeet work included:

- In-licensed a novel MOA asset for glaucoma. Project scope included the building and validation of the P&L for the product in the U.S. and Europe. Provided strategic guidance on all portfolio compounds.
- Worked closely with B+L to launch the first new anti-viral agent in the U.S. in 30 years. Completed a comprehensive competitive intelligence project in all therapeutic areas of ophthalmic pharmaceuticals that included the identification of late-stage product opportunities for potential license or acquisition. Identified and introduced a co-promote partner or their anti-infective franchise to expand into the pediatric market.
- Worked with a Japanese company to build their commercial operations and infrastructure in anticipation of a relaunch of a glaucoma product in the U.S.
- Vetted the business plan for a client looking to bring assets from Japan to the U.S. Provided an extensive analysis and recommendations for commercial operation and infrastructure considerations to senior executive management
- Provided strategic guidance to an ocular nutraceutical company looking to grow their business through a co-promotion/licensing arrangement

SIRION THERAPEUTICS, INC.
Co-founder and Senior Vice President Sales & Marketing **2004-2010**
Established commercial operations including the development and implementation of both sales and marketing strategy and plans for Sirion's portfolio of products. P&L responsibility w/ reporting to the CEO.

- Created and implemented commercial policies including the establishment of the order to cash business process with a leading 3PL company
- Oversaw the negotiation and execution of the contract with Quintiles for the deployment of a national team of 37 specialty ophthalmic pharmaceutical sales professionals
- Staffed a team of trade and strategic account managers that launched both Durezol™ and Zirgan™ prior to the products being sold to Alcon and B+L respectively
- Worked closely with banks, attorneys, CFO and CEO to draft the corporate prospectus for an initial public offering
- Worked executive team to raise over $120M in capital in from leading healthcare investment firms
- Established corporate scientific advisory board and relationships with key opinion leaders in ophthalmology

LIFESCAN, INC., A JOHNSON & JOHNSON COMPANY
Vice President of Professional and Consumer Sales **2001-2004**
Provided leadership and strategic direction for 350 U.S. based professional and consumer sales professionals as well as global business operations to deliver $831 million in sales within a $71 million budget. Set direction for call coverage, frequency, compensation and message management aligned with business objectives and strategies to grow the number one market share position. Developed and executed a $5 million field sales expansion to increase customer penetration by 40%. Seven direct reports including five field-based. Reported to the Vice President of Sales & Marketing and sat on the Management Board.

- Grew sales at 12% on average above category growth of 9%
- Increased sales force effectiveness for competitive selling and closing by 30% and 44% respectively
- Increased single brand healthcare professional recommendations by 48% in four-year tenure
- Implemented sales management leadership assessment and development program for 30 District Managers
- Lead the efforts for contracting with professional and retail service organizations to improve sales efficiency

BAUSCH & LOMB, INC.
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- B.S. Biology, Muhlenberg College, Allentown, PA (1986)

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. SU1186222

Application/License No. _____

Thea Pharma, Inc., doing or intending to do business
(Applicant/Principal)
as a pharmaceutical wholesaler, whose address for purposes of service is
420 Bedford Street, Ste 150, Lexington, MA 02420, as
(Address of Applicant/Principal)
PRINCIPAL, and Arch Insurance Company, a
(Surety Company)
corporation organized under the laws of the state of MO
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
Harborside 3, 210 Hudson Street Suite 300 , Jersey City, NJ 07311-1107 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 4, 2022.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

SurePath2020

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated. Not valid for Note, Loan, Letter of Credit, Currency Rate, Interest Rate or Residential Value Guarantees.

POWER OF ATTORNEY

Know All Persons By These Presents:
That the Arch Insurance Company, a corporation organized and existing under the laws of the State of Missouri, having its principal administrative office in Jersey City, New Jersey (hereinafter referred to as the "Company") does hereby appoint: Jennifer S. Freeman

its true and lawful Attorney(s)-in-Fact, to make, execute, seal, and deliver from the date of issuance of this power for and on its behalf as surety, and as its act and deed: Any and all bonds, undertakings, recognizances and other surety obligations, in the penal sum not exceeding Ninety Million Dollars ($90,000,000.00).
Any and all bonds, undertakings, recognizances and other surety obligations.

Surety Bond Number: SU1186222
Principal: Thea Pharma, Inc.
Obligee: Nevada State Board of Pharmacy

This authority does not permit the same obligation to be split into two or more bonds in order to bring each such bond within the dollar limit of authority as set forth herein.

The execution of such bonds, undertakings, recognizances and other surety obligations in pursuance of these presents shall be as binding upon the said Company as fully and amply to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at its principal administrative office in Jersey City, New Jersey.

This Power of Attorney is executed by authority of resolutions adopted by unanimous consent of the Board of Directors of the Company on December 11, 2020, true and accurate copies of which are hereinafter set forth and are hereby certified to by the undersigned Secretary as being in full force and effect:

"VOTED, That the Chairman of the Board, the President, or the Executive Vice President, or any Senior Vice President, of the Surety Business Division, or their appointees designated in writing and filed with the Secretary, or the Secretary shall have the power and authority to appoint agents and attorneys-in-fact, and to authorize them subject to the limitations set forth in their respective powers of attorney, to execute on behalf of the Company, and attach the seal of the Company thereto, bonds, undertakings, recognizances and other surety obligations obligatory in the nature thereof, and any such officers of the Company may appoint agents for acceptance of process."

This Power of Attorney is signed, sealed and certified by facsimile under and by authority of the following resolution adopted by the unanimous consent of the Board of Directors of the Company on December 11, 2020:

VOTED, That the signature of the Chairman of the Board, the President, or the Executive Vice President, or any Senior Vice President, of the Surety Business Division, or their appointees designated in writing and filed with the Secretary, and the signature of the Secretary, the seal of the Company, and certifications by the Secretary, may be affixed by facsimile on any power of attorney or bond executed pursuant to the resolution adopted by the Board of Directors on December 11, 2020, and any such power so executed, sealed and certified with respect to any bond or undertaking to which it is attached, shall continue to be valid and binding upon the Company. In Testimony Whereof, the Company has caused this instrument to be signed and its corporate seal to be affixed by their authorized officers, this 2nd day of July, 2021.

Attested and Certified

Regan A. Shulman, Secretary

Arch Insurance Company

Stephen C. Ruschak, Executive Vice President

STATE OF PENNSYLVANIA SS
COUNTY OF PHILADELPHIA SS

I, Michele Tripodi, a Notary Public, do hereby certify that Regan A. Shulman and Stephen C. Ruschak personally known to me to be the same persons whose names are respectively as Secretary and Executive Vice President of the Arch Insurance Company, a Corporation organized and existing under the laws of the State of Missouri, subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that they being thereunto duly authorized signed, sealed with the corporate seal and delivered the said instrument as the free and voluntary act of said corporation and as their own free and voluntary acts for the uses and purposes therein set forth.

Commonwealth of Pennsylvania - Notary Seal
MICHELE TRIPODI, Notary Public
Philadelphia County
My Commission Expires July 21, 2025
Commission Number 1180532

Michele Tripodi, Notary Public
My commission expires 07/31/2025

CERTIFICATION

I, Regan A. Shulman , Secretary of the Arch Insurance Company, do hereby certify that the attached Power of Attorney dated July 2, 2021 on behalf of the person(s) as listed above is a true and correct copy and that the same has been in full force and effect since the date thereof and is in full force and effect on the date of this certificate; and I do further certify that the said Stephen C. Ruschak, who executed the Power of Attorney as Executive Vice President, was on the date of execution of the attached Power of Attorney the duly elected Executive Vice President of the Arch Insurance Company.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seal of the Arch Insurance Company on this 4th day of August, 2022.

Regan A. Shulman, Secretary

This Power of Attorney limits the acts of those named therein to the bonds and undertakings specifically named therein and they have no authority to bind the Company except in the manner and to the extent herein stated.

PLEASE SEND ALL CLAIM INQUIRIES RELATING TO THIS BOND TO THE FOLLOWING ADDRESS:
Arch Insurance – Surety Division
3 Parkway, Suite 1500
Philadelphia, PA 19102

To verify the authenticity of this Power of Attorney, please contact Arch Insurance Company at SuretyAuthentic@archinsurance.com Please refer to the above named Attorney-in-Fact and the details of the bond to which the power is attached.

AICPOA040120

Printed in U.S.A.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 4th day of August, 2022.

APPLICANT/PRINCIPAL
Thea Pharma, Inc.

By: Susan Benton
Authorized Representative

SURETY COMPANY
Arch Insurance Company

By: Jennifer S. Freeman
Surety Company's Representative

Arch Insurance Company CORPORATE SEAL 1971 Missouri

Jennifer S. Freeman, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Michelle Deligne
Witness Michelle Deligne

H. Bickel
Witness H. Bickel

Countersigned by:

Nevada Resident Agent

NCDQS QAS VIRTUAL WD/MFC INSPECTION

Complete

Facility Name	Thea Pharma
Date conducted	7/27/22
Arrival time	8:00 AM ET
Departure time	11:10 AM ET
Inspection performed by:	Denise Frank
Designated Representative (DR) name:	Susan Benton
Is the DR present for the inspection?	Yes

2022 Inspector to follow site policy with regard to wearing a mask and distancing. If the site does not require masks, inspector may choose to wear a mask or not wear a mask.

Summary

Attach updated copies of the following documents to this inspection when providing a copy for licensure or renewal.
1. Updated license list to include the licensing agency, license/registration type, business name (and DBA) and address as it appears on the license, and expiration date. Include state, state-issued controlled substance, and DEA. Also include license/registration information of the Designated Representative (DR) when required by the state(s).
2. Vendor List. Wholesale distributors: Updated vendor list of prescription drugs and devices, OTC drugs and devices, and 3PLs. Include the vendor name, type of vendor (manufacturer, wholesaler, 3PL, etc.), and address of vendor. Manufacturers: Updated list of contract manufacturers and 3PLs used including vendor name, type of vendor and address of vendor.
3. The resume including education and work experience of the Designated Representative (DR).
4. A list of employees that includes their title, and a short job description of each management position including minimum qualifications.

Summary of Inspection and Action Plan

The facility is compliant. No items requiring remediation.

National Coalition for Drug Quality & Security
8 The Green, Suite A, Dover, DE 19901
info@ncdqs.org
Denise M. Frank, RPh
Director of Accreditation and Inspection Services
612-860-1705
denise@ncdqs.org

Inspection

I. FACILITY INFORMATION

1. Facility picture



Photo 1

2. Corporate Business Name Thea Pharma

3. DBA none

4. Type of business (Sole proprietor, partnership, LLC, Corp, etc.) Corporation

5. Business full address

420 Bedford St
Suite 150
Lexington, MN 02420

6. Telephone number 781-832-3667

7. Fax number 781-816-5019

8. Email address license.us@theapharma.com

9. Website www.theapharmainc.com

10. Hours of operation

8:00 AM - 5:00 PM ET

11. Business model (virtual wholesale distributor, virtual manufacturer, etc.)

Virtual Manufacturer

12. Description of business and customer base

Manufactures ophthalmic products using CMOs and distributes using an accredited 3PL to wholesale distributors and directly to providers.

13. Contact person name and email address

Marika Thiessen
marika.thiessen@theapharma.com

14. Is this person the Designated Representative (DR)? No

a. DR name and email address

Susan Benton
susan.benton@theapharma.com
President

b. The DR is the DR for only one facility, employed full-time, and is on the premises during normal business hours. Compliant

c. DR license or registration number(s), including state

N/A

15. Name and title of the DR's Immediate Supervisor

David Ponchon
Managing Director, Head Office

16. The Immediate Supervisor is employed full-time as a management level employee. Compliant

17. The Immediate Supervisor is actively involved in, and aware of, the daily operations of the facility. Compliant

18. In which additional states does the wholesaler or manufacturer have a license? (list or respond "attached")

Attached

19. License/registration for the state in which the facility is located is posted in public view, not expired, and the name of the business and physical address match the facility. Compliant



Photo 2

20. DEA registration for the facility is current, not expired, and the name of the business and physical address match the facility N/A

Attach or list licenses with license number and expiration date. Include DEA and state controlled substance license with license number and expiration date (if applicable).

21. DEA Biennial Inventory available, includes CII-CV (with CII separated from CIII-V), signed and dated with a time or an indication if it was performed at the start or the end of the day.	N/A
22. Is the virtual wholesaler or manufacturer co-located with another licensed business (licensed at the same address under a different name) such as a pharmacy, reverse distributor, etc.?	No
23. Does the virtual wholesaler or manufacturer have physical possession of any drug products?	No

II. ADMINISTRATION

1. Has this wholesale distributor or manufacturer been granted any variances, waivers or exceptions by a state agency or the DEA to any laws or rules?	No
2. Has any disciplinary action been taken against this wholesale distributor or manufacturer, its owner, principal or designated representative, or any other wholesale distributor or manufacturer under common ownership or control, in connection with the drug laws or regulations of any state or the federal government?	No
3. Wholesale distributors: FDA reporting is current (1st quarter, license changes, disciplinary actions)	N/A
4. Recordkeeping – All records kept for a minimum of 3 years.	Compliant
5. Transaction data and all product records (receipt, distribution, quarantine, inventory, disposition, etc.) are kept for a minimum of 6 years.	Compliant
6. Physical records are kept on-site and immediately retrievable, includes all records for at least the last 2 years.	N/A

No physical records on site. Physical records digitized and sent to Iron Mountain.

7. Are any physical records kept off-site?	Yes

Iron Mountain.

Records are kept at a secure facility with access limited to authorized persons only, and retrievable within 48 hours.	Compliant
8. Policies and procedures/SOPS available, approved and signed.	Compliant
9. How often are policies and procedures/SOPs reviewed in their entirety to ensure relevant and current? Every two years.	
10. If policies and procedures/SOPs are kept electronically, there is a hard copy of the crisis plans and phone lists available.	Compliant

III. CRISIS OPERATIONS

1. There is a phone list of emergency contacts (Police, Sheriff, Fire Department, Ambulance, etc.).	Compliant
2. There is a phone list of service contacts (HVAC, telephone company, internet service provider, computer and software contacts, alarm company, etc.).	Compliant
3. There is an employee contact list with home or cell phone numbers or, at a minimum, a list of contact information for department heads or supervisors (with the assumption they maintain a list of contact information for their reports).	Compliant
4. Plans address natural disasters (appropriate for the location of the facility): Fire, flood, earthquake, tornado, hurricane, blizzard, etc. Note that this may be from the building owner (for leased office space), a copy of which is in the crisis plan for this office.	Compliant
5. Plans address man-made crises: Significant loss of the workforce (such as a strike or pandemic), active shooter, medical emergency (including blood borne pathogen information), etc.	Compliant
6. Plans address systems failures: Prolonged electrical system outage, computer system failure, etc. May be covered by building plan.	Compliant
7. People safety: Floor plans posted marked with (at a minimum) exits, fire extinguishers, and medical kit.	Compliant



Photo 3

8. Business continuity: Data is securely backed up off-site or in the cloud

Compliant

9. Data security and disposition: In the event the facility is not usable, the plan includes security and disposition of paper data (files, invoices, etc.) and electronic data (servers, CPUs, computers, laptops, tablets, external hard drives, other data storage devices, etc.). May include building physical security, removal, remote lock and wipe of electronics, etc.

Compliant

No paper data on site. IT tracks devices and can remotely wipe devices that are missing, lost or stolen.

10. The virtual wholesaler or manufacturer ensures the 3PL has an appropriate crisis plan that includes drug security and disposition in the event the facility is not usable that includes security of products, if products are moved that temperature and humidity are monitored and documented, products are evaluated post-crisis or disaster and disposition is documented.

Compliant

IV. FACILITY ENVIRONMENT AND SECURITY

1. Outside perimeter of the building is well lit.

Compliant

2. All doors locked from outside

Compliant

3. Visitors (non-employees) ID checked, sign in, accompanied

Compliant

4. There is an appropriate alarm system in place with unique ID codes, after-hours access is monitored (alerts or review reports). Indicate name of security system company.

Compliant

Building alarms. Office space locked. Security company: Boston Properties Control Center. Unique key cards, after-hours access tracked by building security.

5. IT systems/programs, personnel have unique IDs and passwords (biometric or changed every 90 days, or every 180 days with long, complex password/passphrase plus 2-part

Compliant

authentication), screens have time-outs, access level by position, alterations of records tracked and reviewed. Every 30 days or 60 days passwords are changed. Has two-part authentication.	
6. There is a restroom present that includes a sink with hot and cold running water.	Compliant
7. The virtual wholesaler or manufacturer ensures the 3PL has appropriate physical security including alarms and cameras. Using accredited 3PL.	Compliant
8. The virtual wholesaler or manufacturer ensures the 3PL has appropriate DEA-approved controlled substance cage for Schedule III-V controlled substances.	N/A
9. The virtual wholesaler or manufacturer ensures the 3PL has appropriate DEA-approved controlled substance vault for Schedule II controlled substances.	N/A
10. The virtual wholesaler or manufacturer ensures the 3PL is of adequate size and construction, is neat and clean and well-lit, and free from vermin.	Compliant
11. The virtual wholesaler or manufacturer ensures the 3PL has appropriate procedures for trash removal, defacing or destroying product packaging and inserts to prevent diversion and use in counterfeiting.	Compliant
12. The virtual wholesaler or manufacturer ensures the 3PL has appropriate continuous monitoring of controlled room temperature storage and humidity with real-time alerts for excursions. Records are reviewed.	Compliant
13. The virtual wholesaler or manufacturer ensures the 3PL has appropriate continuous monitoring of refrigerated temperature storage of products with real-time alerts for excursions. Records are reviewed.	Compliant
14. The virtual wholesaler or manufacturer ensures the 3PL has appropriate continuous monitoring of frozen temperature storage of products with real-time alerts for excursions. Records are reviewed.	N/A

15. The virtual wholesaler or manufacturer ensures the 3PL has appropriate procedure for responding to excursion alerts including evaluation of products, notification of excursion and decisions around disposition of products that experienced an excursion.

Compliant

16. The virtual wholesaler or manufacturer ensures the 3PL has appropriate quarantine area with temperature and humidity monitoring.

Compliant

V. HUMAN RESOURCES

1. How many employees at this facility? 10

Attach a list of employees with job designations, licensure or registrations (if any) and brief description of position that includes a summary of qualifications.

2. 2. Employee files kept confidential, include application/resume with education and work history, background checks (criminal and verification of education/work history) and drug testing results (or "for-cause" drug testing process, at a minimum).

Compliant

3. Training files kept (may be separate from HR file), initial, yearly, and when SOPs are created or revised. Training includes SOPs, specific job duties and equipment, OSHA safety training. Training records are present for all employees (including management and DR).

Compliant

4. DR file shows the DR has the education, training and support to ensure compliance to state and federal regulations (internal/external training, outside counsel, consultants, etc.).

Compliant

Attach a copy of the DR resume that shows education and experience.

5. The DR remains current on state and federal laws and regulations. How?

Compliant

Internal corporate legal team and outsourced legal teams (Denton Law Firm) keeping current state and federal.

6. Annual performance review and stepped disciplinary process in place.

Compliant

7. Employee handbook available

Compliant

8. Resignation/termination process in place that includes to inactivate alarm codes and computer access.	Compliant

VI. PRODUCT FLOW

1. Virtual wholesale distributor:	N/A
2. Virtual manufacturer:	Yes
a. Contract manufacturer authentication, initial and ongoing.	Compliant
b. The virtual manufacturer ensures the contract manufacturer has appropriate processes for obtaining and testing raw materials and components.	Compliant
c. The virtual manufacturer ensures the contract manufacturer follows appropriate cGMP including documentation.	Compliant
4. Suspect and Illegitimate product handling process in place	Compliant
5. Recall/withdrawal process in place	Compliant
6. Receipt processes for the 3PL for returns from customers, criteria for returning to active stock includes screening against the recall list, documentation.	Compliant

Allows limited returns. Any product returns are quarantined for destruction and not held for resale.

7. The virtual wholesaler or manufacturer has a process to handle products received inadvertently or in error (such as a customer return to the virtual office address) that includes security, disposition and documentation.	Compliant
8. There is an inventory process in place including FIFO/FEFO, physical inventory and cycle counts, adjustments and investigation thresholds.	Compliant

FIFO at 3PL. Notified of discrepancies. Threshold is 1 unit.

9. Process to detect, remove and quarantine products that are expired, damaged, opened/used, or whose integrity is otherwise questionable (temperature excursions, for example).	Compliant
10. Customer authentication, initial and ongoing	Compliant

Ongoing automated by 3PL.

11. Process to prevent shipping to customers whose state license is no longer valid	Compliant

Ongoing automated by 3PL.

12. Process to prevent shipping controlled substances to customers whose DEA and/or state controlled substance license is no longer valid	N/A
13. Process to screen customer orders for suspicious orders.	Compliant
14. Process to detect suspicious orders includes accessing ARCOS data for customers ordering controlled substances.	N/A
15. Process to prevent shipping into states in which the virtual wholesaler or manufacturer or the 3PL is not licensed.	Compliant

Ongoing automated by 3PL.

16. The virtual wholesaler or manufacturer ensures the 3PL has an appropriate fulfillment process, picked product is double checked and documented.	Compliant
17. The virtual wholesaler or manufacturer ensures the 3PL has appropriately validated packaging and shipping practices to protect products from temperature excursions that addresses the shipment of refrigerated or frozen product, shipment of any products in extreme heat or extreme cold to ensure product integrity.	Compliant
18. The virtual wholesaler or manufacturer ensures the appropriate provision of transaction data.	Compliant
19. The virtual wholesaler or manufacturer ensures the 3PL uses drivers or common carriers that have had appropriate security training, background checks and drug testing.	Compliant
20. Any issues or discrepancies in the product flow process by the contract manufacturer or by the 3PL are reported to the virtual wholesaler or manufacturer.	Compliant

VII. QUALITY PROGRAM

1.Appropriate annual reporting performed (FDA, BOPs, state licensing agencies).	Compliant
2. Virtual wholesalers: Appropriate additional annual reporting to FDA: license changes, disciplinary actions, closure	Compliant
3. Virtual wholesalers: Appropriate self-inspections performed when required by the state (list with date of most recent performed) OR, CA, etc.	N/A
4. Appropriate reporting of changes such as new DR, DR change (name change, address change), business name, address, and ownership to Boards of Pharmacy or state licensing agency.	Compliant
5. Suspicious/Illegitimate product investigation reporting	Compliant
6. Failed vendor or customer authentication reporting	Compliant
7. Suspicious order reporting	Compliant
8. Handling trading partner, state, DEA and FDA notifications	Compliant
9. Inventory discrepancies, theft, loss reporting 3PL process, is notified.	Compliant
10. Significant loss is defined as: 1 unit.	
11. Complaint handling process and documentation	Compliant
12. Ongoing quarterly and annual review, analysis and trending of the following areas to determine where improvements can be made. Improvements made are evaluated for effectiveness. a. Vendors: failed authentication or verification, supply issues. b. Customers: comments and complaints, failed authentication or verification, suspicious orders. c. Carriers: delivery/damage issues, theft/loss. d. Inventory: failed product receipt, inventory adjustment records, theft/loss, temperature and humidity records, suspicious or illegitimate product investigations and requests/notifications from trading partners or regulatory agencies. e. HR: turnover, performance, training completion, disciplinary actions, background checks and drug testing results.	Compliant

f. Internal audits, external audits and inspections or survey results, inspections or site visits of customers, vendors, contract manufacturers/ labelers/packagers, 3PLs.

VIII. Miscellaneous Questions (informational only)

1. Does the virtual wholesaler or virtual manufacturer handle hazardous chemicals (EPA)?

No

2. Does the virtual wholesaler or virtual manufacturer handle hazardous drugs (NIOSH)?

No

3. Does the virtual wholesaler or virtual manufacturer handle 340B and/or other specific pricing contracts? This would include samples or other special packaging not for general sale.

Yes

Describe pertinent details such as how recordkeeping is performed, inventory segregated, and how returns from customers are determined to have been on a contract or not when returning to stock.

Has representative samples (through Patheon or Knipper). Separate supply chain.

Appendix



Photo 1



Photo 2

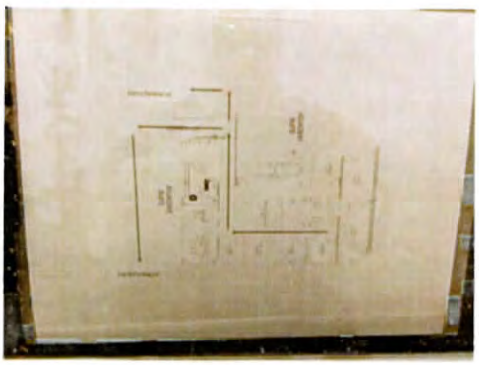


Photo 3

Thea Pharma, Inc.
420 Bedford Street, Suite 150
Lexington, MA 02420

CMO Name	Address	FDA Establishment #
Akorn AG	Riethofstrasse 1, Hettlingen, 8442, Switzerland (CHE)	3005531475
Laboratoire Unither	1 Rue De L Arquerie, Coutances, 50200, France (FRA)	3006974616
Woodstock Sterile Solutions, Inc.	2210 Lake Shore Drive, Woodstock, Illinois (IL) 60098, United States (USA)	1419377
Unither Manufacturing LLC	755 Jefferson Rd., Rochester, New York (NY) 14623, United States (USA)	1314625

Thea Pharma Inc
420 Bedford Street Ste 150
Lexington, MA 02420

Name	Title	Education/licensure	Misc Work History
Benton, Susan	President	MBA, Ophthalmic Executive, BS Biology, Thea onsite DR	Shire, Sirion Therapeutics, Bausch + Lomb
Pearson, Chris	Chief Commercial Officer	BS Biology, MBA Marketing	Biofrontera, Aledyra Therapeutics, Endoceutics, Shire
Bowles, Jennifer	Chief Operating Officer	MBA Finance, General Management, BASc Chemical Engineering	Akorn, Wockhardt USA, Atofina
Zhang, Steven	EVP Medical Affairs & Pharmacovigelance	MD, PhD	Kala Pharmaceuticals, Shire, Bausch + Lomb, Abbott Laboratories
Hazelton, Rebecca	Chief Human Resources Officer	SHRM-CP, CCP, GRP	Sensitech, Shire
Thiessen, Marika	VP, Commercial Operations	MBA, BA Communications, CA Designated Rep EXC 22169, FL Certified Designated Rep 8812209 CDR	Bausch + Lomb, Sirion Therapeutics, Paragon BioTeck
Peach, Tonia	Manager, Quality Assurance Operations GXP	BBA, EJD	Bioventus, AmerisourceBergen, Cognate BioSerivces
Tomasi, Eric	Director Business Insights & Analytics	MS Data Science, BS Marketing	Kala Pharmaceuticals, Sunovion Pharmaceuticals
Bagely, Lee	Office Manager	BA, Umass Boston, BU Accounting and Finance	National Electrical Contractors Assoc of Greater Boston
Rock, Anita	Executive Assistant Commercial Operations	Certified Adminstrative Professional (CAP)	Atlantis Dental, CVS (Nationally Certified Lead Pharmacy Technician)

Thea Pharma Inc.
420 Bedford Street, Suite 150
Lexington, MA 02420

Susan Benton – President US (only officer – 0% ownership)

The Lexington office is administrative only. The warehousing and distribution are done through a Third-Party Logistics Partner Eversana Life Science Services.

EIN – 32-0456691
DUNS – 117787029
Office space 3,292 square feet

FDA Label code 82584
FDA establishment number 3022351866

Third Party Logistics Warehouse

Thea Pharma Inc.
c/o Eversana Life Science Services, LLC
4580 S. Mendenhall Rd.
Memphis, TN. 38141
Local contact – Duane Allison – Regulatory/3PL License Specialist
Duane.Allison@eversana.com
Direct 901-797-8885

Eversana TN Facility License Number: 00005600
Date of Original Licensure: 07/31/2019
Date of Expiration: 02/29/2024

Established in Lexington, Massachusetts in 2019, Théa Pharma, Inc., is the United States subsidiary of Théa. Its products comprise a suite of seven leading eye-care drugs that have been approved by the U.S. Food and Drug Administration (FDA), including Zioptan®, AcellFX™, Cosopt®, Cosopt® PF, Azasite®, Akten®, and Betimol®, as well as the portfolio of iVIZIA dry-eye drops and eyelid hygiene products distributed by the Similasan Corporation. In addition, Théa Pharma is developing a version of the glaucoma drug latanoprost, for which it submitted a New Drug Application to the FDA on Feb. 18, 2022. By focusing its parent company's passion and expertise within the U.S. market, Théa Pharma's goal is to deliver uncompromising care that allows all stakeholders to envision the future of ophthalmic treatment with eyes wide open. To learn more, visit https://theapharmainc.com.

Théa Pharma, Inc. is in the process of transitioning NDA's and components of all acquired products. Anticipate first transition of products July 2022.

Drug Establishments Current Registration Site

New Search

Search Results for **Thea Pharma**

CSV | Excel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Thea Pharma Inc.	3022351866	117787029	LABEL MANUFACTURE PACK	420 Bedford Street, Suite 150, Lexington, Massachusetts (MA) 02420, United States (USA)	12/31/2022

Thea Pharma Inc
420 Bedford Street, Ste 150
Lexington, MA 02420

Issue State	License #	Date Issued	Expiration	Type License	Agency	Disciplinary Actions
MA	MA0001002	4/12/2022	4/12/2023	Virtual Drug Manufacturer	Commonwealth of MA, Dept of Public Health	None
NH	7487	5/3/2022	6/30/2024	MAN/DIST/WHOLE/BROKER	State of NH Board of Pharmacy	None
AR	WD05686	5/9/2022	12/31/2022	Wholesale Distributor	AR State Board of Pharmacy	None
TN	7993	6/2/2022	6/30/2024	Manufacturer	TN Dept of Health	None
CT	CSM.0002195-008	6/8/2022	Does not expire	OOS Manufacturer	State of CT Dept of Consumer Protection	None
OH	150000073	6/22/2022	6/30/2023	Manufacturer Category 2	State of Ohio Board of Pharmacy	None
PA	1000004333	6/16/2022	7/31/2023	Manufacturer	PA Dept of Health Drug, Device & Cosmetic Program	None
NC	1780	6/17/2022	12/31/2022	Virtual Manufacturer	NC Dept of Agriculture & Consumer Services	None
NJ	5006168	6/27/2022	1/31/2023	Wholesaler	NJ Dept of Health Consumer & Environmental Health Service	None
WV	MR0552382	7/8/2022	6/30/2024	Drug Manufacturer	State of WV Board of Pharmacy	None
ND	Whol2845	7/13/2022	6/30/2023	Virtual Manufacturer	ND State Board of Pharmacy	None
MN	462155	6/27/2022	5/31/2023	Manufacturer	MN Board of Pharmacy	None
LA	10654	7/18/2022	12/31/2022	Wholesale Distributor	LA Board of Drug & Device Distributors	None
OR	M-0003742	7/20/2022	9/30/2022	Manufacturer	Oregon Board of Pharmacy	None
KS	4-118508	7/27/2022	6/30/2023	Manufacturer	State of KS State Board of Pharmacy	None

40

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ■ Ownership Change* ■ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 02461	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Top Quality Manufacturing, LLC

Physical Address: 13165 Sandoval Street

City: Santa Fe Springs State: CA Zip: 90670

Mailing Address (if different from physical address): Same as physical

City: State: Zip:

Telephone: (562) 906-6100 Website: www.topqualitygloves.com

Name of Designated Representative (DR): Jando Chow

Licensing Company Email: jon@topqualitygloves.com DR Email: jon@topqualitygloves.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		■ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9/19/22

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: NDC
Address: 402 BNA Drive, Suite 500 City: Nashville State: TN Zip: 37217

Name: Keystone Industries
Address: 480 South Democrat Road City: Gibbstown State: NJ Zip: 08027

Name: DMG-America
Address: 65 Challenger Road, Suite 340 City: Ridgefield Park State: NJ Zip: 07660

Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): 90% = Henry Schein Inc. (DE - Public) 10% = Top Quality Holdings, Inc. (DE)
Corporation/Organization Name: Top Quality Manufacturing, LLC
Mailing Address: 800 Primos Avenue
City: Folcroft State: PA Zip: 19032
Telephone: (800) 483-8559 Email: yvette@topqualitygloves.com
Contact Person Name: Yvette Saleh

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: FDA establishment registration		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

	Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
	• **List of all Officers and Directors.**	✓	✓		
N/A	• **List the top four corporation shareholders and their percent ownership.**	✓			
	• **List of all corporation shareholders and their percent ownership.**		✓		
N/A	• **List of all partners and their percent ownership.**			✓	
	• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
	• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
N/A	• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
N/A	• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
N/A	• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
	• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
	• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
N/A	• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
N/A	• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
	ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
N/A	• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf		✓	✓	✓
N/A	• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Top Quality Manufacturing, LLC

Facility Name

Yvette Viva Saleh

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

9/19/22

Date

Board Use Only	Date Received: 9-27-22	Amount: 1000.00 CK - 889193

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 8109

NAME: TOP QUALITY MANUFACTURING, LLC

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

13165 SANDOVAL ST
SANTA FE SPRINGS CA 90670
LOS ANGELES COUNTY

ISSUANCE DATE

JULY 19, 2022

EXPIRATION DATE

JULY 1, 2023

CURRENT DATE / TIME

JULY 21, 2022
7:9:41 PM

LICENSE RELATIONSHIPS

NAME: CHOW, JANDO

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: DESIGNATED REPRESENTATIVE (WHOLESALER)

LICENSE NUMBER: 24471 **PRIMARY STATUS:** CLEAR

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TOP QUALITY MANUFACTURING, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

4501025 8300

SR# 20223120813

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204036795

Date: 07-28-22

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 10/18/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE		NAIC #
Top Quality Manufacturing, LLC 800 Primos Avenue Folcroft PA 19032 USA	INSURER A:	QBE Specialty Insurance Company	11515
	INSURER B:	ProAssurance Specialty Insurance Company	17400
	INSURER C:	Liberty Mutual Fire Ins Co	23035
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER: 570096125508** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY			TB2621095524022	06/01/2022	06/01/2023	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$1,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	Excluded
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A						E.L. EACH ACCIDENT	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	
							E.L. DISEASE-POLICY LIMIT	
B	Products Liab			N22NY380020 Claims Made	06/01/2022	06/01/2023	Per Occurrence Aggregate	$1,000,000 $1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy., Suite 206
Reno NV 89521 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast Inc

Holder Identifier :

Certificate No : 570096125508

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FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
Top Quality Manufacturing
13165 Sandoval St
Santa Fe Spgs, CA 90670
Registration Number: 3007253950
FEI Number*: 3007253950
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2022

√ verified MH 10/13/22

Owner/Operator:
TOP QUALITY MANUFACTURING[6]
800 Primos Avenue
Folcroft, PA US 19032
Owner/Operator Number: 2523318[7]

Official Correspondent:
Charles Rabbie
800 Primos Avenue
Folcroft, PA 19032
Phone: 610-4616100

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Links on this page:

1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2523318&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2523318&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=

Page Last Updated: 09/19/2022

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl

Top Quality Manufacturing, LLC
TaxID/FEIN 23-2987895
State of Formation – Delaware

Attachment A

Section 9

List of all Officers and Directors.

Name	Title	Contact Address
Charles Rabbie	President	9100 Wilshire Blvd., Ste 605E Beverly Hills, CA 90212
Yvette Viva Saleh	Vice President, Secretary, Treasurer	9100 Wilshire Blvd., Ste 605E Beverly Hills, CA 90212
David Brous	Vice President	135 Duryea Rd. Melville, NY 11747
Rich Miranda	Vice President	135 Duryea Rd. Melville, NY 11747
Earl Greene	Vice President	135 Duryea Rd. Melville, NY 11747
Michael Amodio	Vice President	135 Duryea Rd. Melville, NY 11747
Robert Ponzo	Vice President	135 Duryea Rd. Melville, NY 11747

List of all corporation shareholders and their percent ownership.

Name	Title	% Ownership
Henry Schein Inc.	Member	90%
Top Quality Holdings, Inc.	Member	10%

CA Warehouse Employees

Aguilera Escalante, Jesse
Chow, Jando
Deleon, Gustavo
Delgado, Brian
Jimenez, Hector
Ortega, Carlos
Rosales, Victor
Soto, Mirella

Hudson Insurance Company
1035 Greenwood Blvd., Suite 265, Lake Mary, FL 32746

CONTINUATION CERTIFICATE

Wednesday, December 15, 2021

BOND NUMBER	BOND DESCRIPTION	BOND AMOUNT	EFFECTIVE DATE	EXPIRATION DATE
10054371	NV / Pharmaceutical Wholesaler Bond	$100,000.00	3/10/2022	3/9/2023

Principal:

TOP QUALITY MANUFACTURING, LLC.

Obligee:

Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

THIS BOND CONTINUES IN FORCE TO THE ABOVE EXPIRATION DATE CONDITIONED AND PROVIDED THAT THE LOSSES OR RECOVERIES IN IT AND ALL ENDORSEMENTS SHALL NEVER EXCEED THE PENALTY SET FORTH IN THE BOND AND WHETHER THE LOSSES OR RECOVERIES ARE WITHIN THE FIRST AND/OR SUBSEQUENT OR WITHIN ANY EXTENSION OR RENEWAL PERIOD, PRESENT, PAST OR FUTURE. ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

Signed and dated this 15 day of December, 2021

Hudson Insurance Company

Joshua Kayser, Attorney in Fact

Agent:

BROOKLYN VENTURES, LLC
3514 INTERSTATE 70 DRIVE SE, STE 102
COLUMBIA, MO 65201

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Top Quality Manufacturing, LLC

Pharmacy/Wholesaler License # (if applicable): WH02461

Physical Address: 13165 Sandoval Street

City: Santa Fe Springs State: CA Zip: 90670

Mailing Address (if different from physical address): Same as physical

City: State: Zip:

Telephone: 562) 906-6100 Website: www.topqualitygloves.com

Licensing Company Email: jon@topqualitygloves.com

Section 2: Personal Information

First: Jando Middle: Last: Chow

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: 13165 Sandoval Street

City: Santa Fe Springs State: CA Zip: 90670

Telephone: (562) 906-6100 Email: jon@topqualitygloves.com

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
California State University		09/2010-09/2012	
Address	**City**	**State**	**Zip**
5151 State University Drive	Los Angeles	CA	90032
Diploma/Degree obtained, if any			
NA			

School Name		From - To (MM/YY – MM/YY)	
East Los Angeles College		06/2007-06/2010	
Address	**City**	**State**	**Zip**
1301 Avenida Cesar Chavez	Monterey Park	CA	91754
Diploma/Degree obtained, if any			
Associate in Arts			

School Name		From - To (MM/YY – MM/YY)	
San Gabriel High School		09/1997-06/2001	
Address	**City**	**State**	**Zip**
801 S. Ramona St	San Gabriel	CA	91776
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/1995-present	[redacted]Berne St.	Rosemead	CA	91770
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
Top Quality Manufacturing, LLC (aka Top Quality Manufacturing, Inc.)		04/2014-present	
Business Address	**City**	**State**	**Zip**
13165 Sandoval St.	Santa Fe Springs	CA	90670
Phone	**Title**	**Number of Employed Hours**	
562-906-6100	Asst. Warehouse Manager	over 16,640 hours	
Description of Duties			
Oversee the receipt,storage and shipping of Rx products. Check and log daily Rx room temperatures. Maintain the quarantine area. Ensure a clean environment in Rx room. Oversee entirewarehouse operations as assistance Manager.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Jando Chow, **certify that as the designated representative for**

Top Quality Manufacturing, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. x I am at least 21 years of age;
3. x I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. x I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. x I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. x I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. x I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jando Chow
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/19/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jando Chow

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/19/22

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, Jando Chow, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

09/19/22

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

See attached California Notary Jurat.

(Seal)

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to ~~(or affirmed)~~ before me on this 19 day of 09,

2022 by Jando Chow,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature (Seal)

MIA LOPEZ-RODRIGUEZ
Commission No. 2297250
NOTARY PUBLIC-CALIFORNIA
2297250 COUNTY
My Comm. Expires JULY 16, 2023

OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Designated representative
(Title or description of attached document)

Application
(Title or description of attached document continued)

Number of Pages 9 Document Date 9/19/2022

Additional information

INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one with does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
  - Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
  - Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Top Quality Manufacturing, LLC — MDEG License # (if applicable): _____

Physical Address: 13165 Sandoval Street

City: Santa Fe Springs — State: CA — Zip: 90670

Mailing Address (if different from physical address): Same as physical.

City: _____ — State: _____ — Zip: _____

Telephone: (562) 906-6100 — Website: www.topqualitygloves.com

Licensing Company Email: jon@topqualitygloves.com

Section 2: Personal Information

First: Jando — Middle: _____ — Last: Chow

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☒ M ☐ F ☐ X

Mailing Address: 13165 Sandoval Street

City: Santa Fe Springs — State: CA — Zip: 90670

Telephone: (562) 906-6100 — Email: jon@topqualitygloves.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
California State University			09/2010-09/2012	
Address		City	State	Zip
5151 State University Dr.		Los Angeles	CA	90032
Diploma/Degree obtained, if any				
NA				
School Name			From - To (MM/YY – MM/YY)	
East Los Angeles College			06/2007-06/2010	
Address		City	State	Zip
1301 Avenida Cesar Chavez		Monterey Park	CA	91754
Diploma/Degree obtained, if any				
Associate in Arts				
School Name			From - To (MM/YY – MM/YY)	
San Gabriel High School			09/1997-06/2001	
Address		City	State	Zip
801 S. Ramona St		San Gabriel	CA	91776
Diploma/Degree obtained, if any				
High School Diploma				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/1995-Present	[redacted] Berne St.	Rosemead	CA	91770
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Top Quality Manufacturing, LLC (fka Top Quality Manufacturing, Inc.)			04/2014 to PRESENT	
Business Address		City	State	Zip
13165 Sandoval St.		Santa Fe Springs	CA	90670
Phone	Title		Number of Employed Hours	
562-906-6100	Asst. Warehouse Manager		Over 16,640 hours	
Description of Duties				
Oversee receipt, storage & shipping of Rx products. Check/log room temperatures. Maintain quarantine area. Adhere to local, state and federal laws relating to Rx products and company SOP procedures for Rx products.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

09/20/22
Date

I, Jando Chow, **certify that as the MDEG Administrator for**

Top Quality Manufacturing, LLC,

that I (initial that you have read and meet the following requirements):

1. X Have a high school diploma or its equivalent;
2. X Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. X Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. X Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jando Chow
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/20/22
Date

Board Use Only	Date Received:

4P

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)

- ■ New Wholesaler
- ☐ Ownership Change*
- ☐ Name Change*
- ☐ Location Change* (in-state only)

* If making a change, provide current license number:

WH _____

Wholesaler Business Type (check applicable box)

- ■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
- ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
- ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
- ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: 3M Medical Solutions

Physical Address: 1155 E. North Ave., Ste 105

City: Fresno State: CA Zip: 93725-1947

Mailing Address (if different from physical address): 6103 Farinon Dr., Attn: HCC/Katy

City: San Antonio State: TX Zip: 84104-1713

Telephone: 559-457-0838 Website: https://www.mykci.com/

Name of Designated Representative (DR): n/a

Licensing Company Email: kalouthen@mmm.com DR Email: NA

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: HHA/WCC		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): 3M Company

Corporation Name: KCI USA, Inc dba 3M Medical Solutions

Mailing Address: 12930 W. Interstate 10

City: San Antonio State: TX Zip: 78249

Telephone: 210-255-6503 Email: Rmgomez@mmm.com

Contact Person Name: Rosa Gomez

Date of SEC Registration: 1946 | SEC Registration Number: I-3285 | Stock Exchange Symbol: MMM

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✔" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• **List of all Officers and Directors.**	✔	✔		
• **List the top four corporation shareholders and their percent ownership.**	✔			
• **List of all corporation shareholders and their percent ownership.**		✔		
• **List of all partners and their percent ownership.**			✔	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✔	✔	✔	✔
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✔	✔	✔
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✔	✔	✔
• **Copy of DEA certificate if handling controlled substances**	✔	✔	✔	✔
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✔			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✔	✔	✔	✔
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✔	✔	✔	✔
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✔	✔	✔	✔
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✔	✔	✔	✔
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf		✔	✔	✔
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✔	✔	✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

3M Medical Solutions

Facility Name

Rosa Gomez- VP, Medicare Enrollment

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

7/13/22

Date

Board Use Only	Date Received: _____	Amount: _____

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

Renewal License

Wholesale Drug Permit

LICENSE NO. WLS 6915
RECEIPT NO. 00180802

VALID UNTIL AUGUST 01, 2023

KCI USA INC DBA 3M MEDICAL SOLUTIONS
1155 E NORTH AVE STE 105
FRESNO CA 93725

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

This permit is valid only at the address shown.

07/25/22
07/25/22 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHWLS (09/30/19) WLS

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

HOME MEDICAL DEVICE RETAIL LICENSE

KCI USA, Inc.
3M Medical Solutions
1155 E. North Avenue,
Suite#105
Fresno, CA 93725

LICENSE NUMBER: 77833
EXPIRATION DATE: 12/18/2022

The person named herein is licensed to operate a Home Medical Device Retail Facility through the expiration date of this license. This annual license is issued in accordance with the provisions of Division 104, Chapter 6, Article 6 of the California Health and Safety Code and is not transferable to any other person or place. The licensee shall be responsible for assuring compliance with all requirements of this article pertaining to Home Medical Device Retail Facilities.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	KCI USA, INC.
Entity No.:	1687592
Registration Date:	06/03/1991
Entity Type:	Stock Corporation - Out of State - Stock
Formed In:	DELAWARE
Status:	Active

The above referenced entity is active on the Secretary of State's records and is qualified to transact intrastate business in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 29, 2022.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 033352428

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 02/03/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis Towers Watson Midwest, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com
INSURED 3M Company DBA 3M Medical Solutions 12930 W. Interstate 10 San Antonio, TX 78249	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Old Republic Insurance Company — 24147 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** W23886544 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y		MWZY 315305	03/01/2020	03/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 10,000,000 $ 1,000,000 $ $ 10,000,000 $ 10,000,000 $ 10,000,000
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY	Y		MWTB 315303	03/01/2020	03/01/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 2,000,000 $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: No If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		MWC309963-22	03/01/2022	03/01/2023	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 2,000,000 $ 2,000,000 $ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Effective May 1, 2020 coverage for KCI USA, Inc., DBA 3M Medical Solutions will be added to the 3M Company General Liability Policy and Automobile policy referenced effective May 1, 2020.

Re: KCI USA - 1155 E. North Ave., Ste. 105, Fresno, CA 93725-1947. Fresno SVC 179 And West Distribution Center. Certificate Holder is added as an Additional Insured excluding Worker's Compensation and Employers' Liability as required by written contract but limited to the operations of the Insured under said contract, and always subject to

CERTIFICATE HOLDER

National Suppliers Clearing House
P.O. Box 100142
Columbia, SC 29202-3142

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Kit J. Hoer

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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Willis Towers Watson Midwest, Inc.		3M Company DBA 3M Medical Solutions 12930 W. Interstate 10 San Antonio, TX 78249
POLICY NUMBER		
See Page 1		
CARRIER	NAIC CODE	EFFECTIVE DATE: See Page 1
See Page 1	See Page 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

the policy terms, conditions and exclusions.

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KCI USA, INC.

Members of the Board
Chad Smoley

OFFICERS

Ngocbich 'Bich' Le	President
Jon Einess	Secretary
Rodolfo Espinosa-Casaubon	Treasurer
Chad Smoley	Vice President, Finance
Amy Law	Vice President, Health Economics, Reimbursement & Government Affairs
Lee Wolff	VP, Corporate Controller
Brett Kraemer	Chief Compliance Officer
Steven L. Jackson	Vice President, Global Quality
Jera Sitton	Vice President, Medicare Operation
Rosa Gomez	Vice President, Medicare Enrollment
Karla Stoeckman	Assistant Secretary
Justin P. McGough	Assistant Treasurer

0% Ownership for all Officers

KCI USA, Inc. is a Delaware Corporation

KCI USA, Inc Corporate address for All officers:

P.O. Box 659508
San Antonio, TX 78265-9508

Fresno, CA hierarchy :



Michael Roman
Chairman and CEO
EXEC Global Executive COC



Jeffrey Lavers
GP Cons & Intrm GP Hlthcare
EXEC Global Executive COC



Sebastian Arana
SVP, HCBG - USAC
HCBG Area BG Mktg



Michael DelVacchio
VP, USAC MSD, HCBG
HCBG Area BG Mktg



Byron Clark
Dir, Field Service, USAC MSD
MSD Field Service Operations



Courtney Luper
Reg Field Service Center Mgr
MSD Field Service Centers

Tom Rutson- District Field Service Supv

Jerry Figueroa- Associate Field Service Mgr

Kyle Hanlon (Lead)
Oscar Martinez FSR 1
Brigham Vang FSR 1
Adam Clarke FSR 1
Sal Navarro FSR 1

KCI USA, Inc. Ownership Percentages >5%			
Entity Name	***Address***	***US Taxpayer ID Number***	***% owned***
Medicaid full list, direct and indirect			
KCI Licensing, Inc.	12930 W. Interstate 10 San Antonio, Tx 78249	74-2928553	100%
KCI Holding Company, Inc.	12930 W. Interstate 10 San Antonio, Tx 78249	74-2804102	100%
Kinetic Concepts, Inc.	12930 W. Interstate 10 San Antonio, Tx 78249	74-1891727	100%
Chiron Holdings, Inc.	12930 W. Interstate 10 San Antonio, Tx 78249	45-2823202	100%
Acelity Inc. (previously named Chiron Topco, Inc.)	12930 W. Interstate 10 San Antonio, Tx 78249	45-3012782	100%
3M Company	Office of General Counsel 3M Center, Bldg. 220-9E-02 St.Paul, MN 55144	41-0417775	100%

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG 3M MDEG License # (if applicable) KCI USA Inc.

Physical Address 1115 E. North Ave Ste. 105

City FRESNO State CA Zip 93725

Mailing Address (if different from physical address) 6103 Facinon Dr.

City SAN Antonio State TX Zip 78249

Telephone 559-231-2826 Website 3M.com

Licensing Company Email KHANLON@MMM.com

Section 2: Personal Information

First Kyle Middle RICHARD Last HANLON

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Pistachio Ave

City Clovis State CA Zip 93611

Telephone 559-231-2826 Email KHANLON@mmm.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)
Institute of technology	09/11 – 09/12
Address	**City** / **State** / **Zip**
564. W Herndon	Clovis / CA / 93612
Diploma/Degree obtained, if any	
Phacmacy Tech license	

School Name	From - To (MM/YY – MM/YY)
FRESNO City College	08/05 - 05/10
Address	**City** / **State** / **Zip**
1101 E. University Ave.	Fresno / CA / 93741
Diploma/Degree obtained, if any	
Associates	

School Name	From - To (MM/YY – MM/YY)
Hoover High	08/01 – 05/05
Address	**City** / **State** / **Zip**
5550 N. First st	Fresno / CA / 93710
Diploma/Degree obtained, if any	
HS Diploma	

School Name	From - To (MM/YY – MM/YY)
Address	**City** / **State** / **Zip**
Diploma/Degree obtained, if any	

School Name	From - To (MM/YY – MM/YY
Address	**City** / **State** / **Zip**
Diploma/Degree obtained, if any	

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/21 – Present	[redacted] Pistachio Ave	Clovis	CA	93611
08/17 - 08/21	[redacted] Black Walnut Ln	Fresno	CA	93711
09/13 - 08/17	[redacted] N. Brawley	Fresno	CA	93711
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: 3M			From - To (MM/YY – MM/YY): 12/17 – Present
Business Address: 1155 E. North Ave ste. 105	City: Fresno	State: CA	Zip: 93725
Phone: 559- 231-2826	Title: FSR		Number of Employed Hours: 40 hours/week
Description of Duties: Work with medical equipment. Clean equipment. Deliver medical equipment.			

Business Name: SAM's Club			From - To (MM/YY – MM/YY): 09/13 – 12/17
Business Address: 7663 N. Blackstone	City: Fresno	State: CA	Zip: 93720
Phone: 559-446-0106	Title: Pharmacy tech		Number of Employed Hours: 40 hours/week
Description of Duties: Pharmacy tech / also produce dept. Dispense / handle meds to customers			

Business Name: Rite Aid			From - To (MM/YY – MM/YY): 09/12 – 09/13
Business Address: 5574 E. Kings Canyon	City: Fresno	State: CA	Zip: 93727
Phone: 559-458-0534	Title: Pharmacy Tech		Number of Employed Hours: 40 hours/week
Description of Duties: Pharmacy tech Dispense/handle meds to customers			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description of Duties:			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # _____. **Provide all the following *<u>where applicable</u>*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Kyle Hanlon, certify that as the MDEG Administrator for 3M,

that I (initial that you have read and meet the following requirements):

1. KH Have a high school diploma or its equivalent;
2. KH Have
   a. At least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. KH Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. KH Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kyle Hanlon
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08-09-2022
Date

Board Use Only	Date Received: _____

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of the
Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): **October 11, 2019**

3M Company
(Exact name of registrant as specified in its Charter)

Delaware	**1-3285**	**41-0417775**
(State or other jurisdiction of incorporation)	(Commission File Number)	(I.R.S. Employer Identification No.)
3M Center, St. Paul, Minnesota		**55144-1000**
(Address of Principal Executive Offices)		(Zip Code)

Registrant's telephone number, including area code: **(651) 733-1110**

Not Applicable
(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (*see* General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities Registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, Par Value $.01 Per Share	MMM	New York Stock Exchange, Inc.
	MMM	Chicago Stock Exchange, Inc.
1.500% Notes due 2026	MMM26	New York Stock Exchange, Inc.
Floating Rate Notes due 2020		New York Stock Exchange, Inc.
0.375% Notes due 2022	MMM22A	New York Stock Exchange, Inc.
0.950% Notes due 2023	MMM23	New York Stock Exchange, Inc.
1.750% Notes due 2030	MMM30	New York Stock Exchange, Inc.

Note: The common stock of the Registrant is also traded on the SWX Swiss Exchange.

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (17 CFR §230.405) or Rule 12b-2 of the Securities Exchange Act of 1934 (17 CFR §240.12b-2).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 2.01. Completion of Acquisition or Disposition of Assets

On October 11, 2019 (the "Closing Date"), 3M Company, a Delaware corporation (the "Company"), completed the acquisition of Acelity, Inc., a Delaware corporation ("Acelity") from Acelity L.P. Inc., a Guernsey limited partnership ("Seller"). Pursuant to the Stock Purchase Agreement dated as of May 1, 2019, by and among Seller, Acelity and the Company (the "Stock Purchase Agreement"), the Company acquired all of the outstanding shares of the capital stock of Acelity for aggregate cash consideration of approximately $4.511 billion, subject to certain adjustments.

The foregoing description of the Stock Purchase Agreement and the transactions contemplated thereby does not purport to be complete and is qualified in its entirety by reference to the full text of the Stock Purchase Agreement, which was filed as Exhibit 2.1 to the Current Report on Form 8-K filed by the Company with the Securities and Exchange Commission on May 2, 2019, and is incorporated herein by reference.

Item 7.01. Regulation FD Disclosure

On October 11, 2019, the Company issued a press release announcing the completion of the acquisition of Acelity as contemplated by the Stock Purchase Agreement. A copy of that press release is being furnished herewith as Exhibit 99.1.

This information is being furnished under Item 7.01 and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liability of such section, nor shall this information be deemed incorporated in any filings made by the Company under the Securities Act of 1933, as amended (the "Securities Act"), or the Exchange Act, except as expressly set forth by specific reference in such a filing.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Press Release, dated October 11, 2019.
104	Cover Page Interactive Data File (the cover page XBRL tags are embedded in the Inline XBRL document).

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

Date: October 11, 2019

3M Company

By: /s/ Ivan K. Fong
Ivan K. Fong
Senior Vice President, General Counsel and Secretary

Exhibit 99.1

3M Completes Acquisition of Acelity, Inc.

Acquisition Expands Presence in Advanced and Surgical Wound Care

ST. PAUL, Minn. – October 11, 2019 – 3M (NYSE: MMM) today announced it has completed the acquisition of Acelity, Inc. and its KCI subsidiaries worldwide from a consortium comprised of funds advised by Apax Partners (the Apax Funds), together with controlled affiliates of the Canada Pension Plan Investment Board (CPPIB) and the Public Sector Pension Investment Board (PSP Investments) for a total enterprise value of approximately $6.7 billion, including assumption of debt and other adjustments. Acelity is a leading global medical technology company focused on advanced wound care and specialty surgical applications marketed under the KCI brand.

"This is an exciting day as we bring together two premier and innovative companies that are focused on delivering comprehensive health care solutions to enable better outcomes for patients," said 3M chairman and CEO Mike Roman. "We are excited to have the tremendous people of Acelity join the 3M team, and are confident in the value that this acquisition will deliver to our customers and our shareholders. This addition further accelerates 3M as a leader in advanced wound care, which is a significant and growing market segment."

3M's Medical Solutions business is focused on applying 3M technologies to deliver safe and effective solutions to improve clinical outcomes and healthcare economics. The business offers a range of integrated solutions that include advanced and acute wound care dressings and products, medical tapes, sterilization products, and patient prep and warming products. These solutions cross the entire continuum of care, enabling better outcomes, improving the patient experience, and delivering strong economic value in today's value-based care environment.

The Acelity business is well known for creating and growing new segments based on the ability to identify and address unmet clinical needs with KCI-branded products that advance the practice of medicine, beginning with the introduction of V.A.C.® Therapy - groundbreaking Negative Pressure Wound Therapy. Today, KCI product offerings also include advanced wound dressings and negative pressure surgical solutions. KCI's solutions contribute to better patient outcomes by enhancing wound healing. The business has annual revenue of approximately $1.5 billion with year-to-date organic growth of 5 percent through September 30, 2019.

3M will further discuss this transaction during its upcoming third quarter earnings call on October 24, 2019.

Forward-Looking Statements

This news release contains forward-looking information about 3M's financial results and estimates and business prospects that involve substantial risks and uncertainties. You can identify these statements by the use of words such as "anticipate," "estimate," "expect," "aim," "project," "intend," "plan," "believe," "will," "should," "could," "target," "forecast" and other words and terms of similar meaning in connection with any discussion of future operating or financial performance or business plans or prospects. Among the factors that could cause actual results to differ materially are the following: risks associated with failure to retain key management and employees of Acelity and its subsidiaries; issues or delays in the successful integration of Acelity's operations with those of 3M, including incurring or experiencing unanticipated costs and/or delays or difficulties, which could result in additional demands on 3M's resources, systems, procedures and controls, disruption of its ongoing business and diversion of management's attention from other business concerns; difficulties or delays in the successful transition from the information technology systems of Acelity to those of 3M as well as risks associated with other integration or transition of the operations, systems and personnel of Acelity; failure or inability to implement growth strategies in a timely manner; unfavorable reactions to the transactions from customers, competitors, suppliers and employees; the possibility that certain assumptions with respect to Acelity's business or the transactions could prove to be inaccurate; worldwide economic, political, regulatory, capital markets, and other external conditions and other factors beyond 3M's control, including natural and other disasters or climate change affecting the operations of 3M or its customers and suppliers; 3M's credit ratings and its cost of capital; changes in tax and other laws, regulations, rates and policies; competitive conditions and customer preferences; foreign currency exchange rates and fluctuations in those rates; the timing and market acceptance of new product offerings; the availability and cost of purchased components, compounds, raw materials and energy (including oil and natural gas and their derivatives) due to shortages, increased demand or supply interruptions (including those caused by natural and other disasters and other events); the impact of acquisitions, strategic alliances, divestitures, and other unusual events resulting from portfolio management actions and other evolving business strategies, and possible organizational restructuring; operational execution, including scenarios where 3M generates fewer productivity improvements than estimated; unanticipated problems or delays with the phased implementation of a global enterprise resource planning (ERP) system, or security breaches and other disruptions to 3M's information technology infrastructure; financial market risks that may affect 3M's funding obligations under defined benefit pension and postretirement plans; and legal proceedings, including significant developments that could occur in the legal and regulatory proceedings described in 3M's Annual Report on Form 10-K for the year ended Dec. 31, 2018, and any subsequent quarterly reports on Form 10-Q (the "Reports"). Changes in such assumptions or factors could produce significantly different results. A further description of these factors is located in the Reports under "Cautionary Note Concerning Factors That May Affect Future Results" and "Risk Factors" in Part I, Items 1 and 1A (Annual Report) and in Part I, Item 2 and Part II, Item 1A (Quarterly Reports). The information contained in this news release is as of the date indicated. 3M assumes no obligation to update any forward-looking statements contained in this news release as a result of new information or future events or developments.

About 3M

At 3M, we apply science in collaborative ways to improve lives daily. With $33 billion in sales, our 93,000 employees connect with customers all around the world. Learn more about 3M's creative solutions to the world's problems at www.3M.com or on Twitter @3M or @3MNews.

3M Investor Contacts:
Bruce Jermeland, 651-733-1807
or
Tony Riter, 651-733-1141

3M Media Contact:
Jennifer Ehrlich, 651-592-0132

Cynthia L. Choren
Vice President

Marsh USA Inc.
8000 Market Street
Suite 1800
St. Louis, MO 63101
314-342-2661
Cynthia.L.Choren@marsh.com
www.marsh.com

MARSH

May 11, 2022

Katy Louthen
3M Medical Solutions
6103 Farinon Drive, Bldg. V
San Antonio, TX 78249

Subject: Address Change Rider

Principal: KCI USA, Inc. DBA 3M Medical Solutions
Obligee: Centers for Medicare & Medicaid Services
Bond Description: DMEPOS Surety Bond
Bond Amount: $3,050,000.00
Bond Number: 190045472
Surety Name: Liberty Mutual Insurance Company
Transaction Effective Date: 6/09/2022

Dear Katy:

In response to Shelley Darst's request, I am pleased to enclose the rider for the above-referenced bond that is based on the information we received with the request. Since the rider doesn't require a signature on behalf of KCI USA, Inc, it is ready to be filed with the Obligee.

As always, the document should be re-checked for accuracy before filing with the Centers for Medicare & Medicaid Services.

If you have any questions, please feel free to contact me. Thank you for allowing Marsh to service your surety needs.

Sincerely,

Cindy

Cynthia L. Choren
Vice President

Enclosure

CHANGE RIDER

To be attached to and form a part of Bond No. 190045472

in the amount of $3,050,000.00 issued by Liberty Mutual Insurance Company

on behalf of KCI USA, Inc. DBA 3M Medical Solutions

in favor of Centers for Medicare & Medicaid Services

It is understood and agreed that the bond described above is hereby modified so as to

ADDRESS CHANGE

NPI: 1386631323 PTAN: 0445090128

From: 7020 Troy Hill Drive, Suite G, Elkridge, MD 21075-7054
To: 7020 Troy Hill Drive, Suite H - J, Elkridge, MD 21075-7054

(See Updated Schedule Attached)

It is further expressly understood and agreed that the aggregate liability of the Liberty Mutual Insurance Company under said bond to the obligee herein mentioned shall not exceed the amount stated above.

Nothing herein contained shall be held to vary, alter, waive, or extend any of the terms, agreements, conditions or limitations of the above-mentioned bond, other than as above stated.

Signed, sealed and dated this 11th day of May, 2022.

Rider Effective Date: June 9, 2022

Liberty Mutual Insurance Company

BY: Cynthia L. Choren
Cynthia L. Choren Attorney-in-Fact

LMS-14173 02/08

Revised 6-09-2022

Schedule

This Schedule amends and becomes part of Surety Bond No. **190045472.** Notwithstanding the Penal Sum set forth in this Bond, the Surety's liability for bond claims involving a particular Principal (and related National Provider Identifer ("NPI")) is limited by the applicable Limit of Liability set forth in the Schedule below. All other provisions of the Bond remain unchanged.

Principal (Legal Business Name)	Address	NPI #	Tax Identificaiton Number	NSC/PTAN	Limit of Liability
KCI USA, Inc.	2714 Commerce Sq, E. Bldg, IV Irondale, AL 35210-1550	1538156864	74-2152396	0445090001	$ 50,000.00
KCI USA, Inc.	11153 Calaska Clr. Anchorage, AK 99515-2919	1790750024	74-2152396	0445090167	$ 50,000.00
KCI USA, Inc.	23309 N 17th Dr., Suite 122 Phoenix, AZ 85027-6306	1073500161	74-2152396	0445090114	$ 50,000.00
KCI USA, Inc.	9722 Maumelle Blvd. North Little Rock, AR 72113-6737	1669469896	74-2152396	0445090050	$ 50,000.00
KCI USA, Inc.	606 S. Glenwood Pl. Burbank, CA 91506-2820	1720075906	74-2152396	0445090013	$ 50,000.00
KCI USA, Inc.	1155 E. North Ave., Ste. 105 Fresno, CA 93725-1947	1194712331	74-2152396	0445090102	$ 50,000.00
KCI USA, Inc.	720 N. Valley St., Suite K Anaheim, CA 92801-3830	1093702060	74-2152396	0445090112	$ 50,000.00
KCI USA, Inc.	3951 Performance Dr., Suite H Sacramento, CA 95838-3264	1366439358	74-2152396	0445090116	$ 50,000.00
KCI USA, Inc.	7925 Dunbrook Rd., Suite C San Diego, CA 92126-6306	1437146578	74-2152396	0445090090	$ 50,000.00
KCI USA, Inc.	2400 Merced St. San Leandro, CA 94577-4211	1013904119	74-2152396	0445090150	$ 50,000.00
KCI USA, Inc.	1500 W. Hampden Ave., Suite 5E Sheridan, CO 80110-2075	1346237591	74-2152396	0445090033	$ 50,000.00
KCI USA, Inc.	65 Louis Street, Suite F Newington, CT 06111-4598	1033106075	74-2152396	0445090126	$ 50,000.00
KCI USA, Inc.	7029 Commonwealth Ave., Suite 2 Jacksonville, FL 32220-2866	1649267857	74-2152396	0445090043	$ 50,000.00
KCI USA, Inc.	2101 NW 33rd St., Ste. 1100 Pompano Beach, FL 33069-5902	1780671529	74-2152396	0445090079	$ 50,000.00
KCI USA, Inc.	3506 Saint Valentine Way, Suite 3 Orlando, FL 32811-6525	1013904036	74-2152396	0445090078	$ 50,000.00
KCI USA, Inc.	1911 N US Highway 301, Suite 340 Tampa, FL 33619-2661	1215924238	74-2152396	0445090075	$ 50,000.00
KCI USA, Inc.	6325 Regency Pkwy, Ste 830 Norcross, GA 30071-2339	1225026545	74-2152396	0445090131	$ 50,000.00
KCI USA, Inc.	98-029 Hekaha St., Suite 17 Aiea, HI 96701-4917	1457348690	74-2152396	0445090103	$ 50,000.00
KCI USA, Inc.	6135 W. Corporal Ln. Boise, ID 83704-9317	1932196185	74-2152396	0445090042	$ 50,000.00
KCI USA, Inc.	1193 N. Ellsworth Ave. Villa Park, IL 60181-1040	1528055597	74-2152396	0445090030	$ 50,000.00
KCI USA, Inc.	6975 Corporate Circle Indianapolis, IN 46278-1957	1437146594	74-2152396	0445090027	$ 50,000.00
KCI USA, Inc.	2452 South Riverside Dr. Iowa City IA, 52246-5855	1174510390	74-2152396	0445090047	$ 50,000.00
KCI USA, Inc.	9852 Pflumm Rd. Lenexa, KS 66215-1208	1043207269	74-2152396	0445090025	$ 50,000.00
KCI USA, Inc.	1632 S. West St., Suite 4 Wichita KS 67213-1102	1619964962	74-2152396	0445090005	$ 50,000.00
KCI USA, Inc.	4227 Produce Rd. Louisville, KY 40218-3064	1073500138	74-2152396	0445090063	$ 50,000.00

Revised 6-09-2022

Principal (Legal Business Name)	Address	NPI #	Tax Identificaiton Number	NSC/PTAN	Limit of Liability
KCI USA, Inc.	660 Distributors Row, Ste D Harahan, LA 70123-3253	1487641445	74-2152396	0445090059	$ 50,000.00
KCI USA, Inc.	264 Merrow Rd, Ste. 2 Auburn, ME 04210-8995	1740277854	74-2152396	0445090117	$ 50,000.00
KCI USA, Inc.	7020 Troy Hill Dr., Suite H - J Elkridge, MD 21075-7054	1386631323	74-2152396	0445090128	$ 50,000.00
KCI USA, Inc.	14 Commerce Rd. Shrewsbury, MA 01545-4292	1942298252	74-2152396	0445090130	$ 50,000.00
KCI USA, Inc.	44245 Plymouth Oaks Blvd. Plymouth, MI 48170-2585	1740277029	74-2152396	0445090088	$ 50,000.00
KCI USA, Inc.	7217 University Ave., NE Fridley, MN 55432-3134	1346237542	74-2152396	0445090020	$ 50,000.00
KCI USA, Inc.	2338 Weldon Pkwy St. Louis, MO 63146-3208	1669469847	74-2152396	0445090012	$ 50,000.00
KCI USA, Inc.	670 King Park Dr., Suite 2 Billings, MT 59102-6257	1407843659	74-2152396	0445090037	$ 50,000.00
KCI USA, Inc.	5362 F St. Omaha, NE 68117-2804	1114914314	74-2152396	0445090017	$ 50,000.00
KCI USA, Inc.	3175 W. Ali Baba Ln., Suite 806 Las Vegas, NV 89118-1611	1801883053	74-2152396	0445090105	$ 50,000.00
KCI USA, Inc.	1380 Greg St., Suite 238 Sparks, NV 89431-6072	1255328282	74-2152396	0445090118	$ 50,000.00
KCI USA, Inc.	4 Candy Lane, Unit 2 Hudson, NH 03051-3062	1689662967	74-2152396	0445090133	$ 50,000.00
KCI USA, Inc.	192 Atlantic St. Hackensack, NJ 07601-3301	1275521569	74-2152396	0445090137	$ 50,000.00
KCI USA, Inc.	2615 River Rd., Ste 14 Cinnaminson, NJ 08077-1628	1801884952	74-2152396	0445090134	$ 50,000.00
KCI USA, Inc.	195 Central Ave., Suite P Farmingdale, NY 11735-6904	1104813104	74-2152396	0445090123	$ 50,000.00
KCI USA, Inc.	6132 Brookshire Blvd., Suite H Charlotte, NC 28216-2410	1124015086	74-2152396	0445090080	$ 50,000.00
KCI USA, Inc.	200 Trans Air Dr., Suite 500 Morrisville, NC 27560-7202	1033106216	74-2152396	0445090093	$ 50,000.00
KCI USA, Inc.	500 10th Street NE, Ste. 230 West Fargo, ND 58078-2233	1295722254	74-2152396	0445090039	$ 50,000.00
KCI USA, Inc.	6751 Engle Road, Suite K Middleburg Heights, OH 44130-7900	1649267774	74-2152396	0445090087	$ 50,000.00
KCI USA, Inc.	5762 Westbourne Ave. Columbus, OH 43213-1400	1619965761	74-2152396	0445090141	$ 50,000.00
KCI USA, Inc.	5924 NW, 2nd St., Ste 950 Oklahoma City, OK 73127-6531	1689661746	74-2152396	0445090058	$ 50,000.00
KCI USA, Inc.	11937 NE Sumner St., Unit H Portland, OR 97220-9014	1760479885	74-2152396	0445090120	$ 50,000.00
KCI USA, Inc.	357 Northgate Dr., Ste. 4 Warrendale, PA 15086-7548	1154318301	74-2152396	0445090108	$ 50,000.00
KCI USA, Inc.	118 Centerpoint Blvd. Pittston, PA 18640-6133	1366439366	74-2152396	0445090124	$ 50,000.00
KCI USA, Inc.	124 Old Mill Road, Ste. B Greenville, SC 29607-5337	1033106067	74-2152396	0445090083	$ 50,000.00
KCI USA, Inc.	1705 Base Pointe Way Louisville, TN 37777-4278	1871580027	74-2152396	0445090061	$ 50,000.00
KCI USA, Inc.	1679 Shelby Oaks Dr. N., Ste.6 Memphis, TN 38134-7417	1215924220	74-2152396	0445090068	$ 50,000.00
KCI USA, Inc.	2412 E. Randol Mill Rd. Arlington, TX 76011-6355	1720075781	74-2152396	0445090041	$ 50,000.00

Revised 6-09-2022

Principal (Legal Business Name)	Address	NPI #	Tax Identificalton Number	NSC/PTAN	Limit of Liability
KCI USA, Inc.	2313 W. Sam Houston Pkwy. N., Suite 127 Houston, TX 77043-2039	1912994070	74-2152396	0445090046	$ 50,000.00
KCI USA, Inc.	5850 Farinon Drive San Antonio, TX 78249-3403	1629065875	74-2152396	0445090057	$ 50,000.00
KCI USA, Inc.	1765 S. 900 W., Ste 88 Salt Lake City, UT 84104-1713	1366439507	74-2152396	0445090028	$ 50,000.00
KCI USA, Inc.	56 W. Twin Oaks Ter., Ste. 8 South Burlington, VT 05403-7106	1316934565	74-2152396	0445090109	$ 50,000.00
KCI USA, Inc.	598 Roanoke St. Salem, VA 24153-3552	1093702284	74-2152396	0445090094	$ 50,000.00
KCI USA, Inc.	22757 72nd Ave. S., Suite E-100/101 Kent, WA 98032-2459	1184611311	74-2152396	0445090098	$ 50,000.00
KCI USA, Inc.	300 Roxalana Business Park Dunbar, WV 25064-2728	1093702219	74-2152396	0445090096	$ 50,000.00
KCI USA, Inc.	N8W22350 Johnson Dr., Ste. A6 Waukesha, WI 53186-1679	1700873916	74-2152396	0445090023	$ 50,000.00
				TOTAL	$ 3,050,000.00

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8204868

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Cynthia L. Choren

all of the city of St. Louis, state of Missouri each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 15th day of February, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 15th day of February, 2021, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 11th day of May, 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

1 to 2 of 2 Results for Establishment
Registration or Business Trade Name : *KCI USA*

Results per Page 10
New Search[6]

Establishment Name	▲▼[7][8]	Registration Number	Current Registration Yr
KCI USA, INC.[9]	TX/USA	3005178245	2022
• Negative Pressure Wound Therapy Powered Suction Pump[10]			Specification Developer; Complaint File Establishment
• Negative Pressure Wound Therapy Powered Suction Pump[11]			Specification Developer; Complaint File Establishment
• Negative Pressure Wound Therapy Powered Suction Pump[12]			Specification Developer; Complaint File Establishment
• Mesh, Surgical, Polymeric[13]			Specification Developer; Complaint File Establishment
• Negative Pressure Wound Therapy Powered Suction Pump[14]			Specification Developer; Complaint File Establishment
• Show all *60* Listings For *KCI USA, INC.*[15] *TX/USA*			
KCI USA, INC.[16]	TX/USA	3009897021	2022
• Negative Pressure Wound Therapy Powered Suction Pump[17]			Manufacturer
• Negative Pressure Wound Therapy Powered Suction Pump[18]			Manufacturer
• Negative Pressure Wound Therapy Powered Suction Pump[19]			Manufacturer
• Mesh, Surgical, Polymeric[20]			Manufacturer
• Negative Pressure Wound Therapy Powered Suction Pump[21]			Manufacturer
• Show all *49* Listings For *KCI USA, INC.*[22] *TX/USA*			

Can't find what you're looking for? Try a new search[23]

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6. ../cfrl/rl.cfm
7. ../cfrl/rl.cfm?start_search=1&establishmentName=KCI%20USA®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=&OwnerOper
8. ../cfrl/rl.cfm?start_search=1&establishmentName=KCI%20USA®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=&OwnerOper
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11. ./rl.cfm?lid=630130&lpcd=OMP
12. ./rl.cfm?lid=630141&lpcd=OMP
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14. ./rl.cfm?lid=630146&lpcd=OMP
15. ./rl.cfm?start_search=1&showList=1&establishmentName=KCI%20USA®Num=&StateName=&CountryName=&OwnerOperatorNumber=&OwnerOperatorName=
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18. ./rl.cfm?lid=630131&lpcd=OMP
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20. ./rl.cfm?lid=630143&lpcd=FTL
21. ./rl.cfm?lid=630147&lpcd=OMP
22. ./rl.cfm?start_search=1&showList=1&establishmentName=KCI%20USA®Num=&StateName=&CountryName=&OwnerOperatorNumber=&OwnerOperatorName=
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Page Last Updated: 07/11/2022

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

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FDA

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10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
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U.S. Department of Health & Human Services

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12. ./rl.cfm?lid=630141&lpcd=OMP
13. ./rl.cfm?lid=630144&lpcd=FTL
14. ./rl.cfm?lid=630146&lpcd=OMP
15. ./rl.cfm?start_search=1&showList=1&establishmentName=KCI%20USA®Num=&StateName=&CountryName=&OwnerOperatorNumber=&OwnerOperatorName=
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17. ./rl.cfm?lid=630077&lpcd=OMP
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19. ./rl.cfm?lid=630139&lpcd=OMP
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21. ./rl.cfm?lid=630147&lpcd=OMP
22. ./rl.cfm?start_search=1&showList=1&establishmentName=KCI%20USA®Num=&StateName=&CountryName=&OwnerOperatorNumber=&OwnerOperatorName=
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4Q

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Cardinal Health 200, LLC

Physical Address: 874 Thomas Parkway

City: Jefferson State: GA Zip: 30549

Mailing Address (if different from physical address): 7000 Cardinal Place - QRA Facility Licensing

City: Dublin State: OH Zip: 43017

Telephone: 863-603-4133 Website: www.cardinalhealth.com

Name of Designated Representative (DR): Matthew Jacoby

Licensing Company Email: licensure@cardinalhealth.com DR Email: matthew.jacoby@cardinalhealth.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: Distributor, Intercompany

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached

K Chul

Original Signature (electronic, copies or stamps not accepted)

8/17/22

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Cardinal Health 200, LLC
Address: 3651 Birchwood Drive City: Waukegan State: IL Zip: 60085
Name: Cardinal Health 200, LLC
Address: 2101 Waukegan Road City: Waukegan State: IL Zip: 60085
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Allegiance Corporation (Parent Company of Cardinal Health 200, LLC)
Corporation Name: Cardinal Health, Inc (Ultimate Holding Company)
Mailing Address: 7000 Cardinal Place
City: Dublin State: OH Zip: 43017
Telephone: 614-757-5000 Email: licensure@cardinalhealth.com
Contact Person Name: LaToyia Martin

Date of SEC Registration: 08/04/1983	SEC Registration Number: 721371	Stock Exchange Symbol: CAH

~~**Section 5: Non-Publicly Traded Corporation or Company**~~

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

~~**Section 6: Partnership**~~

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

~~**Section 7: Sole Owner**~~

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** NOT APPLICABLE	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Cardinal Health 200, LLC

Facility Name

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

8/17/22

Date

Board Use Only	Date Received: 9-1-22	Amount: 1000.00 CK - 10833335

CardinalHealth

August 9, 2022

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

RE: Explanation of Disciplinary History
Cardinal Health 200, LLC – Jefferson

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to Question 3 on our application for our Out-of-State Wholesale Distributor License. We have a few matters to disclose based on our parent company, Cardinal Health, Inc. Please note that the facility that is the subject of this application does not have any disciplinary history to disclose.

On September 24, 2020, Cardinal Health finalized a settlement agreement with the Colorado Board of Pharmacy and paid a fine of $1,150. This settlement was regarding the failure of our Denver, Colorado distribution center to timely notify the Board of a change in that distribution center's designated representative.

Cardinal Health's pharmaceutical distribution center in Valencia, California entered into a settlement agreement with the California Board of Pharmacy in April 2019. As a condition of that settlement, the California Wholesale license for our Valencia distribution center was on probation from April 3, 2019, through April 2, 2021. This agreement resulted from the Valencia distribution center making sales to a customer between 2012 and 2014 and the failure to receive a pharmacist's signature on several deliveries in that same time frame.

Additionally, on March 11, 2019, Cardinal Health's Wheeling, West Virginia, distribution center entered into a settlement agreement with the Ohio Board of Pharmacy regarding the security and storage of drugs while those drugs were being distributed to the customer. This issue involved Ohio Board of Pharmacy inspectors manipulating our totes in such a way as to be able to retrieve a bottle out of a strapped/sealed tote. This occurred on several occasions all while the totes were in the custody of our delivery drivers or pharmacies. An inspector also witnessed a delivery vehicle door that was not locked and secured appropriately. Cardinal Health agreed to pay a monetary penalty of $5,000.

As previously reported, on May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration ("DEA") regarding Cardinal Health's registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the "Order") on Cardinal Health's Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility "failed to maintain effective controls against the diversion of controlled substances" and "failed to detect and report suspicious orders of oxycodone by its pharmacy customers." In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that "[n]otwithstanding the large quantities of controlled substances ordered by Cardinal's top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted...." Importantly, these allegations did not involve any diversion of controlled substances from Cardinal's facility.

Under the settlement agreement, the Lakeland facility's DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and the DEA reinstated Lakeland's registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012, administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay $44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys' Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company's distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia $20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility $500 in administrative fees, and the California Board fined the facility $1,505 in investigative fees. Both fees were paid to the respective Boards.

In September 2013, Cardinal Health's distribution center located in Ontario, California, received a citation involving prescription device deliveries being made to an unauthorized customer; the facility paid the fine of $5,000.00 and the matter was closed. In July 2014, the State of Michigan Department of Licensing and Regulatory Affairs (LARA) took derivative action against the Ontario, CA, facility based upon the action described above. LARA issued a Consent Order and fined the Ontario facility $500. Cardinal Health paid the fine to LARA on July 9, 2014.

If you have any questions, Cory Kopitzke, Assistant General Counsel, Regulatory at Cory.Kopitzke01@cardinalhealth.com.

Sincerely,

Keegan Chamberlain
Director, Global Logistics Quality Management

CardinalHealth

Cardinal Health
7000 Cardinal Place
Dublin, OH 43017

cardinalhealth.com

August 12, 2022

RE: GEORGIA HOME STATE LICENSE & HOME STATE INSPECTION REPORT

The state of Georgia does not regulate devices. The facility only distributes devices therefore there is no Home State License or Home State Inspection Report.

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RULES AND REGULATIONS OF THE STATE OF GEORGIA
480-7-.02 Drug Wholesale, Distribution Permits.
(Definition)
h) Wholesale distributor means anyone engaged in wholesale distribution or brokerage of prescription drugs, including but not limited to, manufacturers, repackers, own-label distributors, private-label distributors, jobbers, brokers, warehouses, including manufacturers' and distributors' warehouses, chain drug warehouses, and whole drug warehouses, independent wholesale drug traders, brokerage firms, and retail pharmacies that conduct whole distributions.

CardinalHealth

Officer Name	Title	Business Address	Business Phone Number	Email Address
Steven Blair C de Baca	EVP Quality and Regulatory Affairs	15703 Portico Drive, Wayzata, MN 55391	949-230-5243	Steven.cdebaca@cardinalhealth.com
Stephen Michael Mason	CEO, Medical Segment	7200 Cardinal Place, Dublin, OH 43017	614-757-7300	Steve.Mason@cardinalhealth.com
Keegan David Chamberlain	Director, Quality Management	7200 Cardinal Place, Dublin, OH 43017	614-553-4640	Keegan.Chamberlain@cardinalhealth.com
Julie Erin Webb	VP, Quality Management	7200 Cardinal Place, Dublin, OH 43017	614-757-6343	julie.webb@cardinalhealth.com
John Henry Martin Jr.	SVP, Tax	7000 Cardinal Place, Dublin OH 43017	614-757-3769	john.martin03@cardinalhealth.com

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARDINAL HEALTH 200, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2610958 8300

SR# 20223336356

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204226608

Date: 08-23-22



Department of State: Division of Corporations

Allowable Characters

HOME

View Search Results

Entity Details

File Number:	2610958	Incorporation Date / Formation Date:	6/26/1996 (mm/dd/yyyy)
Entity Name:	CARDINAL HEALTH 200, LLC		
Entity Kind:	Limited Liability Company	Entity Type:	General
Residency:	Domestic	State:	State:
Status:	Good Standing	Status Date:	6/2/2021

REGISTERED AGENT INFORMATION

Name:	THE CORPORATION TRUST COMPANY		
Address:	CORPORATION TRUST CENTER 1209 ORANGE ST		
City:	WILMINGTON	County:	New Castle
State:	DE	Postal Code:	19801
Phone:	302-658-7581		

Back to Entity Search | Email Status

For help on a particular field click on the Field Tag to take you to the help area.



Cardinal Health - Medical Distribution,
Quality & Regulatory Affairs
7000 Cardinal Place
Dublin OH 43017
cardinalhealth.com
614.553.3076 tel

licensure@cardinalhealth.com email

Cardinal Health 200, LLC
Jefferson, GA – Current Employee List

Matthew Jacoby
Jamie Stanley
Tammy Burgess

CardinalHealth™

June 30, 2022

To whom it may concern:

This is a declaration and confirmation by Cardinal Health, Inc. and its subsidiaries exclusively that:

Cardinal Health is self-insured for products, completed operations liability and pharmacist professional liability. You will not be named as additional insured for any of the self-insured retention limits of the product liability, completed operations liability and pharmacist professional liability coverages. Cardinal Health's self-insurance is backed by its financial strength documented in financial statements found at www.cardinalhealth.com. The existence of self-insurance within Cardinal Health's insurance program does not change any contractual obligation we may have, and shall not be deemed to exceed the scope of coverage and/or limits required, under our written contract or agreement with you.

As respects the Automobile Liability, Automobile Physical Damage, Comprehensive and Collision coverage is self-insured for all owned vehicles.

Please direct any questions or concerns to GMB-DUB-RiskManagement@cardinalhealth.com.

Denise Johnston
Director, Risk Management

JPK/as

enc.

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/27/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Aon Risk Services Northeast, Inc. Cincinnati OH Office 8044 Montgomery Road Suite 405 Cincinnati OH 45236-2919 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Cardinal Health, Inc. (See Additional Page) 7000 Cardinal Place Dublin OH 43017 USA	INSURER A: XL Insurance America Inc	24554
	INSURER B: XL Specialty Insurance Co	37885
	INSURER C: Greenwich Insurance Company	22322
	INSURER D: Indian Harbor Insurance Company	36940
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 570094095707 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR X Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC OTHER:			RGD943716717 AOS, PR	06/30/2022	06/30/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Liquor Liability Lim	$5,000,000 $1,000,000 $5,000,000 $5,000,000 Excluded Included
C	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			RAD943716817	06/30/2022	06/30/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$5,000,000
A	X UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [X] RETENTION			US00092147LI22A SIR applies per policy terms & conditions	06/30/2022	06/30/2023	EACH OCCURRENCE AGGREGATE Products/Completed O	$5,000,000 $5,000,000 Excluded
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		RWD943512517 (AOS) RWR943512617 (WI)	06/30/2022 06/30/2022	06/30/2023 06/30/2023	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	 $5,000,000 $5,000,000 $5,000,000
D	E&O-PL-Primary			RGD943797703 E&O SIR applies per policy terms & conditions	06/30/2022	06/30/2023	Loss Limit	$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Cardinal Health, Inc.
7000 Cardinal Place
Dublin OH 43017 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.

Holder Identifier : Z

Certificate No : 570094095707

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY: Aon Risk Services Northeast, Inc.	NAMED INSURED: Cardinal Health, Inc.
POLICY NUMBER: See Certificate Number: 570094095707	
CARRIER: See Certificate Number: 570094095707 / NAIC CODE:	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
B		N/A		RWR300142404 (AK)	06/30/2022	06/30/2023		
	OTHER							
B	Excess WC			RWE943514317 Xs Work Comp - OH SIR applies per policy terms & conditions	06/30/2022	06/30/2023	EL Each Accident	$4,500,000
							EL Disease - Ea Empl	$4,500,000

ACORD 101 (2008/01)

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570094095707	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570094095707	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Evidence of Coverage

As respects the Commercial General Liability Policy:
Additional Insured Managers or Lessors of Premises : as required by written contract
Additional Insured Owners, Lessees or Contractors - Scheduled Persons or Organization : as required by written contract
Coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured and shall not increase the applicable Limits of Insurance

As respects the Automobile Liability Policy:
Coverage symbol 1 (Any Auto) applies to Automobile Liability which includes coverage for Hired / Non-Owned Autos
Lessor - Additional Insured: all leased autos.
The policy will pay as interest may appear, you (Cardinal Health) and the lessor named in this endorsement for "loss" to a "leased auto".
Additional Insured Where Required under Written Contract or Agreement Endorsement

As respects General Liability, Automobile Liability, and Workers Compensation Policies:
Waiver of Subrogation is permitted as required by written contract or agreement executed prior to loss and in accordance with the terms, conditions and exclusions of the applicable policies.

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AGENCY CUSTOMER ID: 570000070825
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ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED
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POLICY NUMBER	
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ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insured Listing

Named Insured Listing for June 30, 2022 - June 30, 2023 includes but is not limited to the following:
A+ Secure Packaging, LLC
Abilene Nuclear, LLC
Access Closure, Inc.
Acuity GPO, LLC
Aero-Med, LLC
Allegiance (BVI) Holding Co. Ltd.
Allegiance Corporation
Allegiance Healthcare (Labuan) Pte. Ltd.
Allegiance I, LLC
Allegiance Labuan Holdings Pte. Ltd.
API (Suppliers) Limited
AssuraMed Acquisition Corp.
AssuraMed Group, Inc.
AssuraMed Holding, Inc.
AssuraMed Intermediate Holding, Inc.
AssuraMed, Inc.
C. International, Inc.
Cardinal Distribution Holding Corporation - I
Cardinal Distribution Holding Corporation - II
Cardinal Health 100, Inc.
Cardinal Health 104 LP
Cardinal Health 105, LLC
Cardinal Health 107, LLC
Cardinal Health 108, LLC
Cardinal Health 110, LLC
Cardinal Health 112, LLC
Cardinal Health 113, LLC
Cardinal Health 114, Inc.
Cardinal Health 115, LLC
Cardinal Health 116, LLC
Cardinal Health 118, LLC
Cardinal Health 119, LLC
Cardinal Health 121, LLC
Cardinal Health 122, LLC
Cardinal Health 123, LLC
Cardinal Health 124, LLC
Cardinal Health 125, LLC
Cardinal Health 126, LLC
Cardinal Health 127, Inc.
Cardinal Health 128, LLC
Cardinal Health 130, LLC
Cardinal Health 131, LLC
Cardinal Health 132, LLC
Cardinal Health 133, Inc.
Cardinal Health 2, LLC
Cardinal Health 200, LLC
Cardinal Health 201 Canada L.P.
Cardinal Health 201, LLC
Cardinal Health 215, LLC
Cardinal Health 222 (Thailand) Ltd.
Cardinal Health 242, LLC
Cardinal Health 246, Inc.
Cardinal Health 247, Inc.
Cardinal Health 249, LLC
Cardinal Health 250 Dutch C.V.
Cardinal Health 251, LLC
Cardinal Health 252, LLC
Cardinal Health 253, LP

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570094095707	
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See Certificate Number: 570094095707	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds Continued

Cardinal Health 3, LLC
Cardinal Health 414, LLC
Cardinal Health 418, Inc.
Cardinal Health 5, LLC
Cardinal Health 500, LLC
Cardinal Health 524, LLC
Cardinal Health 529, LLC
Cardinal Health 6, Inc.
Cardinal Health 7, LLC
Cardinal Health 8, LLC
Cardinal Health Australia 503 Pty Ltd.
Cardinal Health Austria 504 GmbH
Cardinal Health Belgium 505 BVBA
Cardinal Health Canada Holdings Cooperatie U.A.
Cardinal Health Canada Inc.
Cardinal Health Capital Corporation
Cardinal Health Cardiology Solutions, LLC
Cardinal Health Chile Limitada
Cardinal Health Colombia S.A.S.
Cardinal Health Commercial Technologies, LLC
Cardinal Health Corporate Solutions, LLC
Cardinal Health D.R. 203 II Ltd.
Cardinal Health Denmark ApS
Cardinal Health do Brasil Ltda.
Cardinal Health Finance
Cardinal Health Finland Oy
Cardinal Health Foundation
Cardinal Health France 506 SAS
Cardinal Health Funding, LLC
Cardinal Health Germany 507 GmbH
Cardinal Health Germany Manufacturing GmbH
Cardinal Health Holding International, Inc.
Cardinal Health International Philippines, Inc.
Cardinal Health IPS, LLC
Cardinal Health Ireland 419 Designated Activity Company
Cardinal Health Ireland 508 Limited
Cardinal Health Ireland Manufacturing Limited
Cardinal Health Ireland Unlimited Company
Cardinal Health Italy 509 S.r.l.
Cardinal Health Japan G.K.
Cardinal Health Korea Limited
Cardinal Health Luxembourg 420 S.a.r.l.
Cardinal Health Luxembourg 522 S.à.r.l.
Cardinal Health Malaysia 211 Sdn. Bhd.
Cardinal Health Malta 212 Limited
Cardinal Health Managed Care Services, LLC
Cardinal Health Medical Products India Private Limited
Cardinal Health Mexico 244 S. de R.L. de C.V.
Cardinal Health Mexico 514 S. de R.L. de C.V.
Cardinal Health Middle East FZ-LLC
Cardinal Health MPB, Inc.
Cardinal Health Napoleon Holding, LLC
Cardinal Health Netherlands 502 B.V.
Cardinal Health Netherlands 525 Coöperatie U.A.
Cardinal Health Netherlands 528 B.V.
Cardinal Health Norway AS

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
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See Certificate Number: 570094095707	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Named Insureds Continued

Cardinal Health P.R. 120, Inc.
Cardinal Health P.R. 218, Inc.
Cardinal Health P.R. 220, LLC
Cardinal Health P.R. 436, Inc.
Cardinal Health Pharmaceutical Contracting, LLC
Cardinal Health Pharmacy Services, LLC
Cardinal Health Poland Spólka z ograniczona odpowiedzialnoscia
Cardinal Health Portugal 513, Unipessoal Lda.
Cardinal Health Singapore 225 Pte. Ltd.
Cardinal Health Spain 511 S.L.
Cardinal Health Specialty Pharmacy, LLC
Cardinal Health Sweden 512 A.B.
Cardinal Health Switzerland 515 GmbH
Cardinal Health Systems, Inc.
Cardinal Health Technologies Switzerland GmbH
Cardinal Health Technologies, LLC
Cardinal Health U.K. 418 Limited
Cardinal Health U.K. 432 Limited
Cardinal Health U.K. Holding Limited
Cardinal Health U.K. International Holding LLP
Cardinal Health, Inc.
Cardinal Medical Equipment Consulting (Shanghai) Co., Ltd.
Cirpro de Delicias S.A. de C.V.
Clinic Pharmacies III, LLC
Clinic Pharmacies, LLC
Community Pharmacy Enterprises, LLC
Convertors de Mexico S.A. de C.V.
Cordis (Shanghai) Medical Devices Co., Ltd.
Cordis Cashel Unlimited Company
Cordis Corporation
Cornerstone Partners G.P.O., L.P.
Covidien Canada Holdings (C) Cooperatie U.A. (Inactive)
Covidien Ireland Limited (Inactive)
Covidien Manufacturing Solutions, S.A.
Dutch American Manufacturers II (D.A.M. II) B.V.
Ellipticare, LLC
EPIC Insurance Company
Especialidades Medicas Kenmex S.A. de C.V.
Flexible Stenting Solutions, Inc.
Frog Horned Capital, Inc.
Generic Drug Holdings, Inc.
Griffin Capital, LLC
HDG Acquisition, Inc.
imgRx Healdsburg, Inc.
imgRx Salud, Inc.
imgRx SJ Valley, Inc.
imgRx SLO, Inc.
imgRx Sonoma, Inc.
InnerDyne Holdings, Inc.
Innovative Therapies,LLC
Instant Diagnostic Systems, Inc (Inactive - Aug 2018)
InteCardia-Tennessee East Catheterization, LLC
ITI Sales, LLC
Kendall-Gammatron Limited
Killilea Development Company, Ltd
Kinray I, LLC
KPR Australia Pty. Ltd
KPR Switzerland Sales GmbH
KPR U.S., LLC
Leader Drugstores, Inc

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AGENCY CUSTOMER ID: 570000070825
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ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED
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POLICY NUMBER	
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FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds Continued

Limited Liability Company "Cardinal Health Russia"
Ludlow Technical Products Canada, Ltd.
Marin Apothecaries
Medicap Pharmacies Incorporated
Medicine Shoppe Capital Corporation
Medicine Shoppe International, Inc.
Medicine Shoppe Internet, Inc.
Mediquip Sdn. Bhd.
Mirixa Corporation
MSCRIPTS HOLDING, LLC
MSCRIPTS, LLC
NeuroLogic GPO, LLC
Nippon Covidien Ltd.
One Cloverleaf, LLC
Outcomes Incorporated
Owen Shared Services, Inc.
Pharmacy Operations Of New York, Inc.
Pharmacy Operations, Inc.
Physicians Purchasing, Inc.
Pinnacle Intellectual Property Services, Inc.
Pinnacle Intellectual Property Services-International, Inc.
Quiroproductos de Cuauhtemoc S. de R.L. de C.V.
RainTree Administrative Services, LLC
RainTree Care Management, LLC
RainTree GPO, LLC
Ransdell Surgical, Inc.
Red Oak Sourcing, LLC
Renal Purchasing Group, LLC
RGH Enterprises, LLC
RT Oncology Services Corporation
Rxealtime, Inc.
Sierra Radiopharmacy, L.L.C.
Sonexus Health Access & Patient Support, LLC
Sonexus Health Distribution Services, LLC
Sonexus Health Financial Solutions, LLC
Sonexus Health Pharmacy Services, LLC
Sonexus Health, LLC
TelePharm, LLC
The Harvard Drug Group, L.L.C.
Tianjin ITI Trading Company
Tradex International, Inc.
Uromed, Inc. (Inactive)
Wavemark Lebanon Offshore s.a.l.
Wavemark, Inc.

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Cardinal Health 200, LLC — MDEG License # (if applicable): New App

Physical Address: 874 Thomas Parkway

City: Jefferson — State: GA — Zip: 30549

Mailing Address (if different from physical address): 7000 Cardinal Place, QRA

City: Dublin — State: OH — Zip: 43017

Telephone: 863-603-4133 — Website: www.cardinalhealth.com

Licensing Company Email: licensure@cardinalhealth.com

Section 2: Personal Information

First: Matthew — Middle: Charles — Last: Jacoby

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Heritage Ridge

City: Flowery Branch — State: GA — Zip: 30542

Telephone: [redacted] — Email: matthew.jacoby@cardinalhealth.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☑
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☑
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☑

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☑
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		☑

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Wright State University		08/08-05/13	
Address	**City**	**State**	**Zip**
3640 Colonel Glenn Hwy	Dayton	OH	45435
Diploma/Degree obtained, if any			
Bachelors of Science in Psychology			
School Name		**From - To (MM/YY – MM/YY)**	
Archbold High School		08/04 - 05/08	
Address	**City**	**State**	**Zip**
600 Lafayette Street	Archbold	OH	43502
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/22 - Current	[redacted] Heritage Ridge	Flowery Branch	GA	30542
04/19 - 06/22	[redacted] Manns Harbor Drive	Apollo Beach	FL	33572
08/18- 04/19	[redacted] Cerulean Drive, Apt [redacted]	Riverview	FL	33578
04/17 - 08/18	[redacted] N Highland Ave	Tampa	FL	33603
04/16 - 04/17	[redacted] Chippewa Ave	Tampa	FL	33606
07/14 - 04/16	[redacted] Wakefield Road	Dayton	OH	45440
08/12 - 07/14	[redacted] Timber Bend Place	Dayton	OH	45424
08/09- 08/12	[redacted] Burns Ct.	Fairborn	OH	45324

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Cardinal Health			06/16 - Present	
Business Address		City	State	Zip
7000 Cardinal Place		Dublin	OH	43017
Phone	Title		Number of Employed Hours	
419-579-4858	Supervisor, Manager, Site Leader			
Description of Duties				
Total operations logistics, planning, employee engagement and development to include management of inbound/outbound operations, quality, and inventory control				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		☑
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		☑

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9/28/2022
Date

I, Matthew Charles Jacoby, certify that as the MDEG Administrator for

_____,

that I (initial that you have read and meet the following requirements):

1. MJ Have a high school diploma or its equivalent;
2. MJ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. MJ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. MJ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Matthew Jacoby
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/28/2022
Date

Board Use Only	Date Received: _____

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Form 10-K

☑ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended June 30, 2022

or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission File Number: 1-11373

Cardinal Health, Inc.

(Exact name of registrant as specified in its charter)

Ohio	**31-0958666**
(State or other jurisdiction of incorporation or organization)	***(IRS Employer Identification No.)***
7000 Cardinal Place , Dublin , Ohio	**43017**
(Address of principal executive offices)	***(Zip Code)***

(614) 757-5000

(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	*Trading Symbol(s)*	*Name of each exchange on which registered*
Common shares (without par value)	**CAH**	**New York Stock Exchange**

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☑ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☑

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☑ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☑ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☑	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report.

☑

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☑

The aggregate market value of voting stock held by non-affiliates on December 31, 2021, was the following: $14,223,756,327.

The number of the registrant's common shares, without par value, outstanding as of July 31, 2022, was the following: 272,512,364.

Documents Incorporated by Reference:

Portions of the registrant's Definitive Proxy Statement to be filed for its 2022 Annual Meeting of Shareholders are incorporated by reference into the sections of this Form 10-K addressing the requirements of Part III of Form 10-K.

Cardinal Health
Fiscal 2022 Form 10-K

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Introduction

References to Cardinal Health and Fiscal Years

As used in this report, "we," "our," "us," "Cardinal Health" and similar pronouns refer to Cardinal Health, Inc. and its majority-owned and consolidated subsidiaries, unless the context requires otherwise. Our fiscal year ends on June 30. References to fiscal 2023, 2022, 2021, 2020, 2019 and 2018 are to the fiscal years ended June 30, 2023, 2022, 2021, 2020, 2019 and 2018, respectively. Except as otherwise specified, information in this report is provided as of June 30, 2022.

Non-GAAP Financial Measures

In this report, including in the "Fiscal 2022 Overview" section of Management's Discussion and Analysis of Financial Condition and Results of Operations ("MD&A"), we use financial measures that are derived from consolidated financial data but are not presented in our financial statements that are prepared in accordance with U.S. generally accepted accounting principles ("GAAP"). These measures are considered "non-GAAP financial measures" under the Securities and Exchange Commission ("SEC") rules. The reasons we use these non-GAAP financial measures and the reconciliations to their most directly comparable GAAP financial measures are included in the "Explanation and Reconciliation of Non-GAAP Financial Measures" section following MD&A in this report.

Management's Discussion and Analysis of Financial Condition and Results of Operations

Our MD&A within this Form 10-K generally discusses fiscal 2022 and fiscal 2021 items and year-to-year comparisons between fiscal 2022 and fiscal 2021. Fiscal 2020 items and discussions of year-to-year comparisons between fiscal 2021 and fiscal 2020 that are not included in this Form 10-K can be found in Management's Discussion and Analysis of Financial Condition and Results of Operations in our Annual Report on Form 10-K for the fiscal year ended June 30, 2021 (the "Fiscal 2021 Form 10-K").

Important Information Regarding Forward-Looking Statements

This report (including information incorporated by reference) includes forward-looking statements addressing expectations, prospects, estimates and other matters that are dependent upon future events or developments. Many forward-looking statements appear in MD&A and Risk Factors, but there are others throughout this report, which may be identified by words such as "expect," "anticipate," "intend," "plan," "believe," "will," "should," "could," "would," "project," "continue," "likely," and similar expressions, and include statements reflecting future results or guidance, statements of outlook and expense accruals. These matters are subject to risks and uncertainties that could cause actual results to differ materially from those projected, anticipated or implied. The most significant of these risks and uncertainties are described in "Risk Factors" in this report and in Exhibit 99.1 to the Form 10-K included in this report. Forward-looking statements in this report speak only as of the date of this document. Except to the extent required by applicable law, we undertake no obligation to update or revise any forward-looking statement.

Available Information

Our Annual Report on Form 10-K, Quarterly Reports on Form 10-Q, Current Reports on Form 8-K, and amendments to those reports are available free of charge on our website (www.cardinalhealth.com), under the "Investor Relations — Financial Reporting — SEC Filings" caption, as soon as reasonably practicable after we electronically file them with, or furnish them to, the SEC. The SEC also maintains a website (www.sec.gov) where you can search for annual, quarterly and current reports, proxy and information statements, and other information regarding us and other public companies.

Management's Discussion and Analysis of Financial Condition and Results of Operations

About Cardinal Health

Cardinal Health, Inc., an Ohio corporation formed in 1979, is a globally integrated healthcare services and products company providing customized solutions for hospitals, healthcare systems, pharmacies, ambulatory surgery centers, clinical laboratories, physician offices and patients in the home. We provide pharmaceuticals and medical products and cost-effective solutions that enhance supply chain efficiency. We connect patients, providers, payers, pharmacists and manufacturers for integrated care coordination and better patient management. We manage our business and report our financial results in two segments: Pharmaceutical and Medical.

Pharmaceutical Segment

Our Pharmaceutical segment distributes branded and generic pharmaceutical, specialty pharmaceutical and over-the-counter healthcare and consumer products in the United States. This segment also provides services to pharmaceutical manufacturers and healthcare providers for specialty pharmaceutical products; operates nuclear pharmacies and radiopharmaceutical manufacturing facilities; provides pharmacy management services to hospitals, as well as medication therapy management and patient outcomes services to hospitals, other healthcare providers and payers; and repackages generic pharmaceuticals and over-the-counter healthcare products.

Medical Segment

Our Medical segment manufactures, sources and distributes Cardinal Health branded medical, surgical and laboratory products, which are sold in the United States, Canada, Europe, Asia and other markets. In addition to distributing Cardinal Health branded products, this segment also distributes a broad range of medical, surgical and laboratory products known as national brand products and provides supply chain services and solutions to hospitals, ambulatory surgery centers, clinical laboratories and other healthcare providers in the United States and Canada. This segment also distributes medical products to patients' homes in the United States through our Cardinal Health at-Home Solutions division.

Consolidated Results

Fiscal 2022 Overview

Revenue

Revenue for fiscal 2022 was $181.4 billion, a 12 percent increase from the prior year, primarily due to sales growth from pharmaceutical distribution and specialty pharmaceutical customers, which largely consisted of branded pharmaceutical sales to existing and net new customers.

GAAP and Non-GAAP Operating Earnings/(Loss)

(in millions)	2022	2021	Change
GAAP operating earnings/(loss)	**$ (596)**	$ 472	**N.M.**
Surgical gown recall costs/(income)	**1**	(28)	
State opioid assessment related to prior fiscal years	**—**	38	
Restructuring and employee severance	**101**	114	
Amortization and other acquisition-related costs	**324**	451	
Impairments and (gain)/loss on disposal of assets	**2,050**	79	
Litigation (recoveries)/charges, net	**109**	1,129	
Non-GAAP operating earnings	**$ 1,990**	$ 2,255	**(12)%**

The sum of the components and certain computations may reflect rounding adjustments.

We had a GAAP operating loss of $596 million during fiscal 2022 due to $2.1 billion pre-tax non-cash goodwill impairment charges related to the Medical segment. See "Critical Accounting Policies and Sensitive Accounting Estimates" section of this MD&A and Note 4 of the "Notes to Consolidated Financial Statements" for additional detail. During fiscal 2021, we recognized pre-tax charges of $1.17 billion for the estimated liability associated with lawsuits and claims brought against us by states and political subdivisions relating to the distribution of prescription opioid pain medications. See further description of opioid lawsuits in the Significant Developments in Fiscal 2022 and Trends section in this MD&A and Note 7 of the "Notes to Consolidated Financial Statements."

Non-GAAP operating earnings during fiscal 2022 decreased 12 percent primarily due to the decrease in Medical segment profit, largely resulting from net inflationary impacts (which primarily related to increased transportation and commodities costs, partially offset by certain price increases) and the adverse impact of global supply chain constraints.

GAAP and Non-GAAP Diluted EPS

($ per share)	2022 [2][3]	2021 [2]	Change
GAAP diluted EPS [1]	**$ (3.35)**	$ 2.08	**N.M.**
Surgical gown recall costs/(income)	**—**	(0.07)	
State opioid assessment related to prior fiscal years	**—**	0.10	
Restructuring and employee severance	**0.27**	0.29	
Amortization and other acquisition-related costs	**0.87**	1.13	
Impairments and (gain)/loss on disposal of assets[4]	**6.93**	0.21	
Litigation (recoveries)/charges, net [5]	**0.31**	1.78	
Loss on early extinguishment of debt	**0.03**	0.04	
(Gain)/loss on sale of equity interest in naviHealth	**—**	0.01	
Non-GAAP diluted EPS [1]	**$ 5.06**	$ 5.57	**(9)%**

The sum of the components and certain computations may reflect rounding adjustments.

(1) Diluted earnings/(loss) per share attributable to Cardinal Health, Inc. ("diluted EPS" or "diluted loss per share").

(2) The reconciling items are presented within this table net of tax. See quantification of tax effect of each reconciling item in our GAAP to Non-GAAP Reconciliations in the section titled "Explanation and Reconciliation of Non-GAAP Financial Measures."

(3) For fiscal 2022, GAAP diluted loss per share attributable to Cardinal Health, Inc. and the EPS impact from the GAAP to non-GAAP per share reconciling items are calculated using a weighted average of 279 million common shares, which excludes potentially dilutive securities from the denominator due to their anti-dilutive effects resulting from our GAAP net loss for the period. Fiscal 2022 non-GAAP diluted EPS is calculated using a weighted average of 280 million common shares, which includes potentially dilutive shares.

(4) Impairments and (gain)/loss on disposals of assets, net includes pre-tax goodwill impairment charges of $2.1 billion related to the Medical segment recorded during fiscal 2022. The net tax benefit related to these charges was $150 million.

(5) Litigation (recoveries)/charges, net, includes a tax benefit recorded during fiscal 2021 related to a net operating loss carryback. Our wholly-owned insurance subsidiary recorded a self-insurance pre-tax loss in its fiscal 2020 statutory financial statements primarily related to opioid litigation. This self-insurance pre-tax loss, which did not impact our pre-tax consolidated results, was deducted on our fiscal 2020 consolidated federal income tax return and contributed to a significant net operating loss for tax purposes. The net operating loss was carried back and adjusted our taxable income for fiscal 2015, 2016, 2017 and 2018 as permitted under the Coronavirus Aid, Relief and Economic Security ("CARES") Act. The total benefit from the net operating loss carryback was $424 million; however, for purposes of Non-GAAP financial measures, we allocated $389 million of the benefit to litigation (recoveries)/charges, net, which is excluded from non-GAAP measures, based on the relative amount of the self-insurance pre-tax loss related to opioid litigation claims versus separate tax adjustments. The tax benefit allocated to the separate tax adjustments of $35 million is included in non-GAAP measures.

During fiscal 2022, GAAP diluted EPS was adversely impacted by the goodwill impairment charges related to the Medical segment, which had a $(6.94) per share after-tax impact. See "Critical Accounting Policies and Sensitive Accounting Estimates" section of this MD&A, and Note 4 and Note 8 of the "Notes to Consolidated Financial Statements" for additional detail.

During fiscal 2021, GAAP diluted EPS was positively impacted by $1.44 per share due to a tax benefit from the net operating loss carryback primarily related to a self-insurance pre-tax loss, as further described in Note 8 of the "Notes to Consolidated Financial Statements." The charges we recognized in fiscal 2021 for the estimated liability associated with lawsuits and claims brought against us by states and political subdivisions relating to the distribution of prescription opioid pain medications had a $(3.21) per share after-tax impact on GAAP diluted EPS.

During fiscal 2022, non-GAAP diluted EPS decreased 9 percent to $5.06 due to factors impacting non-GAAP operating earnings, partially offset by a lower share count as a result of share repurchases.

Cash and Equivalents

Our cash and equivalents balance was $4.7 billion at June 30, 2022 compared to $3.4 billion at June 30, 2021. The increase in cash during fiscal 2022 was due to net cash provided by operating activities of $3.1 billion. Net cash provided by operating activities includes a refund of $966 million for the tax benefit from the net operating loss carryback related to a self-insurance pre-tax loss, and reflects the impact of $417 million of payments related to the settlement agreement (the "Settlement Agreement") to settle the vast majority of the opioid lawsuits filed by states and local governmental entities, payments under the separate New York, Ohio and Rhode Island settlements, as well as certain payments under the Cherokee Nation settlement. Fiscal 2022 operating cash flow was also impacted by favorable timing of net working capital.

We also received proceeds of $923 million, net of cash transferred, from the divestiture of the Cordis business, and we deployed $1.0 billion for share repurchases, $885 million for debt repayments, $559 million for dividends and $387 million for capital expenditures.

Significant Developments in Fiscal 2022 and Trends

Opioid Lawsuits Developments

National Settlement

Beginning in fiscal year 2017, state attorneys general, counties and municipalities began filing lawsuits related to the distribution of prescription opioid pain medications against pharmaceutical wholesalers, including us, and other participants in the pharmaceutical supply chain. By fiscal year 2022, Cardinal Health was a defendant in approximately 2,775 lawsuits brought by state attorneys general and counties, municipalities and other political subdivisions. In July 2021, we and two other national distributors (collectively, the "Distributors") announced a proposed settlement with a group of state attorneys general intended to resolve the vast majority of these lawsuits (the "National Settlement") as well as a proposed settlement agreement (the "Settlement Agreement") containing, among other things, a sign-on process to allow states and political subdivisions to participate in the National Settlement.

In February 2022, the Distributors announced that each company had determined that a sufficient number of states and political subdivisions had agreed to participate in the National Settlement to proceed to effectiveness of that settlement. The Settlement Agreement became effective on April 2, 2022.

Parties to the National Settlement include 46 out of 49 eligible states as well as the District of Columbia and all eligible territories. As of August 9, 2022, over 99 percent of eligible political subdivisions (as calculated by population under the Settlement Agreement) that had brought opioid-related suits against the companies have joined the settlement or otherwise had their claims addressed by state legislation.

The Settlement Agreement includes a cash component, pursuant to which we will pay up to approximately $6.0 billion, the majority of which is expected to be paid over 18 years. The exact payment amount will depend on several factors, including the extent to which states take action to foreclose opioid lawsuits by political subdivisions (e.g., by passing laws barring or limiting opioid lawsuits by political subdivisions) and the extent to which additional political subdivisions in participating states file opioid lawsuits against us.

The Settlement Agreement also includes injunctive relief terms related to distributors' controlled substance anti-diversion programs, including with respect to: (1) governance; (2) independence and training of the personnel operating controlled substances monitoring programs; (3) due diligence for new and existing customers; (4) ordering limits for certain products; and (5) suspicious order monitoring. A monitor will oversee compliance with these provisions for a period of five years. In addition, the Distributors will engage a third-party vendor to act as a clearinghouse for data aggregation and reporting, which the Distributors will fund for ten years.

During fiscal 2022, we made our first annual payment under the Settlement Agreement. Prior to the effective date of the Settlement Agreement, the Distributors had entered into separate settlement agreements with each of the states of Florida, New York, Ohio and Rhode Island. When the Settlement Agreement became effective, each of these states and their participating subdivisions became a part of the National Settlement; however, the New York, Ohio and Rhode Island agreements required us to make certain payments separately from those required by the Settlement Agreement. Accordingly, during fiscal 2022, we made payments under the separate New York, Ohio and Rhode Island settlements, as well as certain payments under the Cherokee Nation settlement. In total, we paid $417 million in connection with these matters during fiscal 2022. We have $6.36 billion accrued at June 30, 2022, of which $532 million is included in other accrued liabilities, and the remainder is included in deferred income taxes and other liabilities in our consolidated balance sheets. In July 2022, we made our second annual payment of $374 million under the Settlement Agreement.

Other Settlements

West Virginia subdivisions and Native American tribes are not a part of the National Settlement and we had separate negotiations with these groups. A bench trial before a federal judge in West Virginia in a case brought by Cabell County and City of Huntington against the Distributors concluded in July 2021. In July 2022, a judgment in favor of the Distributors was entered. In July 2022, the Distributors reached an agreement to settle the opioid-related claims of the majority of the remaining West Virginia subdivisions. Under this agreement, Cardinal Health agreed to pay eligible West Virginia subdivisions up to approximately $124 million over an eleven-year period. This agreement is subject to certain contingencies related to subdivision participation. In September 2021, we announced that the Distributors had reached an agreement with the Cherokee Nation in connection with ongoing negotiations toward a broader agreement with Native American tribes. In January 2022, the Distributors executed a term sheet with the Native American tribes.

In May 2022, the Distributors reached an agreement with the Washington Attorney General, under which Cardinal Health will pay up to approximately $160 million to the State of Washington and its participating political subdivisions to resolve opioid-related claims. This amount is consistent with the amount that would have been allocated to Washington under the Settlement Agreement plus certain attorneys' fees and costs. The terms of this agreement are consistent with the Settlement Agreement. This agreement is subject to certain contingencies, including the rate of subdivision participation.

In June 2022, the Distributors reached an agreement with the State of Oklahoma to resolve the opioid-related claims of the state and its political subdivisions. Under this agreement, Cardinal Health agreed to pay up to approximately $95 million to the State and its participating

subdivisions. This amount is consistent with the amount that would have been allocated to Oklahoma under the Settlement Agreement. The terms of this agreement are consistent with the terms of the Settlement Agreement. This agreement is subject to certain contingencies, including the rate of subdivision participation. If this agreement and the Washington agreement are finalized, Oklahoma and Washington would be subject to the Settlement Agreement and 48 of 49 eligible states would then be subject to the Settlement Agreement.

In addition to the lawsuits and claims brought by states and governmental entities, described above, we are involved in other opioid-related litigation and investigations, which are described further in Note 7 of the "Notes to Consolidated Financial Statements."

Because loss contingencies are inherently unpredictable and unfavorable developments or resolutions can occur, the assessment is highly subjective and requires judgments about future events. We regularly review these opioid litigation matters to determine whether our accrual is adequate. The amount of ultimate loss may differ materially from this accrual. See Note 7 of the "Notes to Consolidated Financial Statements" for additional information.

Inflationary Impacts and Global Supply Chain Constraints

Medical segment profit was significantly negatively affected by inflationary impacts, primarily related to transportation (including ocean and domestic freight), commodities, labor, and global supply chain constraints in fiscal 2022.

We expect these inflationary impacts and global supply chain constraints to continue to adversely impact Medical segment profit in fiscal 2023 and beyond. In order to partially mitigate this impact, we have implemented initial phases of price increases and we intend to implement additional price increases. We are also evolving our commercial contracting processes to provide us with greater pricing flexibility and investing in additional supply chain capacity. These increased costs and global supply chain constraints are difficult to predict and may be greater than we expect or continue longer than our current expectations. In the event these costs decrease, the benefit to Medical segment profit will be delayed until the higher-cost inventory has moved through our supply chain. Our plans to increase prices and evolve our contracting strategies are subject to contingencies and uncertainties and it is possible that our results of operations will be adversely impacted to a greater extent than we currently anticipate.

To a lesser extent, inflationary impacts, primarily related to increased transportation and labor costs, also adversely impacted Pharmaceutical segment profit during fiscal 2022. We expect these inflationary costs to continue to adversely impact Pharmaceutical segment profit in fiscal 2023.

PPE Demand and Pricing

Personal protective equipment ("PPE") refers to protective clothing, medical and non-medical grade gloves, face shields, face masks and other equipment designed to protect the wearer from injury or the spread of infection or illness. Demand for PPE has fluctuated during fiscal 2022 and 2021, resulting in variability in sales volumes, inventory levels and costs to manufacture and source these products.

PPE adversely impacted Medical segment profit on a year-over-year basis during fiscal 2022 primarily due to declines in volume and the prior-year positive impact of the timing of PPE cost mitigation efforts (primarily pricing). The demand and pricing for PPE is subject to risks and uncertainties, which may impact Medical segment profit and consolidated operating earnings in fiscal 2023.

The year-over-year comparison was also impacted by an inventory reserve of $197 million, primarily related to certain categories of gloves, which adversely impacted Medical segment profit in fiscal 2021. See "Critical Accounting Policies and Sensitive Accounting Estimates" section of this MD&A for additional detail.

Medical Goodwill

Due to the adverse impact on our financial results from, the risks and uncertainties related to inflationary impacts, global supply chain constraints and PPE demand and pricing, and increases in the risk-free interest rate, we performed goodwill impairment testing for the Medical reporting unit within the Medical segment during fiscal 2022. This testing resulted in cumulative pre-tax charges of $2.1 billion, which are included in impairments and (gain)/loss on disposal of assets in our consolidated statements of earnings/(loss). See "Critical Accounting Policies and Sensitive Accounting Estimates" section of this MD&A and Note 4 of the "Notes to Consolidated Financial Statements" for additional detail.

Adverse changes in key assumptions or a significant change in industry or economic trends during fiscal 2023 could result in additional goodwill impairment.

Pharmaceutical Segment Generics Program

The performance of our Pharmaceutical segment generics program positively impacted the year-over-year comparison of Pharmaceutical segment profit in fiscal 2022, which includes improvement in volumes compared to the prior-year period. The Pharmaceutical segment generics program includes, among other things, the impact of generic pharmaceutical product launches, customer volumes, pricing changes and the Red Oak Sourcing, LLC venture ("Red Oak Sourcing") with CVS Health Corporation ("CVS Health"). The frequency, timing, magnitude and profit impact of generic pharmaceutical customer volumes, pricing changes, customer contract renewals, and branded and generic pharmaceutical manufacturer pricing changes all impact Pharmaceutical segment profit and are subject to risks and uncertainties. These risks and uncertainties may impact Pharmaceutical segment profit and consolidated operating earnings in fiscal 2023.

Cordis Divestiture

In August 2021, we sold the Cordis business to Hellman & Friedman for proceeds of $923 million, net of cash transferred, and we retained certain working capital accounts and certain liabilities. Cardinal Health will retain product liability associated with lawsuits and claims related to inferior vena cava ("IVC") filters in the U.S. and Canada, as well as authority for these matters discussed in Note 7 of the "Notes to Consolidated Financial Statements." In connection with the closing, we entered into a Transition Services Agreement ("TSA") with the buyer to provide support functions for a period of up to twenty-four months following the sale. See Note 2 of the "Notes to Consolidated Financial Statements" for additional information.

As anticipated, Medical segment revenue and Medical segment profit were adversely impacted by approximately $700 million and $70 million, respectively, in fiscal 2022 due to the divestiture of the Cordis business. The divestiture also resulted in a decrease in amortization of acquisition-related intangible assets during fiscal 2022. The divestiture of the Cordis business is subject to risks and uncertainties that may further adversely impact Medical segment profit. For example, the TSA period may be extended beyond our current expectations or could have unintended consequences, and the costs associated with the exit or disposal activities and stranded costs could be greater than anticipated.

Results of Operations

Revenue



(in millions)	Revenue 2022	2021	Change
Pharmaceutical	$ 165,491	$ 145,796	14 %
Medical	15,887	16,687	(5)%
Total segment revenue	181,378	162,483	12 %
Corporate	(14)	(16)	N.M.
Total revenue	$ 181,364	$ 162,467	12 %

Fiscal 2022 Compared to Fiscal 2021

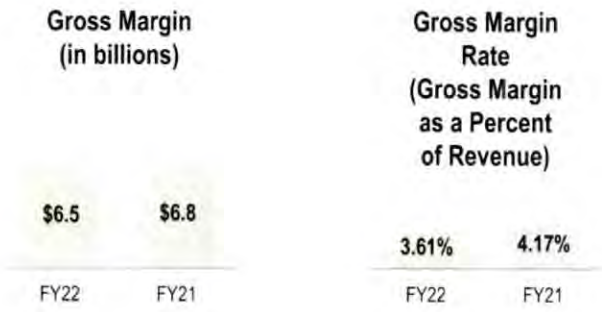
Pharmaceutical Segment
Fiscal 2022 Pharmaceutical segment revenue grew by $19.6 billion primarily due to sales growth from pharmaceutical distribution and specialty pharmaceutical customers, which largely consisted of branded pharmaceutical sales to existing and net new customers.

Medical Segment
Fiscal 2022 Medical segment revenue decreased by $800 million, primarily due to the impact of the divestiture of the Cordis business. Medical segment revenue was also adversely impacted by lower volumes within products and distribution, which was partially offset by sales growth in at-Home Solutions.

Cost of Products Sold

Cost of products sold for fiscal 2022 increased $19.1 billion (12 percent) due to the factors affecting the changes in revenue and gross margin.

Gross Margin



(in millions)	Consolidated Gross Margin 2022	2021	Change
Gross margin	$ 6,545	$ 6,778	(3)%

Fiscal 2022 Compared to Fiscal 2021

Fiscal 2022 consolidated gross margin decreased primarily due to the divestiture of the Cordis business and increased costs in the Medical segment due to net inflationary impacts and the adverse impact of global supply chain constraints, partially offset by the performance of our Pharmaceutical segment generics program and an improvement in volumes, primarily in generic and branded pharmaceuticals, compared to the prior-year period. The year-over-year comparison was also favorably impacted by the prior-year inventory reserve recorded in the Medical segment to reduce the carrying value of certain PPE, primarily certain categories of gloves, to net realizable value.

Gross margin rate declined 56 basis points during fiscal 2022 mainly due to changes in overall product mix, primarily driven by increased pharmaceutical distribution branded sales, which have a dilutive impact on our overall gross margin rate. The performance of Medical segment products and distribution, which reflects the divestiture of the Cordis business and increased costs due to net inflationary impacts and the adverse impact of global supply chain constraints, also had an adverse impact on gross margin rate. The year-over-year comparison was favorably impacted by the prior-year inventory reserve recorded in the Medical segment to reduce the carrying value of certain PPE, primarily certain categories of gloves, to net realizable value.

Distribution, Selling, General and Administrative ("SG&A") Expenses

(in millions)	SG&A Expenses 2022	2021	Change
SG&A expenses	$ 4,557	$ 4,533	1 %

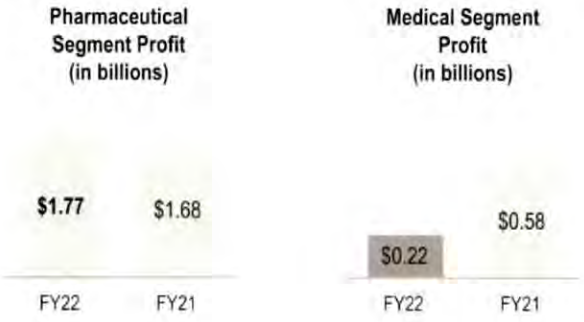
Fiscal 2022 Compared to Fiscal 2021

SG&A expenses increased slightly during fiscal 2022 largely due to inflationary impacts, primarily related to increased transportation and labor costs, increased costs related to investments in information technology infrastructure and higher costs to support sales growth, primarily offset by the impact of the divestiture of the Cordis business.

The year-over-year comparison was also favorably impacted by the prior-year $41 million accrual for our estimated portion of the assessment on prescription opioid medications that were sold or distributed in New York state in calendar year 2017 and 2018 which was recognized during fiscal 2021. See Note 7 of the "Notes to Consolidated Financial Statements" for additional information on the New York Opioid Stewardship Act.

Segment Profit

We evaluate segment performance based on segment profit, among other measures. See Note 13 of the "Notes to Consolidated Financial Statements" for additional information on segment profit.



(in millions)	Segment Profit and Operating Earnings 2022	2021	Change
Pharmaceutical	$ 1,770	$ 1,684	5 %
Medical	216	577	(63)%
Total segment profit	1,986	2,261	(12)%
Corporate	(2,582)	(1,789)	N.M.
Total consolidated operating earnings/(loss)	**$ (596)**	$ 472	N.M.

Fiscal 2022 Compared to Fiscal 2021

Pharmaceutical Segment Profit

Fiscal 2022 Pharmaceutical segment profit increased due to the performance of our generics program, partially offset by increased costs related to investments in information technology infrastructure and inflationary impacts, primarily related to increased transportation and labor costs. Pharmaceutical segment profit was also positively impacted by improvement in volumes, primarily in generic and branded pharmaceuticals, compared to the prior-year period.

Pharmaceutical segment profit includes opioid-related litigation defense and compliance costs, but does not include a one-time contingent attorneys' fee of $18 million recorded in fiscal 2022, which related to the finalization of the Settlement Agreement. Due to the unique nature and significance of the Settlement Agreement, and the one-time, contingent nature of the fee, this fee was included in litigation (recoveries)/charges, net in the consolidated statements of earnings/(loss).

Fiscal 2022 Pharmaceutical segment profit was positively impacted by a $16 million judgment for lost profits related to an ordinary course intellectual property rights claim.

Medical Segment Profit

Fiscal 2022 Medical segment profit decreased largely due to net inflationary impacts (which primarily related to increased transportation and commodities costs, partially offset by price increases), the adverse impact of global supply chain constraints and the divestiture of the Cordis business. The year-over-year comparison of Medical segment profit was also impacted favorably by the prior-year inventory reserve recorded to reduce the carrying value of certain PPE, primarily certain categories of gloves, to net realizable value, and unfavorably by the prior-year net positive impact of PPE sales.

Corporate

The changes in Corporate during fiscal 2022 are due to the factors discussed in the Other Components of Consolidated Operating Earnings/(Loss) section that follows.

Other Components of Consolidated Operating Earnings/(Loss)

In addition to revenue, gross margin, and SG&A expenses discussed previously, consolidated operating earnings/(loss) were impacted by the following:

(in millions)	2022	2021
Restructuring and employee severance	$ 101	$ 114
Amortization and other acquisition-related costs	324	451
Impairments and (gain)/loss on disposal of assets, net	2,050	79
Litigation (recoveries)/charges, net	109	1,129

Restructuring and Employee Severance

In fiscal 2022, restructuring costs were primarily related to the implementation of certain enterprise-wide cost-savings measures, which includes facility exit costs related to decreasing our overall office space, and the divestiture of the Cordis business.

Amortization and Other Acquisition-Related Costs

Amortization of acquisition-related intangible assets was $311 million and $428 million for fiscal 2022 and 2021, respectively. The decrease in amortization of acquisition-related intangible assets was primarily due to the divestiture of the Cordis business.

Impairments and (Gain)/Loss on Disposal of Assets, Net

During fiscal 2022, we recognized $2.1 billion of pre-tax non-cash goodwill impairment charges related to our Medical segment, as discussed further in the "Critical Accounting Policies and Sensitive Accounting Estimates" section of this MD&A and Note 4 of the "Notes to Consolidated Financial Statements."

During fiscal 2021, we recognized a $60 million pre-tax write-down of the assets held for sale from the divestiture of the Cordis business.

Litigation (Recoveries)/Charges, Net

During fiscal 2022 and 2021, we recognized estimated losses and legal defense costs associated with the IVC filter product liability claims of $87 million and $56 million, respectively. See Note 7 of the "Notes to Consolidated Financial Statements" for additional information.

During fiscal 2022, we incurred a one-time contingent attorneys' fee of $18 million related to the finalization of the Settlement Agreement resulting in the settlement of the vast majority of opioid lawsuits filed by state and local governmental entities. Due to the unique nature and significance of the Settlement Agreement, and the one-time, contingent nature of the fee, this fee was included in litigation (recoveries)/charges, net.

During fiscal 2022 and 2021, we recognized income of $18 million and $112 million, respectively, for recoveries in class action antitrust lawsuits in which we were a class member.

During fiscal 2021, we recognized pre-tax charges of $1.17 billion associated with certain opioid matters. See Significant Developments in Fiscal 2022 and Trends section in this MD&A and Note 7 of the "Notes to Consolidated Financial Statements" for additional information.

During fiscal 2021, we recognized a $13 million charge in connection with a civil investigation by the United States Attorney's Office for the District of Massachusetts related to discounts and rebates offered or provided to certain Specialty Solutions customers, as described further in Note 7 of the "Notes to Consolidated Financial Statements" for additional information.

Other Components of Earnings/(Loss) Before Income Taxes

In addition to the items discussed above, earnings/(loss) before income taxes was impacted by the following:

(in millions)	2022	2021	Change
Other (income)/expense, net	$ 16	$ (47)	N.M.
Interest expense, net	149	180	(17)%
Loss on early extinguishment of debt	10	14	N.M.
(Gain)/Loss on sale of equity interest in naviHealth	(2)	2	N.M.

Other (Income)/Expense, Net

During fiscal 2022, other (income)/expense, net was unfavorable compared to the prior-year period primarily due to a decrease in the value of our deferred compensation plan investments, which offsets fluctuations included within SG&A expenses and is discussed further in Note 9 of the "Notes to Consolidated Financial Statements." The year-over-year comparison was also adversely impacted from net losses on investments in non-marketable equity securities recognized during fiscal 2022 compared to net gains recognized in fiscal 2021.

Interest Expense, Net
Fiscal 2022 interest expense decreased from fiscal 2021 primarily due to less debt outstanding.

Loss On Early Extinguishment of Debt
During fiscal 2022 and 2021, we recognized losses of $10 million and $14 million, respectively, in connection with the redemption and early debt repurchases as described further in Note 6 of the "Notes to Consolidated Financial Statements."

Provision for Income Taxes

Fluctuations in the effective tax rates are primarily due to the impact of the goodwill impairment charges recognized in the Medical segment in fiscal 2022, the opioid litigation accrual recognized in fiscal 2021, as well as the impact of the carryback claim filed in accordance with the CARES Act provision in fiscal year 2021.
A reconciliation of the provision based on the federal statutory income tax rate to our effective income tax rate from continuing operations is as follows (see Note 8 of the "Notes to Consolidated Financial Statements" for additional information):

	2022 [1]	2021 [1]
Provision at Federal statutory rate	21.0 %	21.0 %
State and local income taxes, net of federal benefit	2.2	3.2
Tax effect of foreign operations	3.5	0.7
Nondeductible/nontaxable items [2]	1.2	1.6
Impact of Divestitures	(4.9)	7.0
Withholding Taxes [2]	(1.1)	9.0
Change in Valuation Allowances	3.5	(1.4)
US Taxes on International Income [2][3]	3.2	(6.7)
Impact of Resolutions with IRS and other related matters [2]	(0.6)	(13.6)
Opioid litigation	(0.5)	17.7
Goodwill Impairment	(49.5)	—
Loss Carryback Claims	—	(129.9)
Other [2]	0.8	1.7
Effective income tax rate	(21.2)%	(89.7)%

(1) The table represents the following: fiscal 2022 is pretax loss with tax expense and fiscal 2021 is pretax income with tax benefit.

(2) Certain prior year amounts have been reclassified to conform to current year presentation.

(3) Includes the tax impact of Global Intangible Low-Taxed Income ("GILTI") tax, the Foreign-Derived Intangible Income deduction and other foreign income that is taxable under the U.S. tax code.

Fiscal 2022 Compared to Fiscal 2021

During fiscal 2022 and 2021, the effective tax rate was (21.2) percent and (89.7) percent, respectively. Included in the effective tax rate for fiscal 2022 was $150 million of benefit related to the impairment of goodwill within the Medical segment. Included in the effective tax rate for fiscal 2021 was a $424 million benefit from the net operating loss carryback primarily related to a self-insurance pre-tax loss and net tax benefits related to the treatment of the tax impacts of the fiscal 2021 opioid litigation charges.

Tax Effects of Goodwill Impairment Charge
During fiscal 2022, we recognized year-to-date cumulative pre-tax charges of $2.1 billion for goodwill impairment related to the Medical Unit. The net tax benefit related to these charges was $150 million for fiscal 2022.

Tax Effects of Self-Insurance Pre-tax Loss

During fiscal 2021, our wholly-owned insurance subsidiary recorded a self-insurance pre-tax loss in its fiscal 2020 statutory financial statements primarily related to opioid litigation. This self-insurance pre-tax loss, which did not impact our pre-tax consolidated results, was deducted on our fiscal 2020 consolidated federal income tax return and contributed to a significant net operating loss for tax purposes. The net operating loss was carried back and applied to adjust our taxable income for fiscal 2015, 2016, 2017, and 2018 as permitted under the CARES Act enacted by the United States Congress in March 2020.

Accordingly, our provision for income taxes during fiscal 2021 included a $424 million benefit from the net operating loss carryback primarily to reflect the difference between the federal statutory income tax rate during the fiscal years from 2015 to 2018 (35 percent for fiscal 2015, 2016, and 2017 and 28 percent for fiscal 2018) and the current federal statutory income tax rate of 21 percent.

During fiscal 2022, we received a U.S. federal income tax refund of $966 million in connection with this matter. We also increased our non-current deferred tax liability by approximately $700 million during fiscal 2021 related to this matter.

Tax Effect of Opioid Litigation Charges

The net tax benefits associated with the opioid litigation charges were $228 million for fiscal 2021. Our tax benefits are estimates, which reflect our current assessment of the estimated future deductibility of the amount that may be paid under the accrual taken in connection with the opioid litigation and are net of unrecognized tax benefits of $219 million. The fiscal 2021 net tax benefit and unrecognized tax benefits were primarily due to our assessment of the specific terms of the Settlement Agreement. Our assumptions and estimates around this benefit and uncertain tax position require significant judgment and the actual amount of tax benefit may differ materially from these estimates.

Ongoing Audits

We file income tax returns in the U.S. federal jurisdiction, various U.S. state jurisdictions and various foreign jurisdictions. With few exceptions, we are subject to audit by taxing authorities for fiscal years 2015 through the current fiscal year. Tax laws are complex and subject to varying interpretations. New challenges related to future audits may adversely affect our effective tax rate or tax payments.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Cardinal Health 200, LLC

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 874 Thomas Parkway

City: Jefferson State: GA Zip: 30549

Mailing Address (if different from physical address): 7000 Cardinal Place

City: Dublin State: OH Zip: 43017

Telephone: 614.553.3420 Website: www.cardinalhealth.com

Licensing Company Email: licensure@cardinalhealth.com

Section 2: Personal Information

First: Matthew Middle: Charles Last: Jacoby

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Heritage Ridge

City: Jefferson State: GA Zip: 30542

Telephone: [redacted] Email: matthew.jacoby@cardinalhealth.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Wright State University		08/08 - 05/13	
Address	**City**	**State**	**Zip**
3640 Colonel Glenn Hwy	Dayton	OH	45435
Diploma/Degree obtained, if any			
Bachelors Of Science in Psychology			
School Name		**From - To (MM/YY – MM/YY)**	
Archbold High School		08/04 - 05/08	
Address	**City**	**State**	**Zip**
600 Lafayette St.	Archbold	OH	43502
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/22 - current	[redacted] Heritage Ridge	Flowery Branch	GA	30542
04/19-06/22	[redacted] Manns Harbor Dr	Apollo Beach	FL	33572
08/18-04/19	[redacted] Cerulean Dr Apt 306	Riverview	FL	33578
04/17-08/18	[redacted] N Highland Ave	Tampa	FL	33603
04/16-04/17	[redacted] Chippewa Ave	Tampa	FL	33606
07/14-04/16	[redacted] Wakefield Rd	Dayton	OH	45440
08/12-07/14	[redacted] Timber Bend Pl	Dayton	OH	45424
08/09-08/12	[redacted] Burns Ct	Fairborn	OH	45324

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Cardinal Health			06/16 - Present	
Business Address		**City**	**State**	**Zip**
7000 Cardinal Place		Dublin	OH	43017
Phone	**Title**		**Number of Employed Hours**	
419.579.4858	Supervisor, Manager, Site Leader			
Description of Duties				
Total operations logistics, planning, employee engagement and development to include management of inbound/outbound operations, quality, inventory control,				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Matthew Jacoby

Original Signature (electronic, copies or stamps not accepted)

Date

I, Matthew Jacoby, **certify that as the designated representative for**

Cardinal Health,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MJ I am at least 21 years of age;
3. MJ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MJ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MJ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MJ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MJ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Matthew Jacoby
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/19/2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Matt Jacoby

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/17/22

Date

Please have this section completed in the presence of a Notary Public.

State of Georgia, ss. County of Carroll

I, Matt Jacoby, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/17/22

Date

Subscribed and Sworn to before me this 17 day of August.

Tabatha Bailey

Notary Public Signature

TABATHA BAILEY NOTARY PUBLIC CARROLL COUNTY, GEORGIA MY COMMISSION EXPIRES FEBRUARY 17, 2026

(Seal)

4R

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☑ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Fennec Pharmaceuticals, Inc.

Physical Address: 221 River Street, 9th Floor

City: Hoboken State: NJ Zip: 07030

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Website: https://fennecpharma.com

Name of Designated Representative (DR): Robert Andrade

Licensing Company Email: compliance.fennecpharma@gmail.com DR Email: compliance.fennecpharma@gmail.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☑ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☑ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☑ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Cardinal Health
Address: 50501 Masion Rd. Suite 200 City: LaVergne State: TN Zip: 37086
Name: BERKSHIRE STERILE MANUFACTURING, INC
Address: 480 Pleasant Street City: Lee State: MA Zip: 01238
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any):
Corporation Name: Fennec Pharmaceuticals, Inc.
Mailing Address: 221 River Street, 9th Floor
City: Hoboken State: NJ Zip: 07030
Telephone: 407-913-3422 Email: compliance.fennecpharma@gmail.com
Contact Person Name: David Norton

Date of SEC Registration: 09-17-2004	SEC Registration Number: 0001211583	Stock Exchange Symbol: FENC

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓ x	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓ x			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓ x	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓ x	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	N/A ✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	N/A ✓ x	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Fennec Pharmaceuticals, Inc.

Facility Name

Robert Andrade

Print Name of Authorized Person Submitting Application

RA

Original signature of Authorized Person (copies or stamps not accepted)

8/13/22

Date

Board Use Only	Date Received: 9-26-22	Amount: 1000.00 CK - 11054

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0746142

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☒ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

221 RIVER ST, 9TH FL HOBOKEN, NJ 07030-

Reg. No.
5005801

FENNEC PHARMACEUTICALS INC
FENNEC PHARMA
221 RIVER ST, 9TH FL
HOBOKEN, NJ 07030-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2023

Establishment Copy

FENNEC | Capital Structure and Share Information

Stock Listings Current	FENC – Nasdaq | FRX – TSX, Canada
Shares Outstanding	25.8 Million
Cash and Cash Equivalents[1]	USD $33.2 Million
2019 Cash Burn[2]	USD $9.1 Million
Debt	No outstanding debt

INSTITUTIONAL OWNERSHIP[3]

Southpoint Capital	16%
Essetifin	16%
Avoro Capital Advisors	6%
Sonic Fund	6%
683 Capital	4%
Eventide Funds	4%

[1]As of September 30, 2020
[2]Cash and Cash Equivalents as of December 31, 2018 less Cash and Cash Equivalents as of December 31, 2019
[3]As of most recent Schedule 13G or Schedule 13F filing by respective fund

List the top four corporation shareholders and their percent ownership:

1. Southpoint Capital Advisors - 15.6%
2. Essetifin Financial - 15.3%
3. Sonic Fund - 9.3%
4. DG Capital - 4.9%

									Business						
FIRST.NAME	LAST.NAME	BIRTH.DATE	Title	ADDR.ONE	ZIP.CODE	CITY	STATE	TELEPHONE	ADDR.ONE	ADDR.TWO	ZIP.CODE	CITY	STATE	TELEPHONE	SOCSEC.NUM
				physical/residential address											FULL NINE DIGIT NUMBER REQUIRED
Robert	Andrade	[redacted]	CFO	[redacted]Bridle Path Way	92705	Santa Ana	CA	[redacted]	68 TW Alexander Drive	PO Box 13628	27709	Research Triangle Park	NC	9192465299	613-10-2215
Rosty	Raykov		CEO	[redacted]Ashland Road	07901	Summit	NJ		68 TW Alexander Drive	PO Box 13628	27709	Research Triangle Park	NC	9196365144	237-71-9343

Employees

Robert Andrade, CFO

Rosty Raykov, CEO

David Norton, Head of Patient Services and Distribution

Mark Meier, Sr. VP, Commercial Ops and Strategy

Todd DeMarb, VP Market Access, and Commercial Supply

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FENNEC PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3733230 8300

SR# 20223095354

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204015468

Date: 07-26-22

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:50 AM 12/01/2003
FILED 11:45 AM 12/01/2003
SRV 030765491 - 3733230 FILE

CERTIFICATE OF INCORPORATION

OF

ADHEREX, INC.

****

1. The name of the Corporation is ADHEREX, INC.

2. The address of its registered office in the State of Delaware is Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, County of New Castle. The name of its registered agent at such address is The Corporation Trust Company.

3. The nature of the business or purposes to be conducted or promoted is:

   To engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware.

4. The total number of shares of stock which the Corporation shall have authority to issue is:

   Ten Million (10,000,000) shares of Common Stock with a par value of US$0.001 per share.

5. The name and mailing address of the incorporators is as follows:

NAME	MAILING ADDRESS
Scott Murray	600 Peter Morand Crescent Ottawa ON K1G 5Z3

6. The Corporation is to have perpetual existence.

7. In furtherance and not in limitation of the powers conferred by statue, the board of directors is expressly authorized to make, alter or repeal the by-laws of the corporation.

8. Elections of directors need not be by written ballot unless the by-laws of the corporation shall so provide.

9. Meetings of stockholders may be held within or without the State of Delaware, as the by-laws may provide. The books of the corporation may be kept (subject to any provision contained in the statutes) outside the State of Delaware at such place or places as may be designated from time to time by the board of directors or in the by-laws of the corporation.

TOTAL P.03

10. The Corporation reserves the right to amend, alter, change or repeal any provision contained in this Certificate of Incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon stockholders herein are granted subject to this reservation.

11. A director of the Corporation shall not be personally liable to the Corporation or its stockholders for monetary damages for breach of fiduciary duty as a director except for liability (i) for any breach of the director's duty of loyalty to the Corporation or its stockholders, (ii) for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, (iii) under Section 174 of the Delaware General Corporation Law, or (iv) for any transaction from which the director derived any improper personal benefit.

THE UNDERSIGNED, being the incorporators hereinbefore named, for the purpose of forming a corporation pursuant to the General Corporation Law of the State of Delaware, do make this Certificate, hereby declaring and certifying that this is our act and deed and the facts herein stated are true, and accordingly have hereunto set our hands this 27th day of November, 2003.

Scott Murray, Incorporator

DEC-01-2003 09:38 CT CORP SYSTEM P.03/03

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:26 PM 06/30/2004
FILED 01:51 PM 06/30/2004
SRV 040483633 - 3733230 FILE

STATE OF DELAWARE

CERTIFICATE OF AMENDMENT
OF CERTIFICATE OF INCORPORATION
OF ADHEREX, INC.

Pursuant to Section 242
of the General Corporation Law of
the State of Delaware

Adherex, Inc., a corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware (the "Corporation"),

DOES HEREBY CERTIFY:

FIRST: That the Board of Directors of the Corporation, adopted a resolution proposing and declaring advisable that Section 4 of the Certificate of Incorporation be deleted in its entirety and replaced with the following:

> "The total number of shares of stock which the Corporation shall have authority to issue is:
>
> Three Thousand (3,000) shares of Common Stock with a par value of US$0.001 per share."

SECOND: That the sole stockholder of the Corporation approved said amendment by written resolution dated June 30, 2004 in accordance with the General Corporation Law of the State of Delaware.

THIRD: That the aforesaid amendment was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, the Corporation has caused this Certificate of Amendment to be executed by its Corporate Secretary on this 30th day of June, 2004.

Scott Murray
Secretary

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:05 PM 08/22/2008
FILED 03:46 PM 08/22/2008
SRV 080895514 - 3733230 FILE

CERTIFICATE OF CHANGE OF REGISTERED AGENT

AND

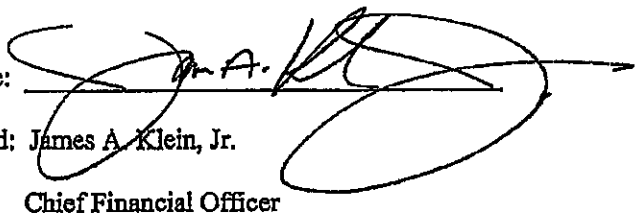
REGISTERED OFFICE

The Board of Directors of **ADHEREX, INC.**, a Corporation of Delaware, on this **21st** day of **August, A.D. 2008**, do hereby resolve and order that the location of the Registered Office of this Corporation within this State be, and the same hereby is **3500 South DuPont Highway**, in the City of **Dover**, County of **Kent** Zip Code **19901**.

The name of the Registered Agent therein and in charge thereof upon whom process against this Corporation may be served, is **Incorporating Services, Ltd.**

ADHEREX, INC., a Corporation of Delaware, does hereby certify that the foregoing is a true copy of a resolution adopted by the Board of Directors at a meeting held as herein stated.

IN WITNESS WHEREOF, said Corporation has caused this certificate to be executed by its duly authorized officer this **21st** day of **August**, A.D. **2008**.

Name: 

Typed: James A. Klein, Jr.

Title: Chief Financial Officer

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:54 AM 09/09/2014
FILED 11:54 AM 09/09/2014
SRV 141156423 - 3733230 FILE

STATE OF DELAWARE
CERTIFICATE FOR RENEWAL
AND REVIVAL OF CHARTER

The corporation organized under the laws of the State of Delaware, the charter of which was voided for non-payment of taxes and/or for failure to file a complete annual report, now desires to procure a restoration, renewal and revival of its charter pursuant to Section 312 of the General Corporation Law of the State of Delaware, and hereby certifies as follows:

1. The name of the corporation is ADHEREX, INC.

2. The Registered Office of the corporation in the State of Delaware is located at 3500 S DUPONT HWY (street), in the City of DOVER, County of KENT Zip Code 19901. The name of the Registered Agent at such address upon whom process against this Corporation may be served is INCORPORATING SERVICES, LTD.

3. The date of filing of the Corporation's original Certificate of Incorporation in Delaware was DECMBER 1, 2003

4. The renewal and revival of the charter of this corporation is to be perpetual.

5. The corporation was duly organized and carried on the business authorized by its charter until the 1ST day of MARCH A.D 2011, at which time its charter became inoperative and void for non-payment of taxes and/or failure to file a complete annual report and the certificate for renewal and revival is filed by authority of the duly elected directors of the corporation in accordance with the laws of the State of Delaware.

By: R. Raykov
Authorized Officer

Name: ROSTISLAV RAYKOV
Print or Type

CERTIFICATE OF AMENDMENT OF CERTIFICATE OF INCORPORATION OF ADHEREX, INC.

ADHEREX, INC. (hereinafter called the "Corporation"), a corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware, docs hereby certify:

1. The name of the corporation is: ADHEREX, INC.

2. The Certificate of Incorporation of the Corporation is hereby amended by striking out Article No. 1 thereof and by substituting in lieu of said article the following new Article No. 1:

1. The name of the corporation is: FENNEC PHARMACEUTICALS, INC.

3. The amendment of the Certificate of Incorporation herein certified has been duly adopted in accordance with the provisions of Sections 228 and 242 of the General Corporation Law of the State of Delaware.

Executed on this 2nd day of September, 2014.

R. Raykov

Rostislav Raykov, Chief Executive Officer

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:54 AM 09/09/2014
FILED 11:55 AM 09/09/2014
SRV 141156427 - 3733230 FILE

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICE
PUBLIC HEALTH AND FOOD PROTECTION PROGRAM
P.O. BOX 369, TRENTON, NJ 08625-0369
609-826-4935

REPORT OF INSPECTION

Assignment No
Inspection End Date

Registration #	Category	Inspection Type	Evaluation

Name of Owner or Corporation	Trade Name	Activity

Establishment Street Address	City	ZIP	County

Establishment Mailing Address (if different)	Phone Number	Fax Number

Name and Title of Inspecting Official	REHS Lic. #	Operational Status	Embargo	Reinspect on or After

Name and Title of Designated Representative	Email

Products

☐ Prescription Drugs ☐ OTC Drugs ☐ Class I Medical Devices ☐ Class II Medical Devices ☐ Class III Medical Devices
☐ API ☐ Veterinary Drugs ☒ No Products Stored/Handled Onsite

R: 05.25

07/17/2020	3	14:15	14:30						
07/21/2020	1	08:30	10:00	2	10:00	11:45	1	11:45	13:00
07/21/2020	3	15:00	15:30						

	Personnel employed by a wholesale distributor have appropriate education and/or experience to assume responsibility for positions related to compliance with State registration requirements	☒	☐	☐
Note				
	Facilities at which drugs are stored, warehoused, handled, held, offered, marketed or displayed:			
(a) 1	Of suitable size and construction to facilitate cleaning, maintenance, and proper operations	☐	☐	☒
(a) 2	Have storage areas designed to provide adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions	☐	☐	☒
(a) 3	Have a quarantine area for storage of drugs that are outdated, damaged, deteriorated, misbranded, or adulterated, or that are in immediate or sealed, secondary containers that have been opened	☐	☐	☒
(a) 4	Maintained in a clean and orderly condition	☐	☐	☒
(a) 5	Free from infestation by insects, rodents, birds, or vermin of any kind	☐	☐	☒
Note				

NEW JERSEY REPORT OF INSPECTION

(a)	Facility is secured from unauthorized entry	☒	☐	☐
(a) 1	Access from outside premises is kept to a minimum and is well controlled	☒	☐	☐
(a) 2	The outside perimeter of the premises is well-lighted	☐	☐	☒
(a) 3	Entry into areas where drugs are held shall be limited to authorized personnel	☐	☐	☒
(b)	All facilities are equipped with an alarm system to detect entry after hours	☐	☐	☒
(c)	Facilities are equipped with a security system that provides suitable protection against theft and diversion. When applicable, the security system provides protection against theft or diversion that is facilitated or hidden by tampering with computers or electronic records	☒	☐	☐
Note				
(a)	All drugs are stored at appropriate temperatures and under appropriate conditions in accordance with requirements, if any, of the labeling of such drugs, or with requirements in the current edition of an official compendium, such as the United States Pharmacopeia/National Formulary (USP/NF).	☐	☐	☒
(b)	If no storage requirements are established for a drug, the drug is held at controlled room temperature, as defined in an official compendium, to help ensure that its identity, strength, quality, and purity are not adversely affected	☐	☐	☒
(c)	Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, and/or logs are utilized to document proper storage of drugs	☐	☐	☒
(d)	For prescription drugs a record is maintained that includes the date, time, thermometer temperature, and the initials of the person recording the data	☐	☐	☒
Note				
(a)	Upon receipt, each outside shipping container is visually examined for identity and to prevent the acceptance of contaminated prescription drugs or prescription drugs that are otherwise unfit for distribution. This examination is adequate to reveal container damage that would suggest possible contamination or other damage to the contents.	☐	☐	☒

NEW JERSEY REPORT OF INSPECTION

□	□	□□□□	□□□	□□□
(b)	Each outgoing shipment is carefully inspected for identity of the prescription drug products and to ensure that there is no delivery of prescription drugs that have been damaged in storage or held under improper conditions.	☐	☐	☒
Note	□			
□	□.□.□.□.□□□□□□□□.□□R□□□r□□d□D□□ □□□d□□□d□□ □□d□□□d□Dr□□□			
(a)	Outdated, damaged, deteriorated, misbranded, or adulterated drugs are quarantined and physically separated from other prescription drugs until they are destroyed or returned to their supplier	☐	☐	☒
(b)	Drugs whose immediate or sealed outer or sealed secondary containers have been opened or used are identified as such, quarantined and physically separated from other drugs until they are either destroyed or returned to the supplier	☐□	☐□	☒□
(c)	If the conditions under which a drug has been returned cast doubt on the drug's safety, identity, strength, quality, or purity, the drug is destroyed, or returned to the supplier, unless examination, testing, or other investigation proves that the drug meets appropriate standards of safety, identity, strength, quality, and purity	☐□	☐□	☒□
Note	□			
□	□.□.□.□.□□□□□□□□.□□R□□□rd□□□□□□			
(a)	Inventories and records of all transactions regarding the receipt and distribution or other disposition of drugs are maintained	☐	☐	☒
(a) 1	Source of drugs, name and principal address of the seller or transferor, and address from which drugs were shipped are maintained	☐□	☐□	☒□
(a) 2-3	Identity and quantity of drugs received and distributed/disposed, date of receipt and distribution, disposal.	☐	☐	☒
(a) 5	A complete and accurate annual record of all stock of drugs on hand.	☐	☐	☒
(d)	An ongoing listing of all retail and wholesale establishments with whom they do business.	☐	☐	☒
Note	□			
□	□.□.□.□.□□□□□□□□.□□□D□□□D□□□□□□□ *Firm is performing due diligence of other wholesale establishments with whom they do business, which requires that prior to the initial purchase or acquisition of drugs from another wholesale distributor, a wholesale distributor shall obtain the following information from the selling wholesale distributor:*			
(a) 1	Copies of all state and Federal regulatory licenses and registrations	☐	☐	☒
(a) 2	The wholesale distributor's most recent facility inspection reports	☐	☐	☒
(a) 3	A list of other names under which the wholesale distributor is doing business or by which the wholesale distributor was formerly known	☐	☐	☒

NEW JERSEY REPORT OF INSPECTION

(a) 4	A list of corporate officers and managerial employees and designated representatives	☐	☐	☒
(a) 5	A verification of the selling wholesale distributor's status as an authorized distributor of record, if applicable.	☐	☐	☒
(b)	At least annually, a wholesale distributor that purchases prescription drugs from another wholesale distributor updates the information set forth in (a) 1-5 above.	☐	☐	☒
(c)	No purchases were placed from any storage facility, manufacturer or wholesale distributor not having a current license or registration within the jurisdiction of the establishment location from where product is purchased.	☐	☐	☒
(d)	No purchase or acquisition has been made from a firm that has not provided complete information as set forth in (a) 1-5 above.	☐	☐	☒
Note	☐			
☐	☐.☐.☐.☐.			
(a)	Records and inventories, including those related to salvage and reprocessing, are made available for inspection and photocopying by authorized Federal, State, or local law enforcement agency officials for a period of 3 years after the date of their creation	☐	☐	☒
(b)	Records described in this section that are kept at the inspection site or that can be immediately retrieved by computer or other electronic means are readily available for authorized inspection during the retention period. Records kept at a central location apart from the inspection site and not electronically retrievable are made available for inspection within 2 working days of a request by an authorized official of a Federal, State, or local law enforcement agency	☐	☐	☒
Note	☐			
☐	☐.☐.☐.☐.			
(a)	Firm established and follows written policies and procedures for the receipt, security, storage, inventory, and distribution of drugs	☒	☐	☐
(a)	Firm has policies for identifying, recording and reporting losses or thefts and correcting errors in inventories	☒	☐	☐
(a) 1	Firm has a procedure where oldest stock is distributed first.	☒	☐	☐
(a) 2	Firm has a procedure for handling recalls/withdrawals of drugs.	☒	☐	☐
(a) 3	Firm has a procedure for preparation, protection and proper handling of any crisis that affects security or operation of any facility in the event of strike, fire, flood, or other natural disaster	☒	☐	☐
(a) 4	Firm has a procedure for handling return of outdated drugs; segregation and written documentation of disposal, by either returning the drug to the manufacturer or destruction of the drug. This documentation shall be maintained for 2 years after disposition of the outdated drugs.	☒	☐	☐

NEW JERSEY REPORT OF INSPECTION

Note				
	A current list of officers, directors, managers, and other personnel in charge of wholesale distribution, storage, and handling of prescription drugs is maintained at the firm	☒	☐	☐
	Description of duties and qualifications of personnel is maintained at the firm	☒	☐	☐
Note				
	Salvaging and reprocessing operation is in compliance with 21 CFR 207, 210, 211	☐	☐	☒
Note				

Inspecting Official

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 10-Q

(Mark One)

☒ QUARTERLY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
For the quarterly period ended June 30, 2022
OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from____ to ____

Commission File Number: 001-32295

FENNEC PHARMACEUTICALS INC.

(Exact Name of Registrant as Specified in Its Charter)

British Columbia, Canada (State or Other Jurisdiction of Incorporation or Organization	20-0442384 (I.R.S. Employer Identification No.)
PO Box 13628, 68 TW Alexander Drive Research Triangle Park, North Carolina (Address of Principal Executive Offices)	27709 (Zip Code)

Registrant's Telephone Number, Including Area Code: (919) 636-4530

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Shares, no par value	FENC	Nasdaq Capital Market

Indicate by check mark whether the registrant: (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. YES ☒ NO ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit and post such files). Yes ☑ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large Accelerated Filer	☐	Accelerated Filer	☐
Non-Accelerated Filer	☒	Smaller reporting company	☒
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to.Section 13(a) of the Exchange Act. ☐

Indicated by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). YES ☐ NO ☒

As of August 11, 2022, there were 26,067,283 common shares outstanding.

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CAUTIONARY NOTE REGARDING FORWARD-LOOKING STATEMENTS

This Annual Report on Form 10-K contains forward-looking statements within the safe harbor provisions of the U.S. Private Securities Litigation Reform Act of 1995. Our actual results, performance or achievements may be materially different from any results, performance or achievements expressed or implied by such forward-looking statements. Words such as "may," "will," "expect," "believe," "anticipate," "intend," "could," "estimate," "project," "plan," "continue", and other similar words are one way to identify such forward-looking statements. Forward-looking statements in this Annual Report include, but are not limited to, statements with respect to (1) our anticipated sources and uses of cash and cash equivalents; (2) our anticipated commencement dates, completion dates and results of clinical trials; (3) our efforts to pursue collaborations with the government, industry groups or other companies; (4) our anticipated progress and costs of our clinical and preclinical research and development programs; (5) our corporate and development strategies; (6) our expected results of operations; (7) our anticipated levels of expenditures; (8) our ability to protect our intellectual property; (9) our ability to fully comply with domestic and international governmental regulation; (10) the anticipated applications and efficacy of our drug candidate; (11) our ability to obtain U.S. Food and Drug Administration ("FDA") and similar foreign approvals for our drug candidate, (12) the nature and scope of potential markets for our drug candidate; (13) future legal liability; and (14) our ability to attract and retain key employees. All statements, other than statements of historical fact, included in this Annual Report that address activities, events or developments that we expect or anticipate will or may occur in the future are forward-looking statements. We include forward-looking statements because we believe that it is important to communicate our expectations to our investors. However, all forward-looking statements are based on management's current expectations of future events and are subject to a number of risks and uncertainties, including those discussed below in Item 1A., "Risk Factors." Although we believe the expectations reflected in the forward-looking statements are based upon reasonable assumptions, we can give no assurance that our expectations will be attained, and we caution you not to place undue reliance on such statements. We undertake no obligation to publicly update any forward-looking statement, whether written or oral, that may be made from time to time, whether as a result of new information, future developments or otherwise.

PART I

Item 1. Business

Overview

Product Candidate - PEDMARK™

Our only product candidate in the clinical stage of development is:

> PEDMARK™ (a unique formulation of sodium thiosulfate ("STS")). We have announced results of two Phase 3 clinical trials for the prevention of cisplatin induced hearing loss, or ototoxicity in children, including the pivotal Phase 3 study SIOPEL 6, "A Multicentre Open Label Randomised Phase 3 Trial of the Efficacy of Sodium Thiosulfate in Reducing Ototoxicity in Patients Receiving Cisplatin Chemotherapy for Standard Risk Hepatoblastoma," and the proof of concept Phase 3 study in collaboration with the Children's Oncology Group ("COG ACCL0431") "A Randomized Phase 3 Study of Sodium Thiosulfate for the Prevention of Cisplatin-Induced Ototoxicity in Children". COG ACCL0431 final results were published in the Lancet Oncology in 2016. SIOPEL 6 final results were published in the New England Journal of Medicine in June 2018.

We continue to focus our resources on the development of PEDMARK™.

PEDMARK™

We have licensed from Oregon Health & Science University ("OHSU") intellectual property rights for the use of PEDMARK™ as a chemoprotectant and are developing PEDMARK™ as a protectant against the hearing loss often caused by platinum-based anti-cancer agents in children. Preclinical and clinical studies conducted by OHSU and others have indicated that PEDMARK™ can effectively reduce the incidence of hearing loss caused by platinum-based anti-cancer agents.

Hearing loss among children receiving platinum-based chemotherapy is frequent, permanent and often severely disabling. The incidence of hearing loss in these children depends upon the dose and duration of chemotherapy, and many of these children require lifelong hearing aids. In addition, adults undergoing chemotherapy for several common malignancies, including ovarian cancer, testicular cancer, and particularly head and neck cancer and brain cancer, often receive intensive platinum-based therapy and may experience severe, irreversible hearing loss, particularly in the high frequencies.

In the U.S. and Europe, it is estimated that, annually, over 10,000 children may receive platinum-based chemotherapy. The incidence of ototoxicity depends upon the dose and duration of chemotherapy, and many of these children require lifelong hearing aids. There is currently no established preventive agent for this hearing loss and only expensive, technically difficult and sub-optimal cochlear (inner ear) implants have been shown to provide some benefit. Infants and young children that suffer ototoxicity at critical stages of development lack speech language development and literacy, and older children and adolescents lack social-emotional development and educational achievement.

In March 2018, PEDMARK™ received Breakthrough Therapy and Fast Track designations from the U.S. Food and Drug Administration ("FDA"). Further, PEDMARK™ has received Orphan Drug Designation in the U.S. in this setting.

We initiated our rolling New Drug Application ("NDA") for PEDMARK™ for the prevention of ototoxicity induced by cisplatin chemotherapy patients 1 month to < 18 years of age with localized, non-metastatic, solid tumors with the FDA in December 2018. We announced that we had submitted full completion of the NDA in February 2020. The FDA set a Prescription Drug User Fee Act ("PDUFA") target action date of August 10, 2020 for the completion of the FDA's review. On August 10, 2020, we announced that we received a Complete Response Letter ("CRL") from the FDA regarding our NDA for PEDMARK™, which identified deficiencies in the third-party manufacturing facility that manufactures PEDMARK™ on our behalf. Importantly, no clinical safety or efficacy issues were identified during the review and there was no requirement for further clinical data.

In May 2021, we announced the resubmission of our NDA for PEDMARK™ and in June 2021 we further announced that the FDA accepted for filing the resubmission of our NDA and set a PDUFA target action date of November 27, 2021. On November 29, 2021, we announced that we received a CRL from the FDA regarding our NDA for PEDMARK™, which identified deficiencies in the third-party manufacturing facility that manufactures PEDMARK™ on our behalf. We are working to fully address the CRL, and we plan to resubmit our NDA for PEDMARK™ in the first quarter of 2022.

In August 2018, the Pediatric Committee ("PDCO") of the European Medicines Agency ("EMA") accepted our pediatric investigation plan (PIP) for sodium thiosulfate with the trade name Pedmarqsi for the condition of the prevention of platinum-induced hearing loss. An accepted PIP is a prerequisite for filing a Marketing Authorization Application ("MAA") for any new medicinal product in Europe. The indication targeted by our PIP is for the prevention of platinum-induced ototoxic hearing loss for standard risk hepatoblastoma (SR-HB). Additional tumor types of the proposed indication will be subject to the Committee for Medicinal Products for Human Use ("CHMP") assessment at the time of the MAA. No deferred clinical studies were required in the positive opinion given by PDCO. We were also advised that sodium thiosulfate (tradename to be determined) is eligible for submission of an application for a Pediatric Use Marketing Authorization ("PUMA"). A PUMA is a dedicated marketing authorization covering the indication and appropriate formulation for medicines developed exclusively for use in the pediatric population and provides data and market protection up to 10 years. Therefore, this decision allows us to proceed with the submission of a PUMA in the European Union (EU) with incentives of automatic access to the centralized procedure and up to 10 years of data and market protection. In February 2020, we announced that we had submitted a MAA for the prevention of ototoxicity induced by cisplatin chemotherapy patients 1 month to < 18 years of age with localized, non-metastatic, solid tumors.

Clinical Studies

PEDMARK™ has been studied by cooperative groups in two Phase 3 clinical studies of survival and reduction of ototoxicity, COG ACCL0431 and SIOPEL 6. Both studies have been completed. The COG ACCL0431 protocol enrolled one of five childhood cancers typically treated with intensive cisplatin therapy for localized and disseminated disease, including newly diagnosed hepatoblastoma, germ cell tumor, osteosarcoma, neuroblastoma, and medulloblastoma. SIOPEL 6 enrolled only hepatoblastoma patients with localized tumors.

SIOPEL 6

In October 2007, we announced that our collaborative partner, the International Childhood Liver Tumour Strategy Group, known as SIOPEL, a multi-disciplinary group of specialists under the umbrella of the International Society of Pediatric Oncology, had launched a randomized Phase 3 clinical trial SIOPEL 6 to investigate whether STS reduces hearing loss in standard risk hepatoblastoma (liver) cancer patients receiving cisplatin as a monotherapy.

The study was initiated in October 2007 initially in the United Kingdom and completed enrollment at the end of 2014. 52 sites from 11 countries enrolled 109 evaluable patients. Under the terms of our agreement, SIOPEL conducted and funded all clinical activities and we provided drug, drug distribution and pharmacovigilance, or safety monitoring, for the study. SIOPEL 6 was completed in December 2014 and the final results of SIOPEL 6 were published in *The New England Journal of Medicine* in June 2018.

The primary objectives of SIOPEL 6 were:

- To assess the efficacy of STS to reduce the hearing impairment caused by cisplatin.
- To carefully monitor any potential impact of STS on response to cisplatin and survival.

SIOPEL 6 - Results

Background / Objectives:

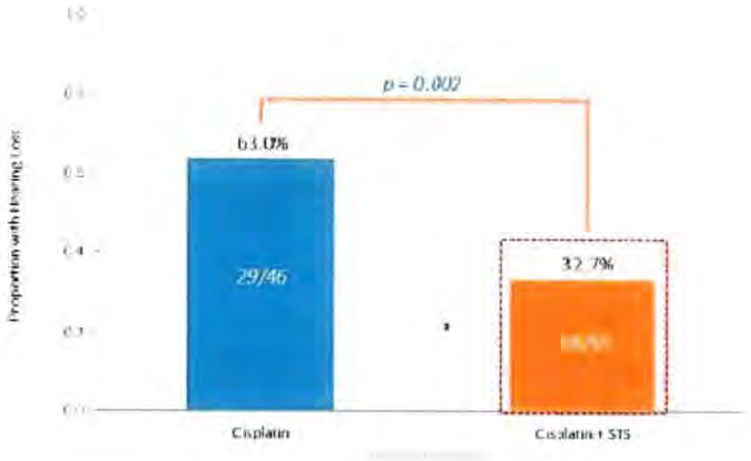
Bilateral high-frequency hearing loss is a serious permanent side-effect of cisplatin therapy, particularly debilitating when occurring in young children. STS has been shown to reduce cisplatin induced hearing loss. SIOPEL 6 was a Phase 3 randomized trial to assess the efficacy of STS in reducing ototoxicity in young children treated with cisplatin (Cis) for Standard Risk Hepatoblastoma (SR-HB).

Design / Methods:

Newly diagnosed patients with SR-HB, defined as tumor limited to PRETEXT I, II or III, no portal or hepatic vein involvement, no intra-abdominal extrahepatic disease, AFP >100ng/ml and no metastases, were randomized to Cis or Cis+STS for 4 preoperative and 2 postoperative courses. Cisplatin 80mg/m2 was administered over 6 hours, STS 20g/m2 was administered intravenously over 15 minutes exactly 6 hours after stopping cisplatin. Tumor response was assessed after 2 and 4 preoperative cycles with serum AFP and liver imaging. In case of progressive disease (PD), STS was to be stopped and doxorubicin 60mg/m2 combined with cisplatin. The primary endpoint was centrally reviewed absolute hearing threshold, at the age of ≥3.5 years by pure tone audiometry.

Results:

109 randomized patients (52 Cisplatin only ("Cis") and 57 Cis+STS) were evaluable. The combination of Cis+STS was generally well tolerated. With a patient follow-up time of 52 months, the three-year Event Free Survival ("EFS") for Cis was 78.8% Cisplatin and 82.1% for the Cis + STS. The three-year Overall Survival ("OS") is 92.3% for Cis and 98.2% for Cis + STS. Treatment failure defined as Progressive Disease ("PD") at 4 cycles was equivalent in both arms. Among the first 101 evaluable patients, hearing loss occurred in 29/46=63.0% under Cis and in 18/55=32.7% under Cis +STS, corresponding to a relative risk of 0.52(P=0.002).



Conclusions:

This randomized Phase 3 trial in SR-HB of cisplatin versus cisplatin plus STS shows that the addition of STS significantly reduces the incidence of cisplatin-induced hearing loss without any evidence of tumor protection.

COG ACCL0431

In March 2008, we announced the activation of a Phase 3 trial with STS to prevent hearing loss in children receiving cisplatin-based chemotherapy in collaboration with the Children's Oncology Group. The goal of this Phase 3 study was to evaluate in a multi-centered, randomized trial whether STS is an effective and safe means of preventing hearing loss in children receiving cisplatin-based chemotherapy for newly diagnosed germ cell, liver (hepatoblastoma), brain (medulloblastoma), nerve tissue (neuroblastoma) or bone (osteosarcoma) cancers. Eligible children, one to eighteen years of age, were to receive cisplatin according to their disease-specific regimen and, upon enrollment in this study, were randomized to receive STS or not. Efficacy of STS was determined through comparison of hearing sensitivity at follow-up relative to baseline measurements using standard audiometric techniques. The Children's Oncology Group was responsible for funding the clinical activities for the study and we were responsible for providing the drug, drug distribution and pharmacovigilance, or safety monitoring, for the study. The trial completed enrollment of

131 pediatric patients in the first quarter of 2012. The final results of COG ACCL0431 were published in *Lancet Oncology* in December 2016.

COG ACCL0431 - Results

COG Study ACCL0431, "A Randomized Phase 3 Study of Sodium Thiosulfate for the Prevention of Cisplatin-Induced Ototoxicity in Children," finished enrollment of 131 patients of which 125 were eligible patients. The patients had been previously diagnosed with childhood cancers.

The primary endpoint was to evaluate the efficacy of STS for prevention of hearing loss in children receiving cisplatin chemotherapy (hypothesis: 50% relative reduction in hearing loss).

Secondary endpoints included:

- Compare change in mean hearing thresholds.
- Compare incidence of other Grade 3/4 toxicities (renal and hematological).
- Monitor Event Free Survival (EFS) and Overall Survival (OS) in two groups.

125 eligible subjects were enrolled with germ cell tumor (32), osteosarcoma (29), neuroblastoma (26), medulloblastoma/pnet (26), hepatoblastoma (7), or other (5). Of these, 104 subjects (64 male and 29 <5 years old) were evaluable for the primary endpoint.

Subjects were randomized either to no treatment (control) or treatment with STS 16 grams/m2 IV over 15 minutes, 6 hours after each cisplatin dose. Hearing was measured using standard audiometry for age and data was reviewed centrally using American Speech-Language-Hearing Association criteria.

The proportion of subjects with hearing loss assessed at 4 weeks post the final cisplatin dose (primary endpoint):

- The proportion of hearing loss for STS vs. Control was 28.6% (14/49) vs. 56.4% (31/55), respectively (p=0.004).
- In a predefined subgroup of patients less than 5 years old with 29 eligible subjects: STS vs. Control was 21.4% (3/14) vs. 73.3% (11/15), respectively (p=0.005).

Conclusions:

- STS protects against cisplatin-induced hearing loss in children across a heterogeneous range of tumor types, with even stronger efficacy in the protocol predefined subgroup of patients under five years old, and is not associated with serious adverse events attributed to its use.
- Further potential clinical use will be informed by the final results of SIOPEL 6 study.

Intellectual Property

Patents are important to developing and protecting our competitive position. Our general policy is to seek patent protection in the United States, major European countries, Japan, Canada and other jurisdictions as appropriate for our compounds and methods. U.S. patents, as well as most foreign patents, are generally effective for 20 years from the date the earliest (priority) application was filed; however, U.S. patents that issue on applications filed before June 8, 1995 may be effective until 17 years from the issue date, if that is later than the twenty-year date. In some cases, the patent term may be extended to recapture a portion of the term lost during the U.S. FDA regulatory review or because of U.S. Patent and Trademark Office ("USPTO") delays in prosecuting the application. The duration of foreign patents varies similarly, in accordance with local law. Currently, we have licensed from OHSU one U.S. set to expire in December 2038. Further, in September 2020, a U.S. patent was issued to us that captures the unique anhydrous form of the active

ingredient in our PEDMARK™ product, as well as related methods of synthesis. This patent is eligible for listing in the FDA Orange Book, and reflects our strategy to expand and diversify our intellectual property portfolio to obtain protection for our PEDMARK™ product.

On October 29, 2021, Hope Medical Enterprises, Inc. ("Hope") filed two petitions for inter partes review ("IPR") with the Patent Trial and Appeal Board ("PTAB") of the USPTO. In its petitions, Hope seeks to invalidate our U.S. Patent No. 10,596,190 ("US '190"), which is exclusively in-licensed from Oregon Health & Science University ("OHSU") and relates to a method of using our PEDMARK™ product, and our U.S. Patent No. 10,792,363 ("US '363"), which relates to an anhydrous form of STS, which is the active pharmaceutical ingredient in our PEDMARK™ product. US '190 was issued on March 24, 2020. US '363 was issued on October 6, 2020. We filed preliminary responses to the petitions in February 2022, and thereafter, the PTAB has three months to decide whether to institute IPR proceedings. If the PTAB institutes one or both reviews, the final written decision(s) will be due about one year after the PTAB's decision to institute IPR proceedings, and following additional submissions by the parties. Any appeals of a PTAB decision would delay any final outcome. We plan to vigorously defend our intellectual property rights related to PEDMARK™. However, we are unable to predict the outcome of these petitions, and an invalidation of one or both of these patents may have a material adverse effect on our ability to protect our rights in PEDMARK™ beyond the periods of marketing exclusivity for PEDMARK™ possible in the United States under Orphan Drug Designation and in Europe under European Market Exclusivity for Pediatric Use ("PUMA"). We obtained U.S. Orphan Drug Designation for the use of PEDMARK™ in the prevention of platinum-induced ototoxicity in pediatric patients in 2004. We plan to pursue PUMA upon approval of the MAA, which would allow for 10 years of market exclusivity upon PUMA approval.

On January 11, 2022, our licensor OHSU filed a Request for Supplemental Examination of US '190 requesting the consideration by the USPTO of certain prior art references, including references cited by Hope in its Petition for IPR that are relevant to the granted claim of the patent. On January 28, 2022, the USPTO found that the cited references constitute a substantial new question of patentability and ordered an ex parte reexamination of the single US '190 claim of pursuant to 35 U.S.C. § 257. We are unable to predict the outcome of the *ex parte* reexamination. If the USPTO does not uphold the '190 claim as granted or in amended form, our ability to protect our PEDMARK™ product beyond Orphan Drug Designation and PUMA may be adversely affected.

Our success is significantly dependent on our ability to obtain and maintain patent protection for PEDMARK™, both in the United States and abroad. Our patent position and proprietary rights are subject to various risks and uncertainties. Please read the "Risk Factors" in Item 1A of this Annual Report for information about certain risks and uncertainties that may affect our patent position and proprietary rights.

We also rely upon unpatented confidential information to remain competitive. We protect such information principally through confidentiality agreements with our employees, consultants, outside scientific collaborators, and other advisers. In the case of our employees, these agreements also provide, in compliance with relevant law, that inventions and other intellectual property conceived by such employees during their employment shall be our exclusive property.

Corporate Relationships

License Agreement with Oregon Health & Science University

On February 20, 2013, we entered into a new exclusive license agreement with OHSU for exclusive worldwide license rights to intellectual property directed to thiol-based compounds, including PEDMARK™, and their use in oncology (the "OHSU Agreement"). OHSU will receive certain milestone payments, royalty on net sales for licensed products and a royalty on any consideration received from sublicensing of the licensed technology.

On May 18, 2015, we negotiated an amendment ("Amendment 1") to the OHSU Agreement, which expands our exclusive license to include the use of N-acetylcysteine as a standalone therapy and/or in combination with STS for the prevention of ototoxicity induced by chemotherapeutic agents to treat cancers. Further, Amendment 1 adjusts select milestone payments entered in the OHSU Agreement including but not limited to the royalty rate on net sales for licensed products, royalty rate from sublicensing of the licensed technology and the fee payable upon the regulatory approval of a licensed product.

The term of the OHSU Agreement as amended by Amendment 1 expires on the date of the last to expire claim(s) covered in the patents licensed to us or 8 years, whichever is later. In the event a licensed product obtains regulatory approval and is covered by the Orphan Drug Designation, the parties will in good faith amend the term of the agreement. PEDMARK™ is currently protected by methods of use patent that we exclusively license from OHSU that that expire in the United States in 2038 The OHSU Agreement is terminable by either us or OHSU in the event of a material breach of the agreement by either party after 45 days prior written notice. We also have the right to terminate the OHSU Agreement at any time upon 60 days prior written notice and payment of all fees due to OHSU under the OHSU Agreement.

COVID-19

Our operations may be affected by the ongoing COVID-19 pandemic. The ultimate disruption that may be caused by the pandemic is uncertain; however, it may result in a material adverse impact on our financial position, operations and cash flows. Possible effects may include, but are not limited to, disruption to our product launch, which includes the ability of sales reps to communicate with oncologists, absenteeism in our labor workforce, unavailability of products and supplies used in operations, and a decline in value of our assets, including inventories, property and equipment, and marketable securities.

COVID-19 has not had a material effect on our operations to date as we have historically had a workforce which works remotely.

Competition

The biotechnology and pharmaceutical industries are extremely competitive. Our potential competitors are many in number and include major and mid-sized pharmaceutical and biotechnology companies. Many of our potential competitors have significantly more financial, technical and other resources than we do, which may give them a competitive advantage. In addition, they may have substantially more experience in effecting strategic combinations, in-licensing technology, developing drugs, obtaining regulatory approvals and manufacturing and marketing products. We cannot give any assurances that we can compete effectively with these other biotechnology and pharmaceutical companies. We expect that if PEDMARK™ achieves regulatory approval for sale, it will compete on the basis of drug efficacy, safety, patient convenience, reliability, ease of manufacture, price, marketing, distribution, and patent protection, among other variables. Our competitors may develop technologies or drugs that are more effective, safer or more affordable than any we may develop.

We are not aware of any commercially available agents that reduce the incidence of hearing loss associated with the use of platinum-based anti-cancer agents, for which purpose we are developing PEDMARK™. There are several potential competitive agents with activity in preclinical or limited clinical settings. These include: D-methionine, an amino acid that has been shown to protect against hearing loss in experimental settings but was demonstrated to be inferior to PEDMARK™ in comparative studies; SPI-3005, an oral agent primarily being developed by Sound Pharmaceuticals for noise and age-related hearing loss but in early Phase II trials for chemotherapy related hearing loss, which mimics glutathione peroxidase and induces the intracellular induction of glutathione; N-acetylcysteine and amifostine, which have shown effectiveness (but less than PEDMARK™) in experimental systems; and Vitamin E, salicylate and tiopronin, which have all demonstrated moderate activity in rat models to protect against cisplatin-induced ototoxicity, but no clinical trials have been completed and DB-020 a clinical stage candidate in an ongoing Phase1b trial being developed by Decibel Therapeutics. Cochlear implants, which are small electronic devices that are surgically placed in the inner ear to assist with certain types of deafness, are utilized to offer some relief for hearing loss associated with the use of platinum-based anti-cancer agents, but are often suboptimal.

Manufacturing and Clinical Supplies

We do not own or operate manufacturing facilities for the production of commercial or clinical quantities of any product, including PEDMARK™. We currently rely on a small number of third-party manufacturers to produce compounds used in our product development and commercial activities and expect to continue to do so to meet the preclinical and clinical requirements of our potential products and for all of our commercial needs. We currently have long-term commercial supply agreements with certain third-party manufacturers. Our manufacturing and processing agreements require that all third-party contract manufacturers and processors produce active pharmaceutical ingredients and finished products in

accordance with the FDA's current Good Manufacturing Practices ("cGMP") and all other applicable laws and regulations. We maintain confidentiality agreements with potential and existing manufacturers in order to protect our proprietary rights related to PEDMARK™.

Some of the critical materials and components used in manufacturing PEDMARK™ are sourced from single suppliers. An interruption in the supply of a key material could significantly delay our research and development process or increase our expenses for commercialization or development of PEDMARK™. Specialized materials must often be manufactured for the first time for use in drug delivery technologies, or materials may be used in the technologies in a manner that is different from their customary commercial uses. The quality of materials can be critical to the performance of a drug delivery technology, so a reliable source that provides a consistent supply of materials is important. Materials or components needed for our drug delivery technologies may be difficult to obtain on commercially reasonable terms, particularly when relatively small quantities are required or if the materials traditionally have not been used in pharmaceutical products.

Government Regulation

The production and manufacture of our product candidate and our research and development activities are subject to significant regulation for safety, efficacy and quality by various governmental authorities around the world. Before new pharmaceutical products may be sold in the U.S. and other countries, clinical trials of the product must be conducted, and the results submitted to appropriate regulatory agencies for approval. Clinical trial programs must establish efficacy, determine an appropriate dose and regimen, and define the conditions for safe use. This is a high-risk process that requires stepwise clinical studies in which the candidate product must successfully meet predetermined endpoints. In the U.S., the results of the preclinical and clinical testing of a product are then submitted to the FDA in the form of a Biologics License Application or a NDA. In response to these submissions, the FDA may grant marketing approval, request additional information or deny the application if it determines the application does not provide an adequate basis for approval. Similar submissions are required by authorities in other jurisdictions who independently assess the product and may reach the same or different conclusions.

The receipt of regulatory approval often takes a number of years, involves the expenditure of substantial resources and depends on a number of factors, including the severity of the disease in question, the availability of alternative treatments and the risks and benefits demonstrated in clinical trials. On occasion, regulatory authorities may require larger or additional studies, leading to unanticipated delay or expense. Even after initial approval from the FDA or other regulatory agencies has been obtained, further clinical trials may be required to provide additional data on safety and effectiveness. Additional trials are required to gain clearance for the use of a product as a treatment for indications other than those initially approved. Furthermore, the FDA and other regulatory agencies require companies to disclose clinical trial results. Failure to disclose such results within applicable time periods could result in penalties, including civil monetary penalties.

In Canada, these activities are subject to regulation by Health Canada's Therapeutic Products Directorate ("TPD") and the rules and regulations promulgated under the Food and Drug Act. In the United States, drugs and biological products are subject to regulation by the FDA. The FDA requires licensing of manufacturing and contract research facilities, carefully controlled research and testing of products and governmental review and approval of results prior to marketing therapeutic products. Additionally, the FDA requires adherence to current Good Laboratory Practices ("cGLP") as well as current Good Clinical Practices ("cGCP") during clinical testing and cGMP and adherence to labeling and supply controls. The systems of new drug approvals in Canada and the United States are substantially similar and are generally considered to be among the most rigorous in the world.

Generally, the steps required for drug approval in Canada and the United States, specifically in cancer related therapies, include:

- *Preclinical Studies*: Preclinical studies, also known as non-clinical studies, primarily involve evaluations of pharmacology, toxic effects, pharmacokinetics and metabolism of a drug in animals to provide evidence of the relative safety and bioavailability of the drug prior to its administration to humans in clinical studies. A typical program of preclinical studies takes 18 to 24 months to complete. The results of the preclinical studies as well as information related to the chemistry and comprehensive descriptions of proposed human clinical studies are then submitted as part of the Investigational New Drug Application ("IND") to the FDA, a Clinical Trial

Application to the TPD, or similar submission to other foreign regulatory bodies. This is necessary in Canada, the United States and most other countries prior to undertaking clinical studies. Additional preclinical studies are conducted during clinical development to further characterize the toxic effects of a drug prior to submitting a marketing application.

- *Phase 1 Clinical Trials*: Most Phase 1 clinical trials take approximately one year to complete and are usually conducted on a small number of healthy human subjects to evaluate the drug's safety, tolerability and pharmacokinetics. In some cases, such as cancer indications, Phase 1 clinical trials are conducted in patients rather than healthy volunteers.

- *Phase 2 Clinical Trials*: Phase 2 clinical trials typically take one to two years to complete and are generally carried out on a relatively small number of patients, generally between 15 and 50, in a specific setting of targeted disease or medical condition, in order to provide an estimate of the drug's effectiveness in that specific setting. This phase also provides additional safety data and serves to identify possible common short-term side effects and risks in a somewhat larger group of patients. Phase 2 testing frequently relates to a specific disease, such as breast or lung cancer. Some contemporary methods of developing drugs, particularly molecularly targeted therapies, do not require broad testing in specific diseases, and instead permit testing in subsets of patients expressing the particular marker. In some cases, such as cancer indications, the company sponsoring the new drug may submit a marketing application to seek accelerated approval of the drug based on evidence of the drug's effect on a "surrogate endpoint" from Phase II clinical trials. A surrogate endpoint is a laboratory finding or physical sign that may not be a direct measurement of how a patient feels, functions or survives, but is still considered likely to predict therapeutic benefit for the patient. If accelerated approval is received, the company sponsoring the new drug must continue testing to demonstrate that the drug indeed provides therapeutic benefit to the patient.

- *Phase 3 Clinical Trials*: Phase 3 clinical trials typically take two to four years to complete and involve tests on a much larger population of patients suffering from the targeted condition or disease. These studies involve conducting controlled testing and/or uncontrolled testing in an expanded patient population, numbering several hundred to several thousand patients, at separate test sites, known as multi-center trials, to establish clinical safety and effectiveness. These trials also generate information from which the overall benefit-risk relationship relating to the drug can be determined and provide a basis for drug labeling. Phase 3 trials are generally the most time consuming and expensive part of a clinical trial program. In some instances, governmental authorities, such as the FDA, will allow a single Phase 3 clinical trial to serve as a pivotal efficacy trial to support a marketing application.

- *Marketing Application*: Upon completion of Phase 3 clinical trials, the pharmaceutical company sponsoring the new drug assembles all the chemistry, preclinical and clinical data and submits it to the TPD or the FDA as part of a New Drug Submission in Canada or a NDA in the United States. The marketing application is then reviewed by the applicable regulatory body for approval to market the product. The review process generally takes twelve to eighteen months.

Any clinical trials that we conduct may not be successfully completed, either in a satisfactory time period or at all. The typical time periods described above may vary substantially and may be materially longer. In addition, the FDA and its counterparts in other countries have considerable discretion to discontinue trials if they become aware of any significant safety issues or convincing evidence that a therapy is not effective for the indication being tested. It is possible the FDA and its counterparts in other countries may not (i) allow clinical trials to proceed at any time after receiving an IND, (ii) allow further clinical development phases after authorizing a previous phase, or (iii) approve marketing of a drug after the completion of clinical trials.

While European, U.S. and Canadian regulatory systems require that medical products be safe, effective, and manufactured according to high quality standards, the drug approval process in Europe differs from that in the United States and Canada and may require us to perform additional preclinical or clinical testing regardless of whether FDA or TPD approval has been obtained. The amount of time required to obtain necessary approvals may be longer or shorter than that required for FDA or TPD approval. European Union Regulations and Directives generally classify health care products either as medicinal products, medical devices or in vitro diagnostics. For medicinal products, marketing approval may be sought using either the centralized procedure of the European Agency for the Evaluation of Medicinal

Products ("EMEA"), or the decentralized, mutual recognition process. The centralized procedure, which is mandatory for some biotechnology derived products, results in an approval recommendation from the EMEA to all member states, while the European Union mutual recognition process involves country by country approval.

The NDA Approval Process

Assuming successful completion of the required clinical testing, the results of the preclinical studies and clinical trials, including negative or ambiguous results as well as positive findings, together with detailed information relating to the product's chemistry, manufacture, controls and proposed labeling, among other things, are submitted to the FDA as part of an NDA to support approval to market the product for one or more indications. In most cases, the submission of an NDA is subject to a substantial application user fee. Fennec anticipates a waiver of the application user fee related to its NDA for PEDMARK™.

The FDA is required to conduct a preliminary review of an NDA within the first 60 days after submission, before accepting it for filing, to determine whether it is sufficiently complete to permit a substantive review. The FDA may accept the NDA for filing, potentially refuse to file the NDA due to deficiencies but work with the applicant to rectify the deficiencies (in which case the NDA is filed upon resolution of the deficiencies) or refuse to file the NDA. The FDA must notify the applicant of a refusal to file a decision within 60 days after the original receipt date of the application. If the FDA refuses to file the NDA the applicant may resubmit the NDA with the deficiencies addressed. The resubmitted NDA is considered a new application subject to a new review goal, as described below. If the NDA is refused for filing, the FDA will refund 75 percent of the application fee. Upon resubmission, a new application fee will be required, unless the applicant is eligible for a waiver or reduction. The resubmitted application is also subject to review before the FDA accepts it for filing. Once an NDA is accepted for filing, the FDA begins an in-depth substantive review. Under PDUFA, and the FDA's commitments under the current PDUFA reauthorization, the FDA has a goal of reviewing and acting on 90% of standard non-priority NDA applications for drugs that are not new molecular entities within ten months from the FDA's receipt of the NDA.

The FDA reviews an NDA to determine, among other things, whether the drug is safe and effective for its intended use and whether the facility in which it is manufactured, processed, packaged or held meets standards designed to assure the product's continued safety, quality and purity. The FDA is required to refer an application for a novel drug to an advisory committee or explain why such referral was not made. An advisory committee is a panel of independent experts, including clinicians and other scientific experts, that reviews, evaluates and provides a recommendation in response to specific questions raised by the FDA, which may include whether the application should be approved and under what conditions. The FDA is not bound by the recommendations of an advisory committee, but it considers such recommendations carefully when making decisions.

Before approving an NDA, the FDA may inspect the facility or facilities where the product is manufactured. The FDA will not approve an application unless it determines that the manufacturing processes and facilities are in compliance with cGMP requirements and adequate to assure consistent production of the product within required specifications. Additionally, before approving an NDA, the FDA will typically inspect one or more clinical investigational sites to evaluate the integrity of the data and confirm compliance with cGCP.

After the FDA evaluates the NDA and conducts its inspections, it may issue an approval letter or a CRL. An approval letter authorizes the commercial marketing of the drug subject to specific prescribing information for specific indications and, if applicable, specific post-approval requirements. A CRL indicates that the review cycle of the application is complete and the application is not ready for approval in its present form. After receiving a CRL, the applicant must decide within twelve months (subject to extension), if it wants to resubmit the NDA addressing the deficiencies identified by the FDA in the CRL, withdraw the NDA, or request an opportunity for a hearing to challenge the FDA's determination. A CRL may require additional clinical data and/or an additional pivotal Phase 3 clinical trial(s), and/or other significant, expensive and time-consuming requirements related to clinical trials, nonclinical studies or manufacturing. Even if such data are submitted, the FDA may ultimately decide that the NDA does not satisfy the criteria for approval. Data from clinical trials are not always conclusive and the FDA may interpret data differently than we interpret data.

The FDA also may require implementation of a Risk Evaluation and Mitigation Strategy ("REMS"), to mitigate any identified or suspected serious risks. The REMS could include a medication guide, physician communication plan,

assessment plan and elements to assure safe use, such as restricted distribution methods, patient registries or other risk minimization tools.

The drug testing and approval process requires substantial time, effort and financial resources, and may take several years to complete. Data obtained from clinical activities are not always conclusive and may be susceptible to varying interpretations, which could delay, limit or prevent marketing approval. The FDA may not grant marketing approval on a timely basis, or at all.

Even if the FDA approves a product, it may limit the approved indications for use for the product. The FDA requires that the approved product labeling include information regarding contraindications, warnings or precautions. It may also require that post-approval studies, including a long-term registry, be conducted to further assess a drug's safety after approval, require testing and surveillance programs to monitor the product after commercialization, or impose other conditions, including distribution restrictions or other risk management mechanisms, which can materially affect the potential market and profitability of the product. The FDA may prevent or limit further marketing of a product based on the results of post-marketing studies or surveillance programs. After approval, some types of changes to the approved product, such as adding new indications or labeling claims or manufacturing changes may be subject to further testing requirements and FDA review and approval. Also after approval, the FDA may require labeling changes as new information becomes known, particularly if new risks are identified, such as unexpected adverse events. The FDA has the authority to prevent or limit further marketing of a drug based on the results of these post-marketing studies and programs or other information that may become known after approval.

Other Regulatory Requirements.

Drugs manufactured or distributed pursuant to FDA approvals are subject to pervasive and continuing regulation by the FDA, including, among other things, annual establishment registration, product listing, user fees, compliance with requirements regarding cGMP, recordkeeping, periodic reporting, product sampling and distribution, advertising and promotion, and adverse drug experience monitoring and reporting with the product. After approval, most changes to the approved product labeling, such as adding new indications, are subject to prior FDA review and approval. Also, any post-approval changes in the drug substance, drug product, production process, quality controls, equipment, or facilities that have a substantial potential to have an adverse effect on the identity, strength, quality, purity, or potency of the drug product are subject to FDA review and approval. Any such changes that have a moderate potential to have an adverse effect on the identity, strength, quality, purity, or potency of the drug product may not be implemented until 30 days after the FDA receives a supplement for the change. All manufacturing facilities, as well as records required to be maintained under FDA regulations, are subject to inspection or audit by the FDA. In addition, manufacturers generally are required to pay annual user fees for approved products and a user fee for the submission of each new or supplemental application.

The FDA may impose a number of post-approval requirements as a condition of approval of an NDA. For example, the FDA may require post-approval testing, including Phase 4 clinical trials, and surveillance to further assess and monitor the product's safety and effectiveness after commercialization. The Food and Drug Administration Amendments Act of 2007 gave the FDA the authority to require a REMS from drug manufacturers to manage a known or potential serious risk associated with the drug and to ensure that the benefits of a drug outweigh its risks. Examples of a REMS include, but are not limited to, a Medication Guide, a patient package insert to help mitigate a serious risk of the drug, and a communication plan to healthcare providers to support the implementation of an element of the REMS.

In addition, drug manufacturers and other entities involved in the manufacture and distribution of approved drugs are required to register their establishments with the FDA and register or obtain permits or licenses in states where they do business, and are subject to periodic unannounced inspections by the FDA and state regulatory authorities with jurisdiction over their activities to determine compliance with regulatory requirements. A drug manufacturer is responsible for ensuring that its third-party contractors operate in compliance with applicable laws and regulations including the cGMP regulation. The failure of a drug manufacturer or any of its third-party contractors to comply with federal or state laws or regulations may subject the drug manufacturer to possible legal or regulatory action, such as an untitled letter, warning letter, recall, suspension of manufacturing or distribution or both, suspension of state permit or license, seizure of product, import detention, injunctive action, and civil and criminal penalties.

Changes to the manufacturing process are strictly regulated and often require prior FDA approval before being implemented. FDA regulations also require a drug manufacturer to conduct investigations and implement appropriate corrective actions to address any deviations from cGMP requirements and impose reporting and documentation requirements upon the manufacturer and any third-party contractors (including contract manufacturers and laboratories) involved in the manufacture of a drug product. Accordingly, manufacturers must continue to expend significant time, money and effort to maintain and ensure ongoing cGMP compliance and to confirm and ensure ongoing cGMP compliance of their third-party contractors.

Once an approval is granted, the FDA may withdraw the approval if, among other things, there is information that the drug is unsafe for use under the approved conditions of use; new information or evidence that, evaluated together with evidence available to the FDA at the time of approval, shows that the drug is not shown to be safe for use under the approved conditions of use; new information that, evaluated together with the evidence available to the FDA at the time of approval, shows there is a lack of substantial evidence of effectiveness; the approved application contains an untrue statement of material fact; or that the required patient information was not submitted within 30 days after receiving notice from the FDA of the failure to submit such information. Later discovery of previously unknown problems with a product, including adverse events of unanticipated severity or frequency, or with manufacturing processes, or failure to comply with regulatory requirements, may result in revisions to the approved labeling to add new safety and risk information; imposition of a post-market study requirement to assess new safety risks; or implementation of a REMS that may include distribution or other restrictions.

The FDA closely regulates drug advertising and promotional activities, including promotion of an unapproved drug, direct-to-consumer advertising, dissemination of scientific information about a drug not on the approved labeling, off-label promotion, communications with payors and formulary committees, industry-sponsored scientific and educational activities, and promotional activities involving the internet and social media. A company's product claims must be true and not misleading, provide fair balance, provide adequate risk information, and be consistent with the product labeling approved by the FDA. Failure to comply with these requirements can lead to legal or regulatory actions including, among other things, warning letters, corrective advertising, injunction, violation and related penalties under the False Claims Act and can result in reputational and economic harm.

Physicians may prescribe FDA-approved drugs for uses that are not described in the product's labeling and that differ from those uses tested by the manufacturer. Such off-label uses occur across medical specialties. Physicians may believe that such off-label uses are the best treatment for many patients in varied circumstances. The FDA does not regulate the behavior of physicians in their choice of treatments for their individual patients. The FDA does, however, regulate manufacturers' communications about their drug products and interprets the Federal Food, Drug, and Cosmetic Act ("FFDCA") to prohibit pharmaceutical companies from promoting their FDA-approved drug products for uses that are not specified in the FDA-approved labeling. Companies that market drugs for off-label uses have been subject to warning letters, related costly litigation, criminal prosecution, and civil liability under the FFDCA and the False Claims Act.

In addition, the distribution of prescription pharmaceutical products is subject to the Prescription Drug Marketing Act ("PDMA"), as amended by the Drug Supply Chain Security Act, which regulates the distribution of drug and drug samples at the federal level, and sets minimum standards for the registration and regulation of wholesale drug distributors by the states.

Good Clinical Practices

The FDA and other regulatory agencies promulgate regulations and standards, commonly referred to as current Good Clinical Practices, for designing, conducting, monitoring, auditing and reporting the results of clinical trials to ensure that the data and results are accurate and that the trial participants are adequately protected. The FDA and other regulatory agencies enforce cGCP through periodic inspections of trial sponsors, principal investigators and trial sites. If our study sites fail to comply with applicable cGCP, the clinical data generated in our clinical trials may be deemed unreliable and relevant regulatory agencies may require us to perform additional clinical trials before approving our marketing applications.

Good Manufacturing Practices

The FDA and other regulatory agencies regulate and inspect equipment, facilities and processes used in the manufacture of pharmaceutical and biological products prior to approving a product. If, after receiving approval from regulatory agencies, a company makes a material change in manufacturing equipment, location or process, additional regulatory review and approval may be required. All facilities and manufacturing techniques that may be used for the manufacture of our products must comply with applicable regulations governing the production of pharmaceutical products known as Good Manufacturing Practices.

Orphan Drug Act

Under the Orphan Drug Act, the FDA may grant orphan drug designation to drugs intended to treat a "rare disease or condition," which generally is a disease or condition that affects fewer than 200,000 individuals in the U.S. If a product which has an orphan drug designation subsequently receives the first FDA approval for that drug for the indication for which it has such designation, the product is entitled to orphan exclusivity, i.e., the FDA may not approve any other application submitted by a different applicant to market the same drug for the same indication for a period of seven years following marketing approval, except in certain very limited circumstances, such as if the later product is shown to be clinically superior to the approved product with orphan drug exclusivity. Legislation similar to the Orphan Drug Act has been enacted in other countries, including within the European Union.

Pediatric Marketing Use Authorization

The PUMA approval is typically granted by the European Commission, based on a review by the European Medicines Agency, and is intended exclusively for pediatric (patients under 18 years of age) use. Such PUMA approval is ultimately valid in all countries within the European Economic Area (which excludes the United Kingdom as of February 1, 2020).

The PUMA was introduced by the EU Paediatric Regulation for medicines that are:

- Normally contain an already authorized active ingredient;
- Are no longer covered by a supplementary protection certificate ("SPC") or a patent that qualifies for a SPC;
- Are to be exclusively developed for use in children.

The PUMA process was established to make it more efficient for pharmaceutical companies to invest in the development of drugs for children. PUMA drugs receive 8 plus 2 years of regulatory data and marketing protection. and the applications are, in part, exempt from fees. The regulatory protection does not prevent off-label use of other drugs with the same active substance and indication for adults, nor pharmacy compounding.

Other Laws

Our present and future business has been and will continue to be subject to various other laws and regulations. Various laws, regulations and recommendations relating to safe working conditions, laboratory practices, the experimental use of animals, and the purchase, storage, movement, import and export and use and disposal of hazardous or potentially hazardous substances, including radioactive compounds and infectious disease agents, used in connection with our research work are or may be applicable to our activities. Certain agreements entered into by us involving exclusive license rights may be subject to national or supranational antitrust regulatory control, the effect of which cannot be predicted. The extent of government regulation, which might result from future legislation or administrative action, cannot accurately be predicted.

Research and Development

Our research and development efforts have been focused on the development of PEDMARK™ since 2013.

We have established relationships with contract research organizations ("CROs"), universities and other institutions, which we utilize to perform many of the day-to-day activities associated with our drug development. Where possible, we have sought to include leading scientific investigators and advisors to enhance our internal capabilities. Research and development issues are reviewed internally by our executive management and supporting scientific team.

Research and development expenses totaled $5.0 million and $5.1 million for the fiscal years ended December 31, 2021 and 2020, respectively. We have decreased slightly our research and development expenses related to PEDMARK™ as our efforts have maintained over fiscal 2020 and 2021 with a mix of pre-commercialization activities with some continued regulatory and manufacturing expenses associated with the resubmission of the NDA for PEDMARK™ in response to the CRLs discussed above under the heading "Business – Overview – Product Candidate" and elsewhere in this Annual Report.

Our product candidate still requires significant, time-consuming and costly research and development, testing and regulatory clearances. In developing our product candidate, we are subject to risks of failure that are inherent in the development of products based on innovative technologies. For example, it is possible that our product candidate will be ineffective or toxic, or will otherwise fail to receive the necessary regulatory clearances. There is a risk that our product candidate will be uneconomical to manufacture or market or will not achieve market acceptance. There is also a risk that third parties may hold proprietary rights that preclude us from marketing our product candidate or that others will market a superior or equivalent product. As a result of these factors, we are unable to accurately estimate the nature, timing and future costs necessary to complete the development of this product candidate. In addition, we are unable to reasonably estimate the period when material net cash inflows could commence from the sale, licensing or commercialization of such product candidate, if ever.

Employees

At December 31, 2021, we had ten employees all of which are full time. In addition, we use independent contractors to perform certain of our daily operations.

Company Information

We incorporated under the Canada Business Corporations Act ("CBCA") in September 1996. In August 2011, we continued from the CBCA to the Business Corporations Act (British Columbia) (the "Continuance"). We have four wholly-owned subsidiaries: Oxiquant, Inc. and Fennec Pharmaceuticals, Inc., both Delaware corporations, Cadherin Biomedical Inc., a Canadian company, and Fennec Pharmaceuticals (EU) Limited ("Fennec Limited"), an Ireland company. With the exception of Fennec Pharmaceuticals, Inc., all subsidiaries are inactive.

Our corporate website is www.fennecpharma.com. We make our periodic and current reports, together with amendments to these reports, filed or furnished pursuant to Section 13(a) or 15(d) of the Securities Exchange Act of 1934, as amended ("Exchange Act"), available on our website, free of charge, as soon as reasonably practicable after such material is electronically filed with, or furnished to, the Securities and Exchange Commission ("SEC"). Members of the public may also read and copy any materials we file with, or furnish to, the SEC at the SEC's Public Reference Room at 100 F Street, NE, Washington, DC 20549. To obtain information on the operation of the Public Reference Room, please call the SEC at 1-800-SEC-0330. The SEC maintains a website at www.sec.gov that contains the reports, proxy statements and other information that we file or furnish electronically with the SEC. The Canadian securities regulatory authorities maintain a website at www.sedar.com that contains our filings with the Canadian securities regulatory authorities. Our website and the information contained therein or connected thereto is not intended to be incorporated into this Annual Report or any other report or information we file with the SEC or Canadian securities regulatory authorities.

Item 1A. Risk Factors

An investment in our common shares involves a significant risk of loss. You should carefully read this entire Annual Report and should give particular attention to the following risk factors. You should recognize that other significant risks may arise in the future, which we cannot reasonably foresee at this time. Also, the risks that we now foresee might affect us to a greater or different degree than currently expected. There are a number of important factors that could cause our actual results to differ materially from those expressed or implied by any of our forward-looking statements in this

Annual Report. These factors include, without limitation, the risk factors listed below, and other factors presented throughout this Annual Report and any other documents filed by us with the SEC and the Canadian securities regulators on SEDAR.

Risk Factors Summary

The following is a summary of the principal risks that could adversely affect our business, operations, and financial results. A more thorough discussion of these and other risks follows this summary.

Risks Related to Our Business

- We have a history of significant losses and have generated de minimis licensing revenue and no revenue from the sale of products since our inception.
- PEDMARK™ is currently our only product candidate. PEDMARK™ is still in development and there is no assurance that it will receive regulatory approval or that we will successfully develop it into a commercially viable product.
- We may be required to conduct additional clinical trials for PEDMARK™, which would be costly and time-consuming to complete.
- We may require additional financing to obtain regulatory approval for and commercialize PEDMARK™, and a failure to obtain this capital when needed on acceptable terms, or at all, could force us to delay, limit, reduce, or terminate our product development, other operations, or commercialization efforts.
- We are currently and may in the future be the target of securities litigation, which may be costly and time-consuming to defend.
- Our business may be adversely affected by the ongoing COVID-19 pandemic.
- Our business involves environmental risks and potential exposure to environmental liabilities.

Risks Related to the Clinical Development and Marketing Approval of Our Product Candidate

- PEDMARK™ has not received marketing approval from the FDA or any comparable foreign authorities. These approval processes are costly, time-consuming, and inherently unpredictable, and it is possible that our applications for marketing approval will be denied.
- Our NDA for PEDMARK™ received a CRL from the FDA in August 2020 and in November 2021, which in each case identified deficiencies in the third-party manufacturing facility that manufactures PEDMARK™ on our behalf.

Risks Related to Commercialization of Our Product Candidate

- Even if we receive regulatory approvals for PEDMARK™, it will still be subject to continued regulatory review and could be subject to labeling and other restrictions.
- Sales of PEDMARK™, assuming it obtains regulatory approval, will depend on reimbursement by payers and these payers are subject to pressures to contain costs. In addition, coverage and reimbursement for PEDMARK™ may be limited or unavailable in certain market segments.
- PEDMARK™ targets diseases with small patient populations and we may not be effective at identifying patients.

4S

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: JG Pharma, Inc.

Physical Address: 9237 E Via De Ventura Blvd. Suite 135

City: Scottsdale State: AZ Zip: 85258

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 480-227-6039 Website: www.journeymedicalcorp.com

Name of Designated Representative (DR): _____

Licensing Company Email: licensing@jmcderm.com DR Email: _____

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: Pharmaceuticals	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Caribe Holdings
Address: State road 698 Km 0.8 Barrio City: Mameyal Dorado State: PR Zip: 00646

Name: DPT Laboratories, Ltd
Address: 3300 Research Plaza City: San Antonio State: TX Zip: 78235

Name: Ohm Laboratories, Inc.
Address: 1385 Livingston Ave. City: North Brunswick State: NJ Zip: 08902

Name: Dr Reddy Laboratories, Inc.
Address: 107 College Road East City: Princeton State: NJ Zip: 08540

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Journey Medical Corporation
Corporation Name: JG Pharma, Inc.
Mailing Address: 9237 East Via De Ventura Blvd, Suite 135
City: Scottsdale State: AZ Zip: 85258
Telephone: 201-704-8255 Email: edepaolantonio@jmcderm.com
Contact Person Name: Ernest De Paolantonio

Date of SEC Registration: 07/22/2021 | SEC Registration Number: 1867066 | Stock Exchange Symbol: DERM

Section 5: Non-Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

RAMSEY ALLOUSH

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11/3/2022

Date

Board Use Only	Date Received: 11-7-22	Amount: 1000.00 CC ✓ 11/8/22

Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	JG Pharma, Inc
Address :	9237 E. Via De Ventura Blvd. Suite 135 Scottsdale AZ 85258
License No :	M001149
Permit Type :	Manufacturer
Sub Type :	Virtual
Date Issued :	03/07/2018
Expiration Date :	10/31/2023
Status :	OPEN
Discipline :	No

Kam Gandhi

Kam Gandhi

Kevin Wojciechowski

From: edrls@fda.hhs.gov
Sent: Tuesday, February 27, 2018 9:12 AM
To: Contact Jgpharma
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 27-FEB-2018
Labeler DUNS: 081048334
Labeler Name: JG Pharma Inc.
Labeler Code: 72143

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. **To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) § 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

Top Four Corporation Shareholders and Their Percent Ownership

1	B. Riley Financial, Inc.	7.46%
2	Opaleye Management Inc.	2.12%
3	Perkins Capital Management, Inc.	1.80%
4	Neuberger Berman Group, LLC	1.70%

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JG PHARMA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JG PHARMA, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

6717207 8300

SR# 20223914283

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204758633

Date: 11-02-22

Payroll Name	Home Depa	Primary Ad	Payroll Company Code
Maraoui, Claude	403	AZ	XE4



ATTACHMENT # 1
JG Pharma, Inc.
Company Corporate Officers

Name/DOB/DL#	Position/Title	Address
Lindsay A. Rosenwald, MD DOB [redacted] DL# [redacted]	Sole Director	[redacted] Forest Lane Lawrence, NY 11559
Claude Maraoui DOB [redacted] DL# [redacted]	President & CEO	[redacted] N. 111th Place Scottsdale, AZ 85259
Ernest De Paolantonio DOB [redacted] DL# [redacted]	CFO	[redacted] Kensington Circle Naples, FL 34119
Ramsey Alloush DOB [redacted] DL# [redacted]	Secretary	[redacted] South Ocean Blvd. Unit 702 Pompano Beach, FL 33062

JG Pharma, Inc. is a subsidiary of Journey Medical Corporation (NASDAQ: DERM).

Journey Medical Corporation
9237 E Via De Ventura Blvd. Suite 135
Scottsdale, AZ 85258

JG Pharma, Inc. is incorporated in Delaware as of 01/19/2018.

JG Pharma, Inc.- Federal Tax id# is 82-4107830.

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the Fiscal Year Ended December 31, 2021

or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the Transition Period from to

Commission File Number 001-41063

JOURNEY MEDICAL CORPORATION

(Exact name of registrant as specified in its charter)

Delaware (State or Other Jurisdiction of Incorporation or Organization)	**47-1879539** (I.R.S. Employer Identification No.)
9237 E Via de Ventura Blvd., Suite 105 **Scottsdale, AZ** (Address of Principal Executive Offices)	**85258** (Zip Code)

Registrant's telephone number, including area code: (781) 652-4500
Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $0.0001 per share	DERM	NASDAQ Capital Market

Securities registered pursuant to section 12(g) of the Act: None.

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒
Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act:

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☒
Emerging growth company	☒		

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. Yes ☐ No ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒

As of June 30, 2021, the last business day of the registrant's most recently completed second fiscal quarter, the common stock of the registrant was not listed on any securities exchange or quoted on any automated quotation system. Accordingly, the aggregate market value of the registrant's common stock held by non-affiliates cannot be calculated as of such date. As of March 25, 2022, the aggregate market value of the registrant's common stock held by non-affiliates was approximately $31,947,000 million, based on the closing sale price of $4.56 as quoted by the Nasdaq Stock Market as of such date.

Indicate the number of shares outstanding of each of the registrant's classes of common stock, as of the latest practicable date.

Class of Common Stock	Outstanding Shares as of March 25, 2022
Class A Common Stock, $0.0001 par value	6,000,000
Common Stock, $0.0001 par value	11,316,344

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's Proxy Statement for its 2022 Annual Meeting of Stockholders are incorporated by reference in Part III of this Annual Report on Form 10-K.

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JOURNEY MEDICAL CORPORATION
ANNUAL REPORT ON FORM 10-K
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SPECIAL CAUTIONARY NOTICE REGARDING FORWARD-LOOKING STATEMENTS

Certain matters discussed in this report may constitute forward-looking statements for purposes of the Securities Act of 1933, as amended (the "Securities Act") and the Securities Exchange Act of 1934, as amended (the "Exchange Act"), and involve known and unknown risks, uncertainties and other factors that may cause our actual results, performance or achievements to be materially different from the future results, performance or achievements expressed or implied by such forward-looking statements. The words "anticipate," "believe," "estimate," "may," "expect," "will," "could," "project," "intend" and similar expressions are generally intended to identify forward-looking statements. Our actual results may differ materially from the results anticipated in these forward-looking statements due to a variety of factors, including, without limitation, those discussed under the captions "Risk Factors," and elsewhere in this report. All written or oral forward-looking statements attributable to us are expressly qualified in their entirety by these cautionary statements. Such forward-looking statements include, but are not limited to, statements about:

- our future financial performance, including our expectations regarding our revenue, cost and operating expenses, including changes in technology and development, selling and marketing and general and administrative expenses, gross profit, and our ability to achieve, and maintain, future profitability;
- our business plan and our ability to effectively manage our growth;
- economic and industry trends, projected growth, or trend analysis;
- political, economic, legal, social and health risks, including the COVID-19 pandemic and subsequent public health measures that may affect our business or the global economy and the actions we may take in response thereto;
- developments and projections relating to our competitors and industry;
- increases in costs and disruption of supply or shortage of raw materials;
- our and our licensors' ability to obtain, establish, maintain, protect and enforce intellectual property and proprietary protection for our products and technologies and to avoid claims of infringement, misappropriation or other violation of third-party intellectual property and proprietary rights;
- the outcome of any current or future litigation;
- our ability to hire and retain key management;
- our ability to obtain additional financing;
- our beliefs and objectives for future operations;
- our ability to maintain, protect, and enhance our intellectual property;
- our expectations concerning relationships with third parties, including strategic partners;
- the volatility of the trading price of our common stock;
- evolving regulations and the potential for unfavorable changes to, or failure by us to comply with, regulations; and
- our expectations regarding the period during which we qualify as an emerging growth company under the Jumpstart Our Business Act.

The forward-looking statements contained in this report reflect our views and assumptions as of the effective date of this report. New risks and uncertainties arise from time to time, and it is impossible for us to predict these events or how they may affect us. Except as required by law, we assume no responsibility for updating any forward-looking statements.

We qualify all of our forward-looking statements by these cautionary statements. In addition, with respect to all of our forward-looking statements, we claim the protection of the safe harbor for forward-looking statements contained in the Private Securities Litigation Reform Act of 1995.

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SUMMARY OF RISK FACTORS

Our business is subject to a number of risks which you should be aware of before making an investment decision. The risks described below are a summary of the principal risks associated with an investment in our common stock and are not the only risks we face. These risks are more fully described in the section titled "Risk Factors" of this report on Form 10-K and include the following:

Risks Related to Our Business, Industry and Existing Operating Revenue Stream

- Our products and product candidates are subject to time and cost intensive regulation and clinical testing. As a result, they may never be successfully developed or commercialized. Further, any approved product may be subject to post-marketing requirements, including studies or clinical trials, the results of which could cause such product to be withdrawn from the market.
- The majority of our sales derive from products that are without patent protection and/or are or may become subject to third-party generic competition, the introduction of new competitor products, or an increase in market share of existing competitor products, any of which could have a significant adverse impact on our operating income.
- We operate in a heavily regulated industry, and we cannot predict the impact that any future legislation or administrative or executive action may have on our operations.
- Our revenue is dependent mainly upon sales of our dermatology products and any setback relating to the sale of such products could impair our operating results.
- Our competitors may develop treatments for our products' target indications, which could limit our products' commercial opportunity and profitability.
- If our products do not achieve broad market acceptance, including by government and third-party payors, the revenues from any such product will likely be limited.

Risks Related to Our Reliance on Third Parties

- We rely on third parties for several aspects of our operations, which limits our control over product development, marketing, manufacturing, and sale processes and may hinder our ability to develop and commercialize our products in a cost-effective and timely manner.

Risks Related to Our Growth

- Our future growth may depend on our ability to identify, develop, and acquire or in-license products and integrate them into our operations, at which we may be unsuccessful.
- We may expend resources on unsuccessful product candidates or indications and may fail to capitalize on more profitable or successful product candidates or indications.

Risks Related to Development and Regulatory Approval of Our Product Candidates (DFD-29)

- The success of our business, including our ability to finance our company and generate additional revenue, may depend on the successful development and regulatory approval of the DFD-29 product candidate and any future product candidates that we may develop, in-license or acquire.
- Clinical drug development is very expensive, time consuming, and uncertain. Our clinical trials may fail to adequately demonstrate the safety and efficacy of our current or any future product candidates, which could prevent or delay regulatory approval and commercialization.

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- We expect to rely on third-party contract research organizations ("CROs") and other third parties to conduct and oversee our clinical trials, other aspects of our product development and our regulatory submission process for our product candidates. If these third parties do not meet our requirements, conduct the trials as required or otherwise provide services as anticipated, we may not be able to satisfy our contractual obligations or obtain regulatory approval for, or successfully commercialize, our current or any future product candidates when expected or at all.

Risks Pertaining to Intellectual Property, Generic Competition and Paragraph IV Litigation

- If we are unable to maintain sufficient patent protection for our technology and products, our competitors could develop and commercialize products similar or identical to ours.
- We may be required to expend substantial resources relating to litigation for infringement of third-party intellectual property rights or enforcing our or our licensors' patents.
- Any dispute with our licensors may affect our ability to develop or commercialize our product candidates.
- Generic drug companies may submit applications seeking approval to market generic versions of our products.
- In connection with these applications, generic drug companies may seek to challenge the validity and enforceability of our patents through litigation and/or with the United States Patent and Trademark Office ("USPTO"). Such challenges may subject us to costly and time-consuming litigation and/or USPTO proceedings.
- As a result of the loss of any patent protection from such litigation or USPTO proceedings, or the "at-risk" launch by a generic competitor of our products, our products could be sold at significantly lower prices, and we could lose a significant portion of sales of that product in a short period of time, which could adversely affect our business, financial condition, operating results and prospects.
- The majority of our sales derive from products that are without patent protection and/or are or may become subject to third-party generic competition, the introduction of new competitor products, or an increase in market share of existing competitor products, any of which could have a significant adverse impact on our operating income.
- Accutane currently competes in the Isotretinoin market with five other AB rated products. Targadox currently faces AB rated generic competition. Exelderm may face AB rated generic competition in the future.

Risks Related to our Platform and Data

- Our business and operations would suffer in the event of computer system failures, cyber-attacks, or deficiencies in our or our third parties' cybersecurity.

Risks Related to the COVID-19 Pandemic

- Major public health issues, and specifically the pandemic caused by the COVID-19 outbreak, could have an adverse effect on our product revenues and any future clinical trials.

Risks Related to Our Finances and Capital Requirements

- Due to the numerous risks and uncertainties associated with pharmaceutical product development, we may incur losses and may be unable to maintain profitability.
- If we are unable to raise capital as needed, we may be forced to delay, reduce, or eliminate our operations.

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Risks Relating to Owning our Common Stock

- Our operating results have fluctuated in the past and we expect them to continue to do so. Any such fluctuation may cause our performance to fall below expectations, and our stock price may suffer.

Risks Related to our Relationship with Fortress Biotech, Inc.

- Fortress controls a voting majority of our common stock, which could be detrimental to our other shareholders. Further, Fortress' ownership qualifies us as a "controlled company" under the Nasdaq listing standards.
- Fortress' financial obligations and any potential risk of default may adversely affect the Company or constrain our ability to take certain actions.

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PART I

Item 1. Business

OVERVIEW

We are a commercial-stage pharmaceutical company founded in October 2014 that focuses on the development and commercialization of pharmaceutical products for the treatment of dermatological conditions. Our current portfolio includes seven branded and three authorized generic prescription drugs for dermatological conditions that are actively marketed in the U.S. We are managed by experienced life science executives with a track record of creating value for their stakeholders and bringing novel medicines to the market, enabling patients to experience increased quality of life and physicians and other licensed medical professionals to provide better care for their patients. We aim to acquire rights to future products by licensing or otherwise acquiring an ownership interest in, funding the research and development of, and eventually commercializing, the products through our exclusive field sales organization.

On November 16, 2021, we completed an initial public offering ("IPO") of our common stock, which resulted in net proceeds of approximately $30.6 million, after deducting underwriting discounts and other offering costs.

Prior to our IPO, our operations were primarily financed through a working capital note from Fortress Biotech, Inc. ("Fortress"), referred to herein as the "Fortress Note," cash generated by operations and cash raised in our private offering of our 8% Cumulative Convertible Class A Preferred Stock ("Class A Preferred Stock"). In connection with the closing of our IPO on November 16, 2021, we issued 2,231,346 shares of common stock resulting from the conversion of all of the Class A Preferred Stock. In addition, the Fortress Note was converted into 1,476,044 shares of Journey common stock at our IPO price of $10.00 per share.

We expect our expenses will increase substantially for the foreseeable future as we pursue business development opportunities, commercialize and market new products and incur additional costs associated with operating as a public company. To date, our business has not been materially impacted by COVID-19; however, depending on the extent of the ongoing pandemic, it is possible that our business, financial condition and results of operations could be materially and adversely affected by COVID-19 in the future.

Our cash and cash equivalents balance at December 31, 2021 was $49.1 million.

We are a majority-owned subsidiary of Fortress.

CORPORATE INFORMATION

Journey Medical Corporation was incorporated in Delaware in 2014. Our executive offices are located at 9237 E Via de Ventura Blvd. Suite 105, Scottsdale, AZ 85258. Our telephone number is 480-434-6670, and our e-mail address is info@jmcderm.com or ir@jmcderm.com.

We maintain a website with the address www.jmcderm.com. We make available free of charge through our Internet website our annual reports on Form 10-K, quarterly reports on Form 10-K and current reports on Form 8-K, and any amendments to these reports, as soon as reasonably practicable after we electronically file such material with, or furnish such material to, the Securities and Exchange Commission ("SEC"). We are not including the information on our website as a part of, nor incorporating it by reference into, this report. Additionally, the SEC maintains a website that contains annual, quarterly, and current reports, proxy statements, and other information that issuers (including us) file electronically with the SEC. The SEC's website address is http://www.sec.gov.

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Overview of the Business, Relevant Disease States, Market, and Products

Journey Medical Corporation is a commercial-stage pharmaceutical company founded in October 2014 that focuses on the development and commercialization of pharmaceutical products for the treatment of dermatological conditions. Our current portfolio includes seven branded and three authorized generic prescription drugs for dermatological conditions that are actively marketed in the U.S. We are managed by experienced life science executives with a track record of creating value for their stakeholders and bringing novel medicines to the market, enabling patients to experience increased quality of life, and enabling physicians and other licensed medical professionals to provide better care for their patients. We aim to acquire rights to future products by licensing or otherwise acquiring an ownership interest in, funding the research and development of, and eventually commercializing, the products through our field sales organization. Since inception, we have made significant investments to build out our commercial product portfolios, which we believe, coupled with our experienced dermatology sales leadership team and our recently expanded field sales force, will position our business for growth.

As of December 31, 2021, our major actively marketed products, which have been approved by the U.S. Food and Drug Administration ("FDA") for sale in the United States, include:

- Qbrexza® (a medicated cloth towelette for the treatment of primary axillary hyperhidrosis), acquired and launched in May 2021;
- Accutane® (an oral isotretinoin drug for the treatment of severe recalcitrant nodular acne), licensed in July 2020 and launched in April 2021;
- Targadox® (an oral doxycycline drug for adjunctive therapy for severe acne), licensed in March 2015 and launched in October 2016;
- Ximino® (an oral minocycline drug for the treatment of moderate to severe acne), acquired and launched in August 2019; and
- Exelderm® Cream and Solution (a broad-spectrum antifungal intended for topical use), acquired and launched in October 2018.

Additionally, we sell three authorized generic products:

- doxycycline hyclate immediate release tablets, launched in May 2018;
- minocycline hydrochloride extended release capsules, launched in April 2020; and
- sulconazole nitrate cream and solution, launched in January 2020.

Recent Subsequent Highlights ("VYNE Product Acquisition")

In January 2022, we acquired AMZEEQ (minocycline) topical foam, 4%, and ZILXI (minocycline) topical foam, 1.5%, two FDA-Approved Topical Minocycline Products and Molecule Stabilizing Technology (MST)™ from VYNE Therapeutics, Inc., which expands our product portfolio to seven actively marketed branded dermatology products.

These proprietary foam-based products optimize the topical delivery of minocycline, an active pharmaceutical ingredient that was previously available only in oral form. Approved by the FDA nearly 50 years ago, minocycline is a well-established molecule that has been prescribed, in oral formulation, over 30 million times in the past decade.

AMZEEQ (minocycline) topical foam, 4%, is the first and only topical formulation of minocycline to be approved by the FDA for the treatment of inflammatory lesions of non-nodular moderate to severe acne vulgaris in adults and children 9 years and older. According to the American Academy of Dermatology ("AAD"), acne is the most common skin condition in the United States, affecting up to 50 million Americans annually.

Approved by the FDA in May 2020, ZILXI (minocycline) topical foam, 1.5%, is the first and only topical minocycline treatment for inflammatory lesions due to rosacea in adults. Rosacea is a common skin disease that affects 16 million Americans, according to AAD. Market research shows that over 70% of patients with rosacea are seeking better alternatives to current treatments.

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Upon completion of the VYNE Product Acquisition, Journey became substituted for VYNE as the plaintiff in U.S. patent litigation commenced by VYNE on August 9, 2021 in the U.S. District Court of Delaware (the "Padagis Patent Litigation") against Padagis Israel Pharmaceuticals Ltd. (F/K/A Perrigo Israel Pharmaceuticals Ltd.) ("Padagis") alleging infringement of certain patents covering Amzeeq® (the "Amzeeq® Patents"), which are included among the proprietary rights to Amzeeq® that were acquired pursuant to the Qbrexza APA. The Padagis Patent Litigation was initiated following the submission by Padagis, in accordance with the procedures set out in the Drug Price Competition and Patent Term Restoration Act of 1984 (the "Hatch-Waxman Act"), of an Abbreviated New Drug Application (the "ANDA"). The ANDA seeks approval to market a generic version of Amzeeq® prior to the expiration of the Amzeeq® Patents and alleges that the Amzeeq® Patents are invalid. Padagis is subject to a 30-month stay preventing it from selling a generic version, but that stay is set to expire on December 30, 2023. Journey is seeking, among other relief, an order that the effective date of any United States Food and Drug Administration approval of Padagis' ANDA be no earlier than the expiration of the patents listed in the Orange Book, the latest of which expires on September 8, 2037, and such further and other relief as the court may deem appropriate. Trial in the Padagis Patent Litigation is scheduled for July 10, 2023. Journey cannot make any predictions about the final outcome of this matter or the timing thereof.

2021 Highlights and Events

- On November 16, 2021, we completed an IPO of our common stock, which resulted in net proceeds of approximately $30.6 million, after deducting underwriting discounts and other offering costs.

- In September 2021, we were the victim of a cybersecurity incident that affected our accounts payable function and led to approximately $9.5 million in wire transfers being misdirected to fraudulent accounts. The details of the incident and its origin are under investigation with the assistance of third-party cybersecurity experts working at the direction of legal counsel. The matter was reported to the Federal Bureau of Investigation and does not appear to have compromised any personally identifiable information or protected health information. Fortress, as our controlling stockholder and supporting partner in our back-office functions, provided us with $9.5 million to ensure our accounts payable operations continued to function smoothly. The $9.5 million of support was in the form of a related party note which the boards of both companies have agreed and converted into 1,476,044 shares of our common stock upon the consummation of our IPO at the IPO price. See *"Risk Factors — Risk s Related to our Platform and Data — Our business and operations would suffer in the event of computer system failures, cyber-attack s, or deficiencies in our or third parties' cybersecurity."*

- As of July 18, 2021, we privately offered and issued 750,680 shares of our Class A Preferred Stock at a price of $25.00 per share, for gross proceeds of $19.0 million (the "Class A Preferred Offering"). In connection with the closing of our IPO on November 16, 2021, we issued 2,231,346 shares of common stock resulting from the conversion of all of the Class A Preferred Stock.

- In June 2021, we entered into an agreement with Dr. Reddy's Laboratories, Ltd. ("DRL") for the development of DFD-29, a modified release oral minocycline that is being evaluated for the treatment of inflammatory lesions of rosacea. We and DRL intend to conduct two Phase 3 clinical trials to assess the efficacy, safety and tolerability of DFD-29 as a treatment for rosacea for regulatory approval. In connection with the DFD-29 Agreement, we agreed to pay DRL additional consideration of $5.0 million in our common stock upon our IPO. In addition, in connection with the closing of our IPO, we issued 545,131 unregistered shares of common stock in the Company to DRL. The restrictions on the unregistered shares of common stock are governed by the terms set forth in the DFD-29 Agreement and applicable securities laws.

- In May 2021, we acquired Qbrexza from Dermira, Inc., a wholly owned subsidiary of Eli Lilly and Company ("Dermira").

- In March 2021, we launched Accutane® (isotretinoin) for the treatment of recalcitrant nodular acne.

- On March 31, 2021, we entered into an agreement with East West Bank ("EWB") to provide us with a $7.5 million working capital line of credit.

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Other Subsequent Highlights

On January 12, 2022, we entered into a third amendment (the "Amendment") of our loan and security agreement with EWB, which increased the borrowing capacity of our revolving line of credit to $10.0 million, from $7.5 million, and added a term loan not to exceed $20.0 million. Both the revolving line of credit and the term loan mature on January 12, 2026. The term loan includes two tranches, the first of which is a $15.0 million term loan and the second of which is a $5.0 million term loan. On January 12, 2022, we borrowed $15.0 million against the first tranche of the term loan to facilitate the VYNE Product Acquisition. The term loan bears interest on its outstanding daily balance at a floating rate equal to 1.73% above the prime rate and is payable monthly, on the first calendar day each month. The term loans contain an interest only payment period through January 12, 2024, with an extension through July 12, 2024, if certain covenants are met, after which the outstanding balance of each term loan is payable in equal monthly installments of principal, plus all accrued interest, through the term loan maturity date. We may prepay all or any part of the term loan without penalty or premium, but may not re-borrow any amount, once repaid. Any outstanding borrowing against the revolving line of credit bears interest at a floating rate equal to 0.70% above the prime rate. The Amendment includes customary financial covenants such as collateral ratios and minimum liquidity provisions as well as audit provisions.

On February 11, 2022 we announced that our exclusive licensing partner in Japan, Maruho Co., Ltd. ("Maruho"), received marketing and manufacturing approval for Rapifort® Wipes 2.5% (QBREXZA®), for the treatment of primary axillary hyperhidrosis, triggering a net $2.5 million milestone payment to us. The net payment reflects a milestone payment of $10 million to us from our exclusive licensing partner Maruho, offset by a $7.5 million payment to Dermira, pursuant to the terms of the Asset Purchase Agreement between us and Dermira. In conjunction with the terms of the licensing agreement with Maruho, the milestone payment was due from Maruho within 30 days of the approval. We acquired global rights to QBREXZA® from Dermira in 2021.

On March 17, 2022, we dosed the first patient in our Phase 3 clinical trial evaluating DFD-29 (Minocycline Modified Release Capsules 40 mg) for the Treatment of Rosacea. In addition, the published phase 2 clinical data showed that DFD-29 had approximately double the efficacy compared to Doxycycline capsules 40 mg on reducing total inflammatory lesions and IGA treatment success. The trial will encompass two multicenter, randomized, double-blind, parallel-group, active and placebo-controlled Phase 3 clinical trials will each enroll up to 320 adult patients with moderate to severe papulopustular rosacea ("PPR"). One trial is enrolling patients in the United States and the other is enrolling in the United States and Europe. The studies will be randomized in a 3:3:2 ratio to DFD-29 (Minocycline Hydrochloride Modified Release Capsules, 40 mg), Oracea® (Doxycycline capsules 40 mg) or placebo once daily for 16 weeks. The primary objective of the studies is to evaluate the safety, efficacy and tolerability of DFD-29 compared to placebo for the treatment of PPR. The secondary objective is to evaluate the safety, efficacy and tolerability of DFD-29 compared to Oracea® (Doxycycline capsules 40 mg).

Our Products and Relevant Disease States

Excessive Underarm Sweating and the Current Standard of Care

Excessive underarm sweating, commonly referred to as primary axillary hyperhidrosis ("PAH"), is a rare disorder characterized by excessive sweating in the armpits. The exact cause of PAH is not known, and the disorder affects males and females equally. When excessive sweating occurs as part of some other disorder, it is said to be secondary hyperhidrosis, which is a more commonly encountered condition than is primary hyperhidrosis. According to a 2016 article published in the Archives of Dermatological Research, there are about 10 million people who suffer from PAH in the United States. The symptoms of PAH typically begin during childhood or puberty and may often, although not always, persist throughout a person's life. Affected individuals may experience a heightened reaction to certain stimuli that can cause sweating such as anxiety, pain, exercise, tension, caffeine, and/or nicotine. The symptoms of this disorder develop due to overactivity of certain sweat glands, and incidences may be precipitated by social and/or physical stress. Some people with PAH experience relief from the symptoms during adulthood without treatment or obvious reason for the remission.

Pharmacological treatment options for PAH include topical, oral and iontophoretic treatments.

Qbrexza (glycopyrronium 2.4% cloth) for the Treatment of Primary Axillary Hyperhidrosis

Qbrexza® (glycopyrronium 2.4%), a topical, once-daily anticholinergic cloth that was approved by the FDA in June 2018 for the treatment of PAH in adult and pediatric patients nine years of age and older. PAH is a medical condition with no known cause that results in underarm sweating beyond what is needed for normal body temperature regulation. Anticholinergics are a class of pharmaceutical products that exert their effect by blocking the action of acetylcholine, a neurotransmitter that transmits signals within

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the nervous system that are responsible for the activation of sweat glands. Qbrexza is applied directly to the skin and is designed to block underarm sweat production by inhibiting sweat gland activation. Qbrexza has Orange Book listed patents that extend through February of 2033.

The PAH market had approximately 430,000 prescriptions in 2021, according to Symphony Health, excluding over-the-counter ("OTC") clinical strength anti-perspirants

Acne and the Current Standard of Care

Acne, also known as acne vulgaris, is a common skin disorder characterized by a blockage of hair follicles, which are clogged with oil and dead skin cells. According to the AAD, acne is the most common skin condition in the US, affecting up to 50 million individuals annually.

Approximately 85% of people between the ages of 12 and 24 experience at least a minor form of acne. The disease is classified as mild, moderate or severe based on the severity of the disease progression, which is useful in identifying an appropriate treatment regimen. Mild acne is characterized by clogged hair follicles (known as comedones) that are either exposed to air (blackheads) or closed (whiteheads), with occasional inflammatory lesions which occur primarily on the face. Moderate acne is characterized by a higher presence of inflammatory lesions known as papules and pustules across the face and extending to the trunk. Severe acne is characterized by painful, deep lesions called nodules across the face, with extensive involvement of the trunk frequently.

Treatment options are based on the severity of disease, with certain drugs being reserved for more severe forms of the disease. Mild acne is addressed with dietary and lifestyle changes, along with OTC and prescription topical agents. Other therapies with varying degrees of success include dermabrasion and chemical peels, light therapy and hormonal therapy such as birth control pills or spironolactone. Moderate acne is treated with more aggressive therapy including topical and oral antibiotics such as tetracyclines, which are particularly effective due to their antibacterial and anti-inflammatory properties, and other topical agents including benzoyl peroxide and retinoids. Severe acne is treated with combination therapies, often including oral antibiotics. For resistant cases, physicians may use a potent drug known as isotretinnin (a vitamin A analog), which requires Risk Evaluation and Mitigation Strategy ("REMS") (safety) monitoring with regard to pregnancy. The current U.S. market size for treatment of acne is considerable and estimated at approximately $3 billion annually, according to the American Medical Association.

Accutane for the Treatment of Severe Recalitrant Nodular Acne

Accutane® (isotretinoin 20mg, 30mg, and 40mg capsules USP) is indicated for the treatment of severe recalcitrant nodular acne. Accutane is used to treat a type of severe recalcitrant nodular acne that has not been helped by other treatments, including antibiotics. Severe recalcitrant nodular acne occurs when many red, swollen, tender lumps form in the skin. Patients with severe nodular acne are at higher risk of scarring. Accutane belongs to a class of drugs that affects all four major pathogenic processes in acne: increased sebum production, irregular follicular desquamation, propionibacterium acnes proliferation and inflammation. Accutane has achieved a strong market position and is well known in the dermatology community.

The oral isotretinoin market had just under 2 million prescriptions in 2020, according to Symphony Health.

Targadox for the Treatment of Severe Acne

Targadox® (doxycycline hyclate immediate release 50mg tablets) is indicated as adjunctive therapy for severe acne, which is part of a class of oral antibiotics known as tetracyclines. The tetracycline class, which includes minocycline, doxycycline, sarecycline and tetracycline, is particularly effective in treatment for more severe forms of acne due to its antibacterial and anti-inflammatory properties. Targadox is the smallest doxycycline tablet and is considered easy to swallow, which is beneficial for the 40% of American adults with dysphagia, a condition in which patients experience difficulty swallowing pills. Targadox is gluten-free, lactose-free, animal byproduct-free, and GMO-free.

The oral doxycycline market had more than 21 million prescriptions in 2021, according to Symphony Health.

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AMZEEQ for the Treatment of Moderate-to-Severe Acne

AMZEEQ (4% minocycline foam), formerly known as FMX101, was approved by the FDA in October 2019 and became available in pharmacies nationwide in January 2020. AMZEEQ is a once-daily novel topical antibiotic foam formulation of minocycline for the treatment of inflammatory lesions of non-nodular moderate-to-severe acne vulgaris in patients nine years of age and older. AMZEEQ utilizes proprietary MST™ technology and is the first topical minocycline to be approved by the FDA for any condition. We believe that the combination of a well-established antibiotic in a well-tolerated, easy to use foam makes AMZEEQ a very attractive treatment option for patients.

The topical acne market had 15 million prescriptions in 2021 according to Symphony Health, presenting significant unmet needs of patients and healthcare providers to be addressed. As the first topical minocycline to be approved by the FDA for any condition, we believe that AMZEEQ may provide a new treatment alternative for patients and healthcare providers who are unsatisfied with their current therapies. AMZEEQ has Orange Book listed patents that extend through September of 2037.

Ximino for the Treatment of Inflammatory Lesions of Non-Nodular Moderate to Severe Acne

Ximino® (minocycline hydrochloride extended-release 45mg, 90mg, and 135mg capsules) is indicated for the treatment of inflammatory non-nodular lesions (pimples and red bumps) associated with moderate to severe acne. Minocycline is part of a class of oral antibiotics known as tetracyclines. Ximino encloses a small, uniform amount of the active pharmaceutical ingredient in a patented polymer wrapper through a controlled dosing capsular technology, known as Capsular Minotab Technology®, and provides a steady, controlled release of minocycline. The polymer technology in Ximino capsules is partially resistant to dissolution, so the minocycline is released over time, in a controlled manner. Ximino has Orange Book listed patents that extend through April of 2027.

The oral minocycline market had more than 3 million prescriptions in 2021, according to Symphony Health.

Fungal Infections of the Skin and the Current Standard of Care

Fungal skin infections, collectively referred to as dermatomycoses, are common infections caused by ringworms (tinea) and include such conditions as athlete's foot, jock itch and ringworm of the body. Tinea pedis, commonly known as athlete's foot, is a form of ringworm that usually develops between the toes. Symptoms include peeling, cracking and scaly feet, blisters, and skin that is red, softened, itching, or burning. Tinea cruris, commonly known as jock itch, is a form of ringworm that affects the groin. Tinea corporis, commonly known as ringworm of the body, is a fungal infection that appears on the body in which the outer part of the sore might be raised while the skin in the middle appears normal. Fungal infections caused by ringworm cause skin rashes that present as itchy, red, raised and scaly rings. These infections are easily transmissible between people, pets or contaminated objects or surfaces but are usually not serious in nature.

Treatment options typically involve topical OTC and prescription antifungal medications. Where difficult to administer topically, oral options (such as for toenail fungus or oral thrush) or suppositories (such as for vaginal yeast infections) have proven to be more effective. OTC products typically include known antifungal ingredients such as clotrimazole, miconazole, terbinafine or ketoconazole. Prescription treatments are often reserved for more serious infection or for those in hard-to-treat areas. In conjunction with OTC or prescription medications, lifestyle adjustments, including daily washing of bedding and clothing during an infection, drying thoroughly after bathing, wearing loose clothing in affected areas and actively treating infected areas, can all contribute to disinfecting your surroundings and preventing a prolongation or recurrence of infection.

Exelderm for the Treatment of Fungal Skin Infections

Exelderm® (sulconazole nitrate 1%, cream and solution) is a broad-spectrum antifungal agent indicated for the treatment of ringworm-caused fungal infections including tinea pedis, tinea cruris, tinea corporis and tinea versicolor. The active pharmaceutical ingredient (sulconazole) acts by inhibiting fungal cell division and growth and has been shown to have broad activity against candida species, aspergillus species and dermatophytes. Exelderm cream or solution is administered externally only, whereby a small amount of cream or solution is gently massaged into the affected and surrounding areas and only requires a convenient once or twice daily application. However, when used to treat tinea pedis, for which Exelderm cream is also indicated, twice daily application is required.

The topical antifungal market had more than 9 million prescriptions in 2021, according to Symphony Health.

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Pruritus (Itch) and the Current Standard of Care

Pruritus or itch is defined as an unpleasant sensation of the skin that provokes the urge to scratch. It is a characteristic feature of many skin diseases and an unusual sign of some systemic diseases. Pruritus may be localized or generalized and can occur as an acute or chronic condition. Itch can be caused by a number of conditions, including skin conditions such as dry skin, eczema, psoriasis, scabies, parasites, burns, scars, insect bites and hives. Depending on the cause of itchiness, skin may appear normal, red, rough or bumpy. Repeated scratching can cause raised thick areas of skin that might bleed or become infected.

Treatment for itch may include moisturizing daily, using gentle cleansers, and bathing with lukewarm water. Long-term relief requires identifying and treating the underlying cause of itchy skin. Common treatments are prescription medicated creams and lotions, moist dressings, and oral anti-itch medicines.

Anti-Itch Product for the Treatment of Pruritus

Our recently acquired anti-itch product is indicated to treat pruritis, scabies, and other skin itch conditions ("Anti-itch Product"). Our Anti-itch Product delivers prescription relief and is non-steroidal and antihistamine free. Topical steroids are effective against itch because they reduce inflammation that can cause itch. However, they are not recommended for long-term use. Antihistamines are also effective in treating some types of itch, but they too have drawbacks with continued use. We plan on launching our Anti-itch Product through our field sales force during the second quarter of 2022.

ZILXI for Papulopustular Rosacea

ZILXI (1.5% minocycline foam), was approved by the FDA in May 2020 and became available in pharmacies nationwide in October 2020. ZILXI is a once-daily novel antibiotic foam formulation of minocycline for the treatment of inflammatory lesions of rosacea in adults. Similar to AMZEEQ, ZILXI leverages MST™ technology and is the first minocycline product of any form to be approved by the FDA for use in rosacea. We believe the anti-inflammatory properties of minocycline delivered in our innovative foam technology make ZILXI a highly appealing treatment option for rosacea patients. ZILXI has Orange Book listed patents that extend through October of 2030.

The rosacea market had 3 million prescriptions in 2021 according to Sympbony Health, and we believe that ZILXI provides a new treatment alternative for patients and healthcare providers who are unsatisfied with their current therapies.

Our Strategy

We are a highly focused, pharmaceutical company dedicated to developing and commercializing therapies for the treatment of dermatologic conditions that seeks to deliver value to patients, physicians and the healthcare system, as well as to our stakeholders. Our strategic priorities include continuing to augment and grow our product portfolio and organization in order to maximize the probabilities of sustainable long-term value creation. This will consist of both commercial execution on our existing product portfolio, including lifecycle management, as well as investing in additional growth strategies through product and company acquisitions, licensing, or developing new products.

For the year ended December 31, 2021, we generated net product revenue of $63.1 million, compared to $44.5 million for the year ended December 31, 2020.

An important part of our growth strategy is to identify new business development opportunities, including development stage and commercial drugs that we may acquire from other pharmaceutical companies. On June 29, 2021, we entered into an agreement with DRL to license and acquire global ownership rights, title, and interest to DFD-29, a modified release minocycline late-stage development product that is being evaluated to treat inflammatory lesions of rosacea. Additionally, we recently acquired two FDA-approved drugs. In May 2021, we acquired global ownership rights, title, and interest to Qbrexza® (a medicated cloth towelette for the treatment of primary axillary hyperhidrosis) from Dermira. In December 2020, we acquired an anti-itch product from Sun, which we plan to launch in the U.S. during the second quarter of 2022. We are in various stages of discussion for other opportunities, both commercial and development stage, that could drive additional growth in the business. Successful development and commercialization of any future in-licensed development stage or commercial drugs will require us to navigate the many laws and regulations of governmental authorities and regulatory agencies around the world, including the FDA, relating to the manufacture, development, approval and commercialization of investigational drugs. For development stage drugs, we may require financial resources significantly in excess of those received by

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the Company upon completion of its IPO, and it may take many years for us to receive marketing approval, if ever, for any in-licensed or acquired product candidate.

Competitive Strengths

To successfully execute our strategy, we must continue to capitalize on our following core strengths:

- Commercial leadership of our management team with a track record of commercial execution. We have a highly skilled and customer-focused management team in critical leadership positions across our Company. Our senior management team has over 135 years of sales and marketing experience in the pharmaceutical industry and a proven track record of developing businesses and creating value. We have developed, launched, commercialized, and managed brands, generating over $3 billion in peak sales, collectively, at leading dermatology organizations. This experience includes improving business performance through organic revenue growth, maximizing operational efficiencies and through the identification, consummation and integration of licensing and acquisition opportunities. Our senior management team has extensive roots in the dermatology industry, with many of them having worked at and held senior positions with Medicis Pharmaceutical, Inc. leading up to the company's acquisition by Valeant Pharmaceuticals, Inc. (now Bausch Health Pharmaceuticals, Inc.) for $2.6 billion in 2012. Our strategic approach leverages our management team's experience with the capabilities of our field sales force to drive performance based on prescribing habits, brand preferences, promotional strategies and profit optimization while focusing on customer service excellence for our providers and their patients. Our execution to date has led to market-leading positions for three of our established brands, Targadox, Ximino, and Exelderm, in each of their respective markets.

- Performance and experience of our accomplished field sales force. Our seasoned field sales force includes 70 professionals with an average tenure of over 11 years of experience in dermatology sales. Each of these individuals have deep-rooted and longstanding customer relationships in their respective territories. We have strategically optimized our sales outreach to cover over 80% of dermatologists in the top 50 U.S. metropolitan statistical areas and over 70% of the overall dermatology prescribing market. We are able to leverage the experience of our field sales force to create a tailored and entrepreneurial compensation plan that incentivizes our field sales force and aligns their activities with our corporate performance and growth objectives. We intend to continue to build a team of committed, experienced employees and to engage with patients and members of the dermatology community. Additionally, we believe that consolidation in the medical dermatology industry has resulted in an enhanced opportunity for a medical dermatology-focused company to build relationships with these stakeholders and has made available a large and growing talent pool of experienced individuals who can make significant contributions to our Company.

- Unique and differentiated access and distribution model. We have a unique and differentiated access and distribution network of over 600 specialty pharmacies and wholesalers, where we directly sell our products, with limited distribution through traditional national wholesalers. This decentralized approach allows us to maximize our brand equity across our product portfolio through strategic relationships directly with pharmacies and allows us to provide exceptional customer service and access to patients and physicians.

- Active business development initiative. Business development plays a vital role in our growth strategy as we look to build scale. We consistently evaluate both strategic add-on deals that leverage our existing infrastructure, as well as more transformative assets that would require building out or restructuring our field sales force. We have extensive relationships in the industry that help us stay abreast of developments in our space and continually monitor new opportunities. We believe that we are an ideal partner for development stage companies with limited or no commercial capabilities, as well as established pharmaceutical companies looking to deprioritize their dermatology portfolio. We have ongoing discussions with an array of companies, including traditional large pharma, mid-size specialty pharma companies and smaller companies that focus on research and development, although we have not entered into any definitive agreements or arrangements.

- Focus on cost management and efficient capital allocation. We have operated in a cost-conscious and capital efficient manner since inception. In addition to our internal leadership and management team, we have access to over 30 Fortress employees who possess significant expertise in one or more of the following areas: business development, legal, accounting, regulatory affairs, clinical operations and manufacturing. In November 2021, we entered into a shared services agreement with Fortress for them to continue to provide consulting services and for the continued use of their personnel. As part of our emphasis on cost effectiveness with our resources, we endeavor to structure licenses and product acquisitions for future product opportunities in a capital efficient manner that allows us to minimize indebtedness and compensate partner companies through future profits and commercial benchmarks.

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Major Customers

We primarily sell our prescription products to specialty pharmacies, independent wholesalers, and distributors with limited sales through the traditional national wholesaler channels. Our wholesalers and distributors purchase products from us and, in turn, supply products to retail drug store chains, independent pharmacies and managed care organizations. Customers in the managed care market include health maintenance organizations, group purchasing organizations, nursing homes, clinics, pharmacy benefit management companies and mail order customers.

License & Collaboration Agreements and Acquisitions

We continue to seek to enhance our product line and develop a balanced portfolio of differentiated products through product acquisitions and in-licensing or acquiring rights to products and technologies from third parties. We intend to enter into strategic alliances and collaborative arrangements with third parties, which will give us rights to develop, manufacture, market and/or commercialize pharmaceutical products, the rights to which are primarily owned by these third parties. These alliances and arrangements can take many forms, including licensing arrangements, co-development and co-marketing agreements, co-promotion arrangements, research collaborations and joint ventures. Such alliances and arrangements will potentially enable us to share the risk of incurring all research and development expenses that do not lead to revenue-generating products. However, because profits from alliance products are shared with the counterparties to the collaborative arrangement, the gross margins on alliance products are generally lower, sometimes substantially so, than the gross margins that could be achieved had we not opted for a development partner.

Environmental Matters

Our operations are subject to substantial federal, state and local environmental laws and regulations concerning, among other matters, the generation, handling, storage, transportation, treatment and disposal of, and exposure to, hazardous substances. Violation of these laws and regulations, which may change, can lead to substantial fines and penalties. Many of our third-party operations require environmental permits and controls to prevent and limit pollution of the environment. We believe that the facilities of our third-party service providers are in substantial compliance with applicable environmental laws and regulations and we do not believe that future compliance will have a material adverse effect on our business, financial condition, results of operations or cash flows.

Employees and Human Capital Management

As of December 31, 2021, we had 90 employees and contractors. These employees and contractors include 70 in sales as well as 20 in marketing, general and administrative positions. We currently rely, and may continue to rely, on professional employer organizations and staffing organizations for the employment of our field sales force. Additionally, we have retained a number of expert advisors and consultants that help navigate us through different aspects of our business. We consider our relations with our employees to be good and have not experienced any work stoppages, slowdowns or other serious labor problems that have materially impeded our business operations.

Our human capital management objectives include, as applicable, identifying, recruiting, retaining, incentivizing, and integrating our new and existing employees. The principal purpose of our equity incentive plan is to attract, retain, and motivate selected employees, consultants, and directors through the granting of stock-based compensation awards and cash-based bonus awards.

Additionally, we have access to over 30 Fortress employees and consultants, who possess significant expertise in one or more of the following areas: business development, legal, accounting, regulatory affairs, clinical operations and manufacturing.

Geographic Areas

All of our product revenues are generated from operations or otherwise earned within the U.S.

Seasonality of Business

Our business is affected by the standard annual insurance deductible resets, as well as the purchasing patterns and concentration of our customers; however, our business is not materially impacted by seasonality. There are no assurances that these historical trends will continue in the future.

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Journey Medical Corporation

Physical Address: 9237 E Via De Ventura Blvd. Suite 135

City: Scottsdale State: AZ Zip: 85258

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 480-227-6039 Website: www.journeymedicalcorp.com

Name of Designated Representative (DR): _____

Licensing Company Email: licensing@jmcderm.com DR Email: _____

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: Pharmaceuticals	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Caribe Holdings
Address: State Road 698 Km 0.8 Barrio City: Mameyal Dorado State: PR Zip: 00646

Name: DPT Laboratories, Ltd
Address: 3300 Research Plaza City: San Antonio State: TX Zip: 78235

Name: Ohm Laboratories, Inc.
Address: 1385 Livingston Ave. City: North Brunswick State: NJ Zip: 08902

Name: Aphena Pharma Solutions MD, LLC
Address: 7978 Industrial Park Road City: Easton State: MD Zip: 21601

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Fortress Biotech, Inc.
Corporation Name: Journey Medical Corporation
Mailing Address: 9237 East Via De Ventura Blvd, Suite 135
City: Scottsdale State: AZ Zip: 85258
Telephone: 201-704-8255 Email: edepaolantonio@jmcderm.com
Contact Person Name: Ernest De Paolantonio

Date of SEC Registration: 07/22/2021 | SEC Registration Number: 1867066 | Stock Exchange Symbol: DERM

Section 5: Non-Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

RAMSEY ALLOUSH
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11/3/2022
Date

Board Use Only	Date Received: 11-7-22	Amount: 1000.00 CC ✓ 11/8/22

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 09/29/2022
Receipt
Number: 2022136058
Receipt Amount $: 1000.00

Manufacturer - Manufacturer

Virtual

PERMIT NO
M000692

EXPIRES
10/31/2024

Issued to :

Journey Medical Corporation
Journey Medical Corpation
9237 VIA DE VENTURA BLVD. 135
SCOTTSDALE, AZ 85258

Journey Medical Corporation
9237 VIA DE VENTURA BLVD. , SUITE 135
SCOTTSDALE, AZ 85258

EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Journey Medical Corpation
LICENSE NUMBER : M000692
EXPIRES : 10/31/2024

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

From: <edrls@fda.hhs.gov>
Subject: Labeler Code Request Approved
Date: December 22, 2014 at 2:57:53 AM MST
To: <cmaraoui@journeymedicalcorp.com>
Reply-To: <edrls@fda.hhs.gov>

eDRLS - Electronic Drug Registration & Listing System

Current Date: 22-DEC-14
Labeler DUNS: 079640860
Labeler Name: Journey Medical Corporation
Labeler Code: 69489

The Food and Drug Administration (FDA) has assigned the above Labeler Code Number to your firm. The number cannot be used until you have confirmed the assignment. Please resubmit your Labeler Code Request SPL with the assigned number above to confirm the assignment and complete the process. **To do this, open the previous Labeler Code request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new id root and new version number with the original set id root and the appropriate effective time.**

This Labeler Code should be used on all forms related to drug establishment registration and/or drug product listing. Per Title 21, Part 207 of the Code of Federal Regulations (CFR), owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

Payroll Name	Home Depa	Primary Ad	Payroll Company Code
Galvan, Ernest	483	AZ	XE4
Maraoui, Claude	403	AZ	XE4
Niederhaus, Nicole A	483	AZ	XE4
Prout, Brian L	483	AZ	XE4
Teplitz, Jill S	403	AZ	XE4
Valencia, Perla E	483	AZ	XE4
Zwible, Andrew J	483	AZ	XE4

ATTACHMENT # 1
Journey Medical Corporation
Company Corporate Officers

Name/DOB/DL#	Position/Title	Address
Lindsay A. Rosenwald, MD DOB [redacted] DL# [redacted]	Sole Director	[redacted] Forest Lane Lawrence New York, NY 11559
Claude Maraoui DOB [redacted] DL# [redacted]	President & CEO	[redacted] N. 111th Place Scottsdale, AZ 85259
Ernest De Paolantonio DOB [redacted] DL# [redacted]	CFO	[redacted] Kensington Circle Naples, FL 34119
Ramsey Alloush DOB [redacted] DL# [redacted]	Secretary	[redacted] South Ocean Blvd. Unit 702 Pompano Beach, FL 33062

Journey Medical Corporation is a subsidiary of Fortress Biotech, Inc. (NASDAQ: FBIO).

Fortress Biotech, Inc. (formerly known as Coronado Biosciences, Inc.)
2 Gansevoort Street
9th Floor
New York, NY 10014

Journey is incorporated in Delaware as of 07/18/2014.

Journey Medical Corporation- Federal Tax id# is 47-1879539.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JOURNEY MEDICAL CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JOURNEY MEDICAL CORPORATION" WAS INCORPORATED ON THE EIGHTEENTH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5571132 8300

SR# 20223245237

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204147990

Date: 08-12-22

Top Four Corporation Shareholders and Their Percent Ownership

1	B. Riley Financial, Inc.	7.46%
2	Opaleye Management Inc.	2.12%
3	Perkins Capital Management, Inc.	1.80%
4	Neuberger Berman Group, LLC	1.70%

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the Fiscal Year Ended December 31, 2021

or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the Transition Period from to

Commission File Number 001-41063

JOURNEY MEDICAL CORPORATION

(Exact name of registrant as specified in its charter)

Delaware (State or Other Jurisdiction of Incorporation or Organization)	**47-1879539** (I.R.S. Employer Identification No.)
9237 E Via de Ventura Blvd., Suite 105 **Scottsdale, AZ** (Address of Principal Executive Offices)	**85258** (Zip Code)

Registrant's telephone number, including area code: (781) 652-4500
Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $0.0001 per share	DERM	NASDAQ Capital Market

Securities registered pursuant to section 12(g) of the Act: None.

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act:

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☒
Emerging growth company	☒		

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. Yes ☐ No ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒

As of June 30, 2021, the last business day of the registrant's most recently completed second fiscal quarter, the common stock of the registrant was not listed on any securities exchange or quoted on any automated quotation system. Accordingly, the aggregate market value of the registrant's common stock held by non-affiliates cannot be calculated as of such date. As of March 25, 2022, the aggregate market value of the registrant's common stock held by non-affiliates was approximately $31,947,000 million, based on the closing sale price of $4.56 as quoted by the Nasdaq Stock Market as of such date.

Indicate the number of shares outstanding of each of the registrant's classes of common stock, as of the latest practicable date.

Class of Common Stock	Outstanding Shares as of March 25, 2022
Class A Common Stock, $0.0001 par value	6,000,000
Common Stock, $0.0001 par value	11,316,344

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's Proxy Statement for its 2022 Annual Meeting of Stockholders are incorporated by reference in Part III of this Annual Report on Form 10-K.

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JOURNEY MEDICAL CORPORATION
ANNUAL REPORT ON FORM 10-K
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SPECIAL CAUTIONARY NOTICE REGARDING FORWARD-LOOKING STATEMENTS

Certain matters discussed in this report may constitute forward-looking statements for purposes of the Securities Act of 1933, as amended (the "Securities Act") and the Securities Exchange Act of 1934, as amended (the "Exchange Act"), and involve known and unknown risks, uncertainties and other factors that may cause our actual results, performance or achievements to be materially different from the future results, performance or achievements expressed or implied by such forward-looking statements. The words "anticipate," "believe," "estimate," "may," "expect," "will," "could," "project," "intend" and similar expressions are generally intended to identify forward-looking statements. Our actual results may differ materially from the results anticipated in these forward-looking statements due to a variety of factors, including, without limitation, those discussed under the captions "Risk Factors," and elsewhere in this report. All written or oral forward-looking statements attributable to us are expressly qualified in their entirety by these cautionary statements. Such forward-looking statements include, but are not limited to, statements about:

- our future financial performance, including our expectations regarding our revenue, cost and operating expenses, including changes in technology and development, selling and marketing and general and administrative expenses, gross profit, and our ability to achieve, and maintain, future profitability;
- our business plan and our ability to effectively manage our growth;
- economic and industry trends, projected growth, or trend analysis;
- political, economic, legal, social and health risks, including the COVID-19 pandemic and subsequent public health measures that may affect our business or the global economy and the actions we may take in response thereto;
- developments and projections relating to our competitors and industry;
- increases in costs and disruption of supply or shortage of raw materials;
- our and our licensors' ability to obtain, establish, maintain, protect and enforce intellectual property and proprietary protection for our products and technologies and to avoid claims of infringement, misappropriation or other violation of third-party intellectual property and proprietary rights;
- the outcome of any current or future litigation;
- our ability to hire and retain key management;
- our ability to obtain additional financing;
- our beliefs and objectives for future operations;
- our ability to maintain, protect, and enhance our intellectual property;
- our expectations concerning relationships with third parties, including strategic partners;
- the volatility of the trading price of our common stock;
- evolving regulations and the potential for unfavorable changes to, or failure by us to comply with, regulations; and
- our expectations regarding the period during which we qualify as an emerging growth company under the Jumpstart Our Business Act.

The forward-looking statements contained in this report reflect our views and assumptions as of the effective date of this report. New risks and uncertainties arise from time to time, and it is impossible for us to predict these events or how they may affect us. Except as required by law, we assume no responsibility for updating any forward-looking statements.

We qualify all of our forward-looking statements by these cautionary statements. In addition, with respect to all of our forward-looking statements, we claim the protection of the safe harbor for forward-looking statements contained in the Private Securities Litigation Reform Act of 1995.

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SUMMARY OF RISK FACTORS

Our business is subject to a number of risks which you should be aware of before making an investment decision. The risks described below are a summary of the principal risks associated with an investment in our common stock and are not the only risks we face. These risks are more fully described in the section titled "Risk Factors" of this report on Form 10-K and include the following:

Risks Related to Our Business, Industry and Existing Operating Revenue Stream

- Our products and product candidates are subject to time and cost intensive regulation and clinical testing. As a result, they may never be successfully developed or commercialized. Further, any approved product may be subject to post-marketing requirements, including studies or clinical trials, the results of which could cause such product to be withdrawn from the market.
- The majority of our sales derive from products that are without patent protection and/or are or may become subject to third-party generic competition, the introduction of new competitor products, or an increase in market share of existing competitor products, any of which could have a significant adverse impact on our operating income.
- We operate in a heavily regulated industry, and we cannot predict the impact that any future legislation or administrative or executive action may have on our operations.
- Our revenue is dependent mainly upon sales of our dermatology products and any setback relating to the sale of such products could impair our operating results.
- Our competitors may develop treatments for our products' target indications, which could limit our products' commercial opportunity and profitability.
- If our products do not achieve broad market acceptance, including by government and third-party payors, the revenues from any such product will likely be limited.

Risks Related to Our Reliance on Third Parties

- We rely on third parties for several aspects of our operations, which limits our control over product development, marketing, manufacturing, and sale processes and may hinder our ability to develop and commercialize our products in a cost-effective and timely manner.

Risks Related to Our Growth

- Our future growth may depend on our ability to identify, develop, and acquire or in-license products and integrate them into our operations, at which we may be unsuccessful.
- We may expend resources on unsuccessful product candidates or indications and may fail to capitalize on more profitable or successful product candidates or indications.

Risks Related to Development and Regulatory Approval of Our Product Candidates (DFD-29)

- The success of our business, including our ability to finance our company and generate additional revenue, may depend on the successful development and regulatory approval of the DFD-29 product candidate and any future product candidates that we may develop, in-license or acquire.
- Clinical drug development is very expensive, time consuming, and uncertain. Our clinical trials may fail to adequately demonstrate the safety and efficacy of our current or any future product candidates, which could prevent or delay regulatory approval and commercialization.

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- We expect to rely on third-party contract research organizations ("CROs") and other third parties to conduct and oversee our clinical trials, other aspects of our product development and our regulatory submission process for our product candidates. If these third parties do not meet our requirements, conduct the trials as required or otherwise provide services as anticipated, we may not be able to satisfy our contractual obligations or obtain regulatory approval for, or successfully commercialize, our current or any future product candidates when expected or at all.

Risks Pertaining to Intellectual Property, Generic Competition and Paragraph IV Litigation

- If we are unable to maintain sufficient patent protection for our technology and products, our competitors could develop and commercialize products similar or identical to ours.
- We may be required to expend substantial resources relating to litigation for infringement of third-party intellectual property rights or enforcing our or our licensors' patents.
- Any dispute with our licensors may affect our ability to develop or commercialize our product candidates.
- Generic drug companies may submit applications seeking approval to market generic versions of our products.
- In connection with these applications, generic drug companies may seek to challenge the validity and enforceability of our patents through litigation and/or with the United States Patent and Trademark Office ("USPTO"). Such challenges may subject us to costly and time-consuming litigation and/or USPTO proceedings.
- As a result of the loss of any patent protection from such litigation or USPTO proceedings, or the "at-risk" launch by a generic competitor of our products, our products could be sold at significantly lower prices, and we could lose a significant portion of sales of that product in a short period of time, which could adversely affect our business, financial condition, operating results and prospects.
- The majority of our sales derive from products that are without patent protection and/or are or may become subject to third-party generic competition, the introduction of new competitor products, or an increase in market share of existing competitor products, any of which could have a significant adverse impact on our operating income.
- Accutane currently competes in the Isotretinoin market with five other AB rated products. Targadox currently faces AB rated generic competition. Exelderm may face AB rated generic competition in the future.

Risks Related to our Platform and Data

- Our business and operations would suffer in the event of computer system failures, cyber-attacks, or deficiencies in our or our third parties' cybersecurity.

Risks Related to the COVID-19 Pandemic

- Major public health issues, and specifically the pandemic caused by the COVID-19 outbreak, could have an adverse effect on our product revenues and any future clinical trials.

Risks Related to Our Finances and Capital Requirements

- Due to the numerous risks and uncertainties associated with pharmaceutical product development, we may incur losses and may be unable to maintain profitability.
- If we are unable to raise capital as needed, we may be forced to delay, reduce, or eliminate our operations.

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Risks Relating to Owning our Common Stock

- Our operating results have fluctuated in the past and we expect them to continue to do so. Any such fluctuation may cause our performance to fall below expectations, and our stock price may suffer.

Risks Related to our Relationship with Fortress Biotech, Inc.

- Fortress controls a voting majority of our common stock, which could be detrimental to our other shareholders. Further, Fortress' ownership qualifies us as a "controlled company" under the Nasdaq listing standards.
- Fortress' financial obligations and any potential risk of default may adversely affect the Company or constrain our ability to take certain actions.

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PART I

Item 1. Business

OVERVIEW

We are a commercial-stage pharmaceutical company founded in October 2014 that focuses on the development and commercialization of pharmaceutical products for the treatment of dermatological conditions. Our current portfolio includes seven branded and three authorized generic prescription drugs for dermatological conditions that are actively marketed in the U.S. We are managed by experienced life science executives with a track record of creating value for their stakeholders and bringing novel medicines to the market, enabling patients to experience increased quality of life and physicians and other licensed medical professionals to provide better care for their patients. We aim to acquire rights to future products by licensing or otherwise acquiring an ownership interest in, funding the research and development of, and eventually commercializing, the products through our exclusive field sales organization.

On November 16, 2021, we completed an initial public offering ("IPO") of our common stock, which resulted in net proceeds of approximately $30.6 million, after deducting underwriting discounts and other offering costs.

Prior to our IPO, our operations were primarily financed through a working capital note from Fortress Biotech, Inc. ("Fortress"), referred to herein as the "Fortress Note," cash generated by operations and cash raised in our private offering of our 8% Cumulative Convertible Class A Preferred Stock ("Class A Preferred Stock"). In connection with the closing of our IPO on November 16, 2021, we issued 2,231,346 shares of common stock resulting from the conversion of all of the Class A Preferred Stock. In addition, the Fortress Note was converted into 1,476,044 shares of Journey common stock at our IPO price of $10.00 per share.

We expect our expenses will increase substantially for the foreseeable future as we pursue business development opportunities, commercialize and market new products and incur additional costs associated with operating as a public company. To date, our business has not been materially impacted by COVID-19; however, depending on the extent of the ongoing pandemic, it is possible that our business, financial condition and results of operations could be materially and adversely affected by COVID-19 in the future.

Our cash and cash equivalents balance at December 31, 2021 was $49.1 million.

We are a majority-owned subsidiary of Fortress.

CORPORATE INFORMATION

Journey Medical Corporation was incorporated in Delaware in 2014. Our executive offices are located at 9237 E Via de Ventura Blvd. Suite 105, Scottsdale, AZ 85258. Our telephone number is 480-434-6670, and our e-mail address is info@jmcderm.com or ir@jmcderm.com.

We maintain a website with the address www.jmcderm.com. We make available free of charge through our Internet website our annual reports on Form 10-K, quarterly reports on Form 10-K and current reports on Form 8-K, and any amendments to these reports, as soon as reasonably practicable after we electronically file such material with, or furnish such material to, the Securities and Exchange Commission ("SEC"). We are not including the information on our website as a part of, nor incorporating it by reference into, this report. Additionally, the SEC maintains a website that contains annual, quarterly, and current reports, proxy statements, and other information that issuers (including us) file electronically with the SEC. The SEC's website address is http://www.sec.gov.

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Overview of the Business, Relevant Disease States, Market, and Products

Journey Medical Corporation is a commercial-stage pharmaceutical company founded in October 2014 that focuses on the development and commercialization of pharmaceutical products for the treatment of dermatological conditions. Our current portfolio includes seven branded and three authorized generic prescription drugs for dermatological conditions that are actively marketed in the U.S. We are managed by experienced life science executives with a track record of creating value for their stakeholders and bringing novel medicines to the market, enabling patients to experience increased quality of life, and enabling physicians and other licensed medical professionals to provide better care for their patients. We aim to acquire rights to future products by licensing or otherwise acquiring an ownership interest in, funding the research and development of, and eventually commercializing, the products through our field sales organization. Since inception, we have made significant investments to build out our commercial product portfolios, which we believe, coupled with our experienced dermatology sales leadership team and our recently expanded field sales force, will position our business for growth.

As of December 31, 2021, our major actively marketed products, which have been approved by the U.S. Food and Drug Administration ("FDA") for sale in the United States, include:

- Qbrexza® (a medicated cloth towelette for the treatment of primary axillary hyperhidrosis), acquired and launched in May 2021;
- Accutane® (an oral isotretinoin drug for the treatment of severe recalcitrant nodular acne), licensed in July 2020 and launched in April 2021;
- Targadox® (an orat doxycycline drug for adjunctive therapy for severe acne), licensed in March 2015 and launched in October 2016;
- Ximino® (an oral minocycline drug for the treatment of moderate to severe acne), acquired and launched in August 2019; and
- Exelderm® Cream and Solution (a broad-spectrum antifungal intended for topical use), acquired and launched in October 2018.

Additionally, we sell three authorized generic products:

- doxycycline hyclate immediate release tablets, launched in May 2018;
- minocycline hydrocholoride extended release capsules, launched in April 2020; and
- sulconazole nitrate cream and solution, launched in January 2020.

Recent Subsequent Highlights ("VYNE Product Acquisition")

In January 2022, we acquired AMZEEQ (minocycline) topical foam, 4%, and ZILXI (minocycline) topical foam, 1.5%, two FDA-Approved Topical Minocycline Products and Molecule Stabilizing Technology (MST)™ from VYNE Therapeutics, Inc., which expands our product portfolio to seven actively marketed branded dermatology products.

These proprietary foam-based products optimize the topical delivery of minocycline, an active pharmaceutical ingredient that was previously available only in oral form. Approved by the FDA nearly 50 years ago, minocycline is a well-established molecule that has been prescribed, in oral formulation, over 30 million times in the past decade.

AMZEEQ (minocycline) topical foam, 4%, is the first and only topical formulation of minocycline to be approved by the FDA for the treatment of inflammatory lesions of non-nodular moderate to severe acne vulgaris in adults and children 9 years and older. According to the American Academy of Dermatology ("AAD"), acne is the most common skin condition in the United States, affecting up to 50 million Americans annually.

Approved by the FDA in May 2020, ZILXI (minocycline) topical foam, 1.5%, is the first and only topical minocycline treatment for inflammatory lesions due to rosacea in adults. Rosacea is a common skin disease that affects 16 million Americans, according to AAD. Market research shows that over 70% of patients with rosacea are seeking better alternatives to current treatments.

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Upon completion of the VYNE Product Acquisition, Journey became substituted for VYNE as the plaintiff in U.S. patent litigation commenced by VYNE on August 9, 2021 in the U.S. District Court of Delaware (the "Padagis Patent Litigation") against Padagis Israel Pharmaceuticals Ltd. (F/K/A Perrigo Israel Pharmaceuticals Ltd.) ("Padagis") alleging infringement of certain patents covering Amzeeq® (the "Amzeeq® Patents"), which are included among the proprietary rights to Amzeeq® that were acquired pursuant to the Qbrexza APA. The Padagis Patent Litigation was initiated following the submission by Padagis, in accordance with the procedures set out in the Drug Price Competition and Patent Term Restoration Act of 1984 (the "Hatch-Waxman Act"), of an Abbreviated New Drug Application (the "ANDA"). The ANDA seeks approval to market a generic version of Amzeeq® prior to the expiration of the Amzeeq® Patents and alleges that the Amzeeq® Patents are invalid. Padagis is subject to a 30-month stay preventing it from selling a generic version, but that stay is set to expire on December 30, 2023. Journey is seeking, among other relief, an order that the effective date of any United States Food and Drug Administration approval of Padagis' ANDA be no earlier than the expiration of the patents listed in the Orange Book, the latest of which expires on September 8, 2037, and such further and other relief as the court may deem appropriate. Trial in the Padagis Patent Litigation is scheduled for July 10, 2023. Journey cannot make any predictions about the final outcome of this matter or the timing thereof.

2021 Highlights and Events

- On November 16, 2021, we completed an IPO of our common stock, which resulted in net proceeds of approximately $30.6 million, after deducting underwriting discounts and other offering costs.

- In September 2021, we were the victim of a cybersecurity incident that affected our accounts payable function and led to approximately $9.5 million in wire transfers being misdirected to fraudulent accounts. The details of the incident and its origin are under investigation with the assistance of third-party cybersecurity experts working at the direction of legal counsel. The matter was reported to the Federal Bureau of Investigation and does not appear to have compromised any personally identifiable information or protected health information. Fortress, as our controlling stockholder and supporting partner in our back-office functions, provided us with $9.5 million to ensure our accounts payable operations continued to function smoothly. The $9.5 million of support was in the form of a related party note which the boards of both companies have agreed and converted into 1,476,044 shares of our common stock upon the consummation of our IPO at the IPO price. See "*Risk Factors — Risk s Related to our Platform and Data — Our business and operations would suffer in the event of computer system failures, cyber-attack s, or deficiencies in our or third parties' cybersecurity.*"

- As of July 18, 2021, we privately offered and issued 750,680 shares of our Class A Preferred Stock at a price of $25.00 per share, for gross proceeds of $19.0 million (the "Class A Preferred Offering"). In connection with the closing of our IPO on November 16, 2021, we issued 2,231,346 shares of common stock resulting from the conversion of all of the Class A Preferred Stock.

- In June 2021, we entered into an agreement with Dr. Reddy's Laboratories, Ltd. ("DRL") for the development of DFD-29, a modified release oral minocycline that is being evaluated for the treatment of inflammatory lesions of rosacea. We and DRL intend to conduct two Phase 3 clinical trials to assess the efficacy, safety and tolerability of DFD-29 as a treatment for rosacea for regulatory approval. In connection with the DFD-29 Agreement, we agreed to pay DRL additional consideration of $5.0 million in our common stock upon our IPO. In addition, in connection with the closing of our IPO, we issued 545,131 unregistered shares of common stock in the Company to DRL. The restrictions on the unregistered shares of common stock are governed by the terms set forth in the DFD-29 Agreement and applicable securities laws.

- In May 2021, we acquired Qbrexza from Dermira, Inc., a wholly owned subsidiary of Eli Lilly and Company ("Dermira").

- In March 2021, we launched Accutane® (isotretinoin) for the treatment of recalcitrant nodular acne.

- On March 31, 2021, we entered into an agreement with East West Bank ("EWB") to provide us with a $7.5 million working capital line of credit.

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Other Subsequent Highlights

On January 12, 2022, we entered into a third amendment (the "Amendment") of our loan and security agreement with EWB, which increased the borrowing capacity of our revolving line of credit to $10.0 million, from $7.5 million, and added a term loan not to exceed $20.0 million. Both the revolving line of credit and the term loan mature on January 12, 2026. The term loan includes two tranches, the first of which is a $15.0 million term loan and the second of which is a $5.0 million term loan. On January 12, 2022, we borrowed $15.0 million against the first tranche of the term loan to facilitate the VYNE Product Acquisition. The term loan bears interest on its outstanding daily balance at a floating rate equal to 1.73% above the prime rate and is payable monthly, on the first calendar day each month. The term loans contain an interest only payment period through January 12, 2024, with an extension through July 12, 2024, if certain covenants are met, after which the outstanding balance of each term loan is payable in equal monthly installments of principal, plus all accrued interest, through the term loan maturity date. We may prepay all or any part of the term loan without penalty or premium, but may not re-borrow any amount, once repaid. Any outstanding borrowing against the revolving line of credit bears interest at a floating rate equal to 0.70% above the prime rate. The Amendment includes customary financial covenants such as collateral ratios and minimum liquidity provisions as well as audit provisions.

On February 11, 2022 we announced that our exclusive licensing partner in Japan, Maruho Co., Ltd. ("Maruho"), received marketing and manufacturing approval for Rapifort® Wipes 2.5% (QBREXZA®), for the treatment of primary axillary hyperhidrosis, triggering a net $2.5 million milestone payment to us. The net payment reflects a milestone payment of $10 million to us from our exclusive licensing partner Maruho, offset by a $7.5 million payment to Dermira, pursuant to the terms of the Asset Purchase Agreement between us and Dermira. In conjunction with the terms of the licensing agreement with Maruho, the milestone payment was due from Maruho within 30 days of the approval. We acquired global rights to QBREXZA® from Dermira in 2021.

On March 17, 2022, we dosed the first patient in our Phase 3 clinical trial evaluating DFD-29 (Minocycline Modified Release Capsules 40 mg) for the Treatment of Rosacea. In addition, the published phase 2 clinical data showed that DFD-29 had approximately double the efficacy compared to Doxycycline capsules 40 mg on reducing total inflammatory lesions and IGA treatment success. The trial will encompass two multicenter, randomized, double-blind, parallel-group, active and placebo-controlled Phase 3 clinical trials will each enroll up to 320 adult patients with moderate to severe papulopustular rosacea ("PPR"). One trial is enrolling patients in the United States and the other is enrolling in the United States and Europe. The studies will be randomized in a 3:3:2 ratio to DFD-29 (Minocycline Hydrochloride Modified Release Capsules, 40 mg), Oracea® (Doxycycline capsules 40 mg) or placebo once daily for 16 weeks. The primary objective of the studies is to evaluate the safety, efficacy and tolerability of DFD-29 compared to placebo for the treatment of PPR. The secondary objective is to evaluate the safety, efficacy and tolerability of DFD-29 compared to Oracea® (Doxycycline capsules 40 mg).

Our Products and Relevant Disease States

Excessive Underarm Sweating and the Current Standard of Care

Excessive underarm sweating, commonly referred to as primary axillary hyperhidrosis ("PAH"), is a rare disorder characterized by excessive sweating in the armpits. The exact cause of PAH is not known, and the disorder affects males and females equally. When excessive sweating occurs as part of some other disorder, it is said to be secondary hyperhidrosis, which is a more commonly encountered condition than is primary hyperhidrosis. According to a 2016 article published in the Archives of Dermatological Research, there are about 10 million people who suffer from PAH in the United States. The symptoms of PAH typically begin during childhood or puberty and may often, although not always, persist throughout a person's life. Affected individuals may experience a heightened reaction to certain stimuli that can cause sweating such as anxiety, pain, exercise, tension, caffeine, and/or nicotine. The symptoms of this disorder develop due to overactivity of certain sweat glands, and incidences may be precipitated by social and/or physical stress. Some people with PAH experience relief from the symptoms during adulthood without treatment or obvious reason for the remission.

Pharmacological treatment options for PAH include topical, oral and iontophoretic treatments.

Qbrexza (glycopyrronium 2.4% cloth) for the Treatment of Primary Axillary Hyperhidrosis

Qbrexza® (glycopyrronium 2.4%), a topical, once-daily anticholinergic cloth that was approved by the FDA in June 2018 for the treatment of PAH in adult and pediatric patients nine years of age and older. PAH is a medical condition with no known cause that results in underarm sweating beyond what is needed for normal body temperature regulation. Anticholinergics are a class of pharmaceutical products that exert their effect by blocking the action of acetylcholine, a neurotransmitter that transmits signals within

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the nervous system that are responsible for the activation of sweat glands. Qbrexza is applied directly to the skin and is designed to block underarm sweat production by inhibiting sweat gland activation. Qbrexza has Orange Book listed patents that extend through February of 2033.

The PAH market had approximately 430,000 prescriptions in 2021, according to Symphony Health, excluding over-the-counter ("OTC") clinical strength anti-perspirants

Acne and the Current Standard of Care

Acne, also known as acne vulgaris, is a common skin disorder characterized by a blockage of hair follicles, which are clogged with oil and dead skin cells. According to the AAD, acne is the most common skin condition in the US, affecting up to 50 million individuals annually.

Approximately 85% of people between the ages of 12 and 24 experience at least a minor form of acne. The disease is classified as mild, moderate or severe based on the severity of the disease progression, which is useful in identifying an appropriate treatment regimen. Mild acne is characterized by clogged hair follicles (known as comedones) that are either exposed to air (blackheads) or closed (whiteheads), with occasional inflammatory lesions which occur primarily on the face. Moderate acne is characterized by a higher presence of inflammatory lesions known as papules and pustules across the face and extending to the trunk. Severe acne is characterized by painful, deep lesions called nodules across the face, with extensive involvement of the trunk frequently.

Treatment options are based on the severity of disease, with certain drugs being reserved for more severe forms of the disease. Mild acne is addressed with dietary and lifestyle changes, along with OTC and prescription topical agents. Other therapies with varying degrees of success include dermabrasion and chemical peels, light therapy and hormonal therapy such as birth control pills or spironolactone. Moderate acne is treated with more aggressive therapy including topical and oral antibiotics such as tetracyclines, which are particularly effective due to their antibacterial and anti-inflammatory properties, and other topical agents including benzoyl peroxide and retinoids. Severe acne is treated with combination therapies, often including oral antibiotics. For resistant cases, physicians may use a potent drug known as isotretinoin (a vitamin A analog), which requires Risk Evaluation and Mitigation Strategy ("REMS") (safety) monitoring with regard to pregnancy. The current U.S. market size for treatment of acne is considerable and estimated at approximately $3 billion annually, according to the American Medical Association.

Accutane for the Treatment of Severe Recalitrant Nodular Acne

Accutane® (isotretinoin 20mg, 30mg, and 40mg capsules USP) is indicated for the treatment of severe recalcitrant nodular acne. Accutane is used to treat a type of severe recalcitrant nodular acne that has not been helped by other treatments, including antibiotics. Severe recalcitrant nodular acne occurs when many red, swollen, tender lumps form in the skin. Patients with severe nodular acne are at higher risk of scarring. Accutane belongs to a class of drugs that affects all four major pathogenic processes in acne: increased sebum production, irregular follicular desquamation, propionibacterium acnes proliferation and inflammation. Accutane has achieved a strong market position and is well known in the dermatology community.

The oral isotretinoin market had just under 2 million prescriptions in 2020, according to Symphony Health.

Targadox for the Treatment of Severe Acne

Targadox® (doxycycline hyclate immediate release 50mg tablets) is indicated as adjunctive therapy for severe acne, which is part of a class of oral antibiotics known as tetracyclines. The tetracycline class, which includes minocycline, doxycycline, sarecycline and tetracycline, is particularly effective in treatment for more severe forms of acne due to its antibacterial and anti-inflammatory properties. Targadox is the smallest doxycycline tablet and is considered easy to swallow, which is beneficial for the 40% of American adults with dysphagia, a condition in which patients experience difficulty swallowing pills. Targadox is gluten-free, lactose-free, animal byproduct-free, and GMO-free.

The oral doxycycline market had more than 21 million prescriptions in 2021, according to Symphony Health.

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AMZEEQ for the Treatment of Moderate-to-Severe Acne

AMZEEQ (4% minocycline foam), formerly known as FMX101, was approved by the FDA in October 2019 and became available in pharmacies nationwide in January 2020. AMZEEQ is a once-daily novel topical antibiotic foam formulation of minocycline for the treatment of inflammatory lesions of non-nodular moderate-to-severe acne vulgaris in patients nine years of age and older. AMZEEQ utilizes proprietary MST™ technology and is the first topical minocycline to be approved by the FDA for any condition. We believe that the combination of a well-established antibiotic in a well-tolerated, easy to use foam makes AMZEEQ a very attractive treatment option for patients.

The topical acne market had 15 million prescriptions in 2021 according to Symphony Health, presenting significant unmet needs of patients and healthcare providers to be addressed. As the first topical minocycline to be approved by the FDA for any condition, we believe that AMZEEQ may provide a new treatment alternative for patients and healthcare providers who are unsatisfied with their current therapies. AMZEEQ has Orange Book listed patents that extend through September of 2037.

Ximino for the Treatment of Inflammatory Lesions of Non-Nodular Moderate to Severe Acne

Ximino® (minocycline hydrochloride extended-release 45mg, 90mg, and 135mg capsules) is indicated for the treatment of inflammatory non-nodular lesions (pimples and red bumps) associated with moderate to severe acne. Minocycline is part of a class of oral antibiotics known as tetracyclines. Ximino encloses a small, uniform amount of the active pharmaceutical ingredient in a patented polymer wrapper through a controlled dosing capsular technology, known as Capsular Minotab Technology®, and provides a steady, controlled release of minocycline. The polymer technology in Ximino capsules is partially resistant to dissolution, so the minocycline is released over time, in a controlled manner. Ximino has Orange Book listed patents that extend through April of 2027.

The oral minocycline market had more than 3 million prescriptions in 2021, according to Symphony Health.

Fungal Infections of the Skin and the Current Standard of Care

Fungal skin infections, collectively referred to as dermatomycoses, are common infections caused by ringworms (tinea) and include such conditions as athlete's foot, jock itch and ringworm of the body. Tinea pedis, commonly known as athlete's foot, is a form of ringworm that usually develops between the toes. Symptoms include peeling, cracking and scaly feet, blisters, and skin that is red, softened, itching, or burning. Tinea cruris, commonly known as jock itch, is a form of ringworm that affects the groin. Tinea corporis, commonly known as ringworm of the body, is a fungal infection that appears on the body in which the outer part of the sore might be raised while the skin in the middle appears normal. Fungal infections caused by ringworm cause skin rashes that present as itchy, red, raised and scaly rings. These infections are easily transmissible between people, pets or contaminated objects or surfaces but are usually not serious in nature.

Treatment options typically involve topical OTC and prescription antifungal medications. Where difficult to administer topically, oral options (such as for toenail fungus or oral thrush) or suppositories (such as for vaginal yeast infections) have proven to be more effective. OTC products typically include known antifungal ingredients such as clotrimazole, miconazole, terbinafine or ketoconazole. Prescription treatments are often reserved for more serious infection or for those in hard-to-treat areas. In conjunction with OTC or prescription medications, lifestyle adjustments, including daily washing of bedding and clothing during an infection, drying thoroughly after bathing, wearing loose clothing in affected areas and actively treating infected areas, can all contribute to disinfecting your surroundings and preventing a prolongation or recurrence of infection.

Exelderm for the Treatment of Fungal Skin Infections

Exelderm® (sulconazole nitrate 1%, cream and solution) is a broad-spectrum antifungal agent indicated for the treatment of ringworm-caused fungal infections including tinea pedis, tinea cruris, tinea corporis and tinea versicolor. The active pharmaceutical ingredient (sulconazole) acts by inhibiting fungal cell division and growth and has been shown to have broad activity against candida species, aspergillus species and dermatophytes. Exelderm cream or solution is administered externally only, whereby a small amount of cream or solution is gently massaged into the affected and surrounding areas and only requires a convenient once or twice daily application. However, when used to treat tinea pedis, for which Exelderm cream is also indicated, twice daily application is required.

The topical antifungal market had more than 9 million prescriptions in 2021, according to Symphony Health.

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Pruritus (Itch) and the Current Standard of Care

Pruritus or itch is defined as an unpleasant sensation of the skin that provokes the urge to scratch. It is a characteristic feature of many skin diseases and an unusual sign of some systemic diseases. Pruritus may be localized or generalized and can occur as an acute or chronic condition. Itch can be caused by a number of conditions, including skin conditions such as dry skin, eczema, psoriasis, scabies, parasites, burns, scars, insect bites and hives. Depending on the cause of itchiness, skin may appear normal, red, rough or bumpy. Repeated scratching can cause raised thick areas of skin that might bleed or become infected.

Treatment for itch may include moisturizing daily, using gentle cleansers, and bathing with lukewarm water. Long-term relief requires identifying and treating the underlying cause of itchy skin. Common treatments are prescription medicated creams and lotions, moist dressings, and oral anti-itch medicines.

Anti-Itch Product for the Treatment of Pruritus

Our recently acquired anti-itch product is indicated to treat pruritis, scabies, and other skin itch conditions ("Anti-itch Product"). Our Anti-itch Product delivers prescription relief and is non-steroidal and antihistamine free. Topical steroids are effective against itch because they reduce inflammation that can cause itch. However, they are not recommended for long-term use. Antihistamines are also effective in treating some types of itch, but they too have drawbacks with continued use. We plan on launching our Anti-itch Product through our field sales force during the second quarter of 2022.

ZILXI for Papulopustular Rosacea

ZILXI (1.5% minocycline foam), was approved by the FDA in May 2020 and became available in pharmacies nationwide in October 2020. ZILXI is a once-daily novel antibiotic foam formulation of minocycline for the treatment of inflammatory lesions of rosacea in adults. Similar to AMZEEQ, ZILXI leverages MST™ technology and is the first minocycline product of any form to be approved by the FDA for use in rosacea. We believe the anti-inflammatory properties of minocycline delivered in our innovative foam technology make ZILXI a highly appealing treatment option for rosacea patients. ZILXI has Orange Book listed patents that extend through October of 2030.

The rosacea market had 3 million prescriptions in 2021 according to Symphony Health, and we believe that ZILXI provides a new treatment alternative for patients and healthcare providers who are unsatisfied with their current therapies.

Our Strategy

We are a highly focused, pharmaceutical company dedicated to developing and commercializing therapies for the treatment of dermatologic conditions that seeks to deliver value to patients, physicians and the healthcare system, as well as to our stakeholders. Our strategic priorities include continuing to augment and grow our product portfolio and organization in order to maximize the probabilities of sustainable long-term value creation. This will consist of both commercial execution on our existing product portfolio, including lifecycle management, as well as investing in additional growth strategies through product and company acquisitions, licensing, or developing new products.

For the year ended December 31, 2021, we generated net product revenue of $63.1 million, compared to $44.5 million for the year ended December 31, 2020.

An important part of our growth strategy is to identify new business development opportunities, including development stage and commercial drugs that we may acquire from other pharmaceutical companies. On June 29, 2021, we entered into an agreement with DRL to license and acquire global ownership rights, title, and interest to DFD-29, a modified release minocycline late-stage development product that is being evaluated to treat inflammatory lesions of rosacea. Additionally, we recently acquired two FDA-approved drugs. In May 2021, we acquired global ownership rights, title, and interest to Qbrexza® (a medicated cloth towelette for the treatment of primary axillary hyperhidrosis) from Dermira. In December 2020, we acquired an anti-itch product from Sun, which we plan to launch in the U.S. during the second quarter of 2022. We are in various stages of discussion for other opportunities, both commercial and development stage, that could drive additional growth in the business. Successful development and commercialization of any future in-licensed development stage or commercial drugs will require us to navigate the many laws and regulations of governmental authorities and regulatory agencies around the world, including the FDA, relating to the manufacture, development, approval and commercialization of investigational drugs. For development stage drugs, we may require financial resources significantly in excess of those received by

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the Company upon completion of its IPO, and it may take many years for us to receive marketing approval, if ever, for any in-licensed or acquired product candidate.

Competitive Strengths

To successfully execute our strategy, we must continue to capitalize on our following core strengths:

- Commercial leadership of our management team with a track record of commercial execution. We have a highly skilled and customer-focused management team in critical leadership positions across our Company. Our senior management team has over 135 years of sales and marketing experience in the pharmaceutical industry and a proven track record of developing businesses and creating value. We have developed, launched, commercialized, and managed brands, generating over $3 billion in peak sales, collectively, at leading dermatology organizations. This experience includes improving business performance through organic revenue growth, maximizing operational efficiencies and through the identification, consummation and integration of licensing and acquisition opportunities. Our senior management team has extensive roots in the dermatology industry, with many of them having worked at and held senior positions with Medicis Pharmaceutical, Inc. leading up to the company's acquisition by Valeant Pharmaceuticals, Inc. (now Bausch Health Pharmaceuticals, Inc.) for $2.6 billion in 2012. Our strategic approach leverages our management team's experience with the capabilities of our field sales force to drive performance based on prescribing habits, brand preferences, promotional strategies and profit optimization while focusing on customer service excellence for our providers and their patients. Our execution to date has led to market-leading positions for three of our established brands, Targadox, Ximino, and Exelderm, in each of their respective markets.

- Performance and experience of our accomplished field sales force. Our seasoned field sales force includes 70 professionals with an average tenure of over 11 years of experience in dermatology sales. Each of these individuals have deep-rooted and longstanding customer relationships in their respective territories. We have strategically optimized our sales outreach to cover over 80% of dermatologists in the top 50 U.S. metropolitan statistical areas and over 70% of the overall dermatology prescribing market. We are able to leverage the experience of our field sales force to create a tailored and entrepreneurial compensation plan that incentivizes our field sales force and aligns their activities with our corporate performance and growth objectives. We intend to continue to build a team of committed, experienced employees and to engage with patients and members of the dermatology community. Additionally, we believe that consolidation in the medical dermatology industry has resulted in an enhanced opportunity for a medical dermatology-focused company to build relationships with these stakeholders and has made available a large and growing talent pool of experienced individuals who can make significant contributions to our Company.

- Unique and differentiated access and distribution model. We have a unique and differentiated access and distribution network of over 600 specialty pharmacies and wholesalers, where we directly sell our products, with limited distribution through traditional national wholesalers. This decentralized approach allows us to maximize our brand equity across our product portfolio through strategic relationships directly with pharmacies and allows us to provide exceptional customer service and access to patients and physicians.

- Active business development initiative. Business development plays a vital role in our growth strategy as we look to build scale. We consistently evaluate both strategic add-on deals that leverage our existing infrastructure, as well as more transformative assets that would require building out or restructuring our field sales force. We have extensive relationships in the industry that help us stay abreast of developments in our space and continually monitor new opportunities. We believe that we are an ideal partner for development stage companies with limited or no commercial capabilities, as well as established pharmaceutical companies looking to deprioritize their dermatology portfolio. We have ongoing discussions with an array of companies, including traditional large pharma, mid-size specialty pharma companies and smaller companies that focus on research and development, although we have not entered into any definitive agreements or arrangements.

- Focus on cost management and efficient capital allocation. We have operated in a cost-conscious and capital efficient manner since inception. In addition to our internal leadership and management team, we have access to over 30 Fortress employees who possess significant expertise in one or more of the following areas: business development, legal, accounting, regulatory affairs, clinical operations and manufacturing. In November 2021, we entered into a shared services agreement with Fortress for them to continue to provide consulting services and for the continued use of their personnel. As part of our emphasis on cost effectiveness with our resources, we endeavor to structure licenses and product acquisitions for future product opportunities in a capital efficient manner that allows us to minimize indebtedness and compensate partner companies through future profits and commercial benchmarks.

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Major Customers

We primarily sell our prescription products to specialty pharmacies, independent wholesalers, and distributors with limited sales through the traditional national wholesaler channels. Our wholesalers and distributors purchase products from us and, in turn, supply products to retail drug store chains, independent pharmacies and managed care organizations. Customers in the managed care market include health maintenance organizations, group purchasing organizations, nursing homes, clinics, pharmacy benefit management companies and mail order customers.

License & Collaboration Agreements and Acquisitions

We continue to seek to enhance our product line and develop a balanced portfolio of differentiated products through product acquisitions and in-licensing or acquiring rights to products and technologies from third parties. We intend to enter into strategic alliances and collaborative arrangements with third parties, which will give us rights to develop, manufacture, market and/or commercialize pharmaceutical products, the rights to which are primarily owned by these third parties. These alliances and arrangements can take many forms, including licensing arrangements, co-development and co-marketing agreements, co-promotion arrangements, research collaborations and joint ventures. Such alliances and arrangements will potentially enable us to share the risk of incurring all research and development expenses that do not lead to revenue-generating products. However, because profits from alliance products are shared with the counterparties to the collaborative arrangement, the gross margins on alliance products are generally lower, sometimes substantially so, than the gross margins that could be achieved had we not opted for a development partner.

Environmental Matters

Our operations are subject to substantial federal, state and local environmental laws and regulations concerning, among other matters, the generation, handling, storage, transportation, treatment and disposal of, and exposure to, hazardous substances. Violation of these laws and regulations, which may change, can lead to substantial fines and penalties. Many of our third-party operations require environmental permits and controls to prevent and limit pollution of the environment. We believe that the facilities of our third-party service providers are in substantial compliance with applicable environmental laws and regulations and we do not believe that future compliance will have a material adverse effect on our business, financial condition, results of operations or cash flows.

Employees and Human Capital Management

As of December 31, 2021, we had 90 employees and contractors. These employees and contractors include 70 in sales as well as 20 in marketing, general and administrative positions. We currently rely, and may continue to rely, on professional employer organizations and staffing organizations for the employment of our field sales force. Additionally, we have retained a number of expert advisors and consultants that help navigate us through different aspects of our business. We consider our relations with our employees to be good and have not experienced any work stoppages, slowdowns or other serious labor problems that have materially impeded our business operations.

Our human capital management objectives include, as applicable, identifying, recruiting, retaining, incentivizing, and integrating our new and existing employees. The principal purpose of our equity incentive plan is to attract, retain, and motivate selected employees, consultants, and directors through the granting of stock-based compensation awards and cash-based bonus awards.

Additionally, we have access to over 30 Fortress employees and consultants, who possess significant expertise in one or more of the following areas: business development, legal, accounting, regulatory affairs, clinical operations and manufacturing.

Geographic Areas

All of our product revenues are generated from operations or otherwise earned within the U.S.

Seasonality of Business

Our business is affected by the standard annual insurance deductible resets, as well as the purchasing patterns and concentration of our customers; however, our business is not materially impacted by seasonality. There are no assurances that these historical trends will continue in the future.

4U

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ☐ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Opiant Pharmaceuticals, Inc.

Physical Address: 233 Wilshire Blvd, Suite 400

City: Santa Monica State: CA Zip: 90401

Mailing Address (if different from physical address): 233 Wilshire St, Ste 400

City: Santa Monica State: CA Zip: 90401

Telephone: (310) 598-5410 Website: https://www.opiant.com/

Name of Designated Representative (DR): Jonathon Bloomfield

Licensing Company Email: statelicensing@opiant.com DR Email: jbloomfield@opiant.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☒ Dangerous Drugs	☒ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: New Facility- no suppliers sold, dispensed or distributed w/i last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): Opiant Pharmaceuticals, Inc

Corporation Name: Opiant Pharmaceuticals, Inc

Mailing Address: 233 Wilshire St, Ste 400

City: Santa Monica State: CA Zip: 90401

Telephone: (310) 598-5410 Email: statelicensing@opiant.com

Contact Person Name: Roger Maffia

Date of SEC Registration: 06/26/2017 | SEC Registration Number: 0001385508 | Stock Exchange Symbol: OPNT

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Opiant Pharmaceuticals, Inc.
Facility Name

David O'Toole
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

8/27/22
Date

Board Use Only	Date Received: 9-15-22	Amount: 1000.00 CK-16748



OWNERSHIP

Opiant Pharmaceuticals, Inc. is a virtual manufacturer of pharmaceuticals that is incorporated in Delaware. Opiant Pharmaceuticals, Inc. is publicly traded on the NASDAQ (OPNT).

COMPANY INFORMATION

233 Wilshire Blvd., Suite 400
Santa Monica, CA 90401
(310) 598-5410
Tax ID: 46-4744124

CORPORATE OFFICERS

Roger Crystal, M.D., President and Chief Executive Officer
233 Wilshire Blvd., Suite 400
Santa Monica, CA 90401

Phil Skolnick, M.D., Chief Scientific Officer
233 Wilshire Blvd., Suite 400
Santa Monica, CA 90401

David O'Toole, Chief Financial Officer
233 Wilshire Blvd., Suite 400
Santa Monica, CA 90401



Description of Operations

Opiant Pharmaceuticals, Inc is a VirtualManufacturer based in California. Opiant Pharmaceuticals, Inc's products are manufactured by a Contract Manufacturer(s) and will be distributed to wholesaler distributors by their Third-Party Logistics Provider, Cardinal SPS , who is licensed to ship pharmaceutical products into your state.

Opiant Pharmaceuticals, Inc is publicly traded on the NASDAQ (OPNT).

Opiant Pharmaceuticals, Inc was incorporated in the State of Delaware on 6/26/2017

Contract Manufacturer Information:
We will be using the contract manufacturer(s) below to produce our product:

Summit Biosciences Inc.
1513 Bull Lea Road
Lexington, KY 40511
FEIN: 3007577023

Anderson Brecon Inc. dba PCI Pharma Services
4545 Assembly Drive
Rockford, IL 61109
FEIN: 1421377

Summit Biosciences manufactures Opiant Pharmaceuticals, Inc's product and PCI packages the finished product. At no time does Summit Biosciences or PCI own the product, contract with Opiant Pharmaceuticals, Inc's customers, invoice, nor sell an Opiant Pharmaceuticals, Inc product. Opiant Pharmaceuticals, Inc's products are not Controlled Substances.

Labeler Code: 75095

Third Party Logistic information:
For distribution into the commercial supply channels, Cardinal SPS acts as Opiant Pharmaceuticals, Inc's Third Party Logistics (3PL) provider to manage the storage and distribution of Opiant Pharmaceuticals, Inc's product to wholesaler distributors throughout the United States.

Cardinal SPS
501 Mason Road, Suite 200
LaVergne, TN 37086

Opiant Pharmaceuticals, Inc's hours of operation are 8:00 am – 5:00pm PST Monday through Friday.

From: "edrls@fda.hhs.gov" <edrls@fda.hhs.gov>
Date: April 9, 2020 at 11:35:22 PM PDT
To: Aziz Mottiwala <Amottiwala@opiant.com>
Subject: Labeler Code Request Approved
Reply-To: <edrls@fda.hhs.gov>

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

eDRLS - Electronic Drug Registration & Listing System

Current Date: 10-APR-2020
Labeler DUNS: 079253495
Labeler Name: Opiant Pharmaceuticals, Inc.
Labeler Code: 75095

Verified M.H 10/27/22

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. **To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) § 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Wholesale Drug Permit

LICENSE NO. WLS 8092

ISSUE DATE MAY 17, 2022

OPIANT PHARMACEUTICALS, INC.
233 WILSHIRE BLVD STE 400
SANTA MONICA CA 90401

The above is licensed with the State Board of Pharmacy as a Corporation.

CORPORATION
JONATHON JOSEPH BLOOMFIELD — EXEMPTEE IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL MAY 01, 2023

RECEIPT NUMBER 00721527

This original license must be kept for the life of the license and posted in public view.

In accordance with section 4060 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is NONTRANSFERABLE and must be renewed annually on or before the indicated date. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, shareholder (more than 10 percent share change), designated representative-in-charge, manager or vice president of operations. If you are planning to change location or designated representative-in-charge, the approval must be in advance of the change.

5/17/22
5/17/22

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

----- POST IN PUBLIC VIEW -----

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 8092

NAME: OPIANT PHARMACEUTICALS, INC.

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

233 WILSHIRE BLVD STE 400
SANTA MONICA CA 90401
LOS ANGELES COUNTY

ISSUANCE DATE

MAY 17, 2022

EXPIRATION DATE

MAY 1, 2023

CURRENT DATE / TIME

AUGUST 18, 2022
7:55:1 AM

LICENSE RELATIONSHIPS

NAME: BLOOMFIELD, JONATHON JOSEPH

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: DESIGNATED REPRESENTATIVE (WHOLESALER)

LICENSE NUMBER: 26531 **PRIMARY STATUS:** CLEAR

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPIANT PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

6457407 8300

SR# 20220648478

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202735660

Date: 02-22-22



Employee List

Roger Crystal

David O'Toole

Ben Atkins

Julian Edwards

Jessica Trigueros

Shani Piccolotti

Lina Chea

Matt Welsh

Jon Bloomfield

Margarita Palange

Justin Simmons

Sean Fraher

Meridith Jones

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 10-K

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2021

OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

Commission file number: 001-38193

OPIANT PHARMACEUTICALS, INC.

(Exact name of Registrant as specified in its charter)

Delaware	**46-4744124**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
233 Wilshire Blvd., Suite 400, Santa Monica, CA	**90401**
(Address of principal executive offices)	(Zip Code)

Registrant's telephone number, including area code:

(310)-598-5410

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Name of exchange on which registered
Common Stock, par value $0.001 per share	Nasdaq Stock Market LLC

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☑

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☑

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☑ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232. 405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☑ No ☐

Indicate by check mark if disclosure of delinquent filers pursuant to Item 405 of Regulation S-K (§229.405 of this chapter) is not contained herein, and will not be contained herein, to the best of registrant's knowledge, in definitive proxy or information statements incorporated by reference in Part III of this Form 10-K or any amendment to this Form 10-K. ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☐	Accelerated filer ☐
Non-accelerated filer ☑	Smaller reporting company ☑
	Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. Yes ☐ No ☑

As of June 30, 2021, the aggregate market value of the voting and non-voting common stock held by non-affiliates of the registrant, computed by reference to the closing price of the shares of common stock on the NASDAQ Capital Market was approximately $55,174,019. As of March 14, 2022, the registrant had 5,069,605 shares of common stock issued and outstanding.

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CAUTIONARY NOTE REGARDING FORWARD-LOOKING STATEMENTS

This Annual Report on Form 10-K (this "Report") contains "forward-looking statements" within the meaning of the Section 27A of the Securities Act of 1933, as amended (the "Securities Act"), and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). Forward-looking statements discuss matters that are not historical facts. Because they discuss future events or conditions, forward-looking statements may include words such as "anticipate," "believe," "estimate," "intend," "could," "should," "would," "may," "seek," "plan," "might," "will," "expect," "predict," "project," "forecast," "potential," "continue", negatives thereof or similar expressions. These forward-looking statements are found at various places throughout this Report and include information concerning: possible or assumed future results of our operations; business strategies; future cash flows; financing plans; plans and objectives of management; any other statements regarding future operations, future cash needs, business plans and future financial results; and any other statements that are not historical facts.

We cannot predict all of the risks and uncertainties. Accordingly, such information should not be regarded as representations that the results or conditions described in such statements or that our objectives and plans will be achieved and we do not assume any responsibility for the accuracy or completeness of any of these forward-looking statements.

From time to time, forward-looking statements also are included in our other periodic reports on Forms 10-Q and 8-K, in our press releases, in our presentations, on our website and in other materials released to the public. Any or all of the forward-looking statements included in this Report and in any other reports or public statements made by us are not guarantees of future performance and may turn out to be inaccurate. These forward-looking statements represent our intentions, plans, expectations, assumptions and beliefs about future events and are subject to risks, uncertainties and other factors. Many of those factors are outside of our control and could cause actual results to differ materially from the results expressed or implied by those forward-looking statements. In light of these risks, uncertainties and assumptions, the events described in the forward-looking statements might not occur or might occur to a different extent or at a different time than we have described. You are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date of this Report. All subsequent written and oral forward-looking statements concerning other matters addressed in this Report and attributable to us or any person acting on our behalf are expressly qualified in their entirety by the cautionary statements contained or referred to in this Report.

Except to the extent required by law, we undertake no obligation to update or revise any forward-looking statements, whether as a result of new information, future events, a change in events, conditions, circumstances or assumptions underlying such statements, or otherwise.

For discussion of factors that we believe could cause our actual results to differ materially from expected and historical results see "Item 1A — Risk Factors" below.

PART I

Item 1. Business.

Our Company

Opiant Pharmaceuticals, Inc. ("we", "our" or the "Company") is a specialty pharmaceutical company developing medicines for addictions and drug overdose. We were incorporated in the State of Nevada in June 2005 as Madrona Ventures, Inc. and, in September 2009, we changed our name to Lightlake Therapeutics Inc. In January 2016, we again changed our name to Opiant Pharmaceuticals, Inc.

On October 2, 2017, we changed our state of incorporation from the State of Nevada to the State of Delaware pursuant to an Agreement and Plan of Merger, dated October 2, 2017 whereby we merged with and into the newly formed, wholly-owned Delaware subsidiary, Opiant Pharmaceuticals, Inc.

During 2022, we plan to complete the development program for nasal nalmefene for Opioid Overdose Reversal ("OOR") and file a New Drug Application ("NDA") with the Food and Drug Administration ("FDA").

Our longer term pipeline includes medicines in development for Alcohol Use Disorder ("AUD"), Opioid Use Disorder ("OUD"), and Acute Cannabinoid Overdose ("ACO"). We are also pursuing other treatment opportunities within the addiction and drug overdose field.

We developed NARCAN® (naloxone hydrochloride) Nasal Spray ("NARCAN®"), a treatment to reverse opioid overdose. This product was conceived and developed by us, licensed to Adapt Pharma Operations Limited ("Adapt"), an Ireland based pharmaceutical company in December 2014 and approved by the FDA in November 2015. Emergent BioSolutions, Inc. acquired Adapt in October of 2018 and Adapt became its wholly owned subsidiary (collectively with Adapt, "EBS"). In exchange for licensing our treatment to EBS, we receive up to double-digit percentage royalties on net sales.

We have not had a bankruptcy, receivership or similar proceeding. We are required to comply with all regulations, rules and directives of governmental authorities and agencies applicable to the clinical testing and manufacturing and sale of pharmaceutical products.

Employees and Culture

Our Employees. We had 37 employees as of December 31, 2021, who were employed in the U.S. and U.K. Our highly qualified and experienced team includes research and development personnel, and professionals across product development, quality, marketing, regulatory, investor relations, finance and legal, and other important functions critical to our success.

We expect to add additional employees in 2022 with a focus on expanding our expertise primarily in clinical research and development, quality, and commercial sales and marketing.

Diversity and Inclusion. Much of our success is rooted in the diversity of our teams and our commitment to inclusion. We value diversity at all levels and continue to focus on extending our diversity and inclusion initiatives across our entire workforce. We create a positive work environment by maintaining a strong culture of diversity and inclusion, supported by our Code of Business Conduct and employment practices. We believe that our business benefits from the different perspectives a diverse workforce brings, and we pride ourselves on having a strong, inclusive and positive culture based on our shared mission and values. As of December 31, 2021, 57% of our employees are female and 43% are male. We are in the process of rolling out programs and systems to better track workforce diversity, employee retention, turnover, engagement and the overall employee experience.

Employee Engagement and Benefits. We believe that our future success largely depends upon our continued ability to attract and retain highly skilled employees. We aim to continue to remain culturally competitive through initiatives such as the Opiant Women's Networking group, internal mentoring programs, and management training and development programs. We provide our employees with competitive salaries and bonuses, opportunities for equity ownership, development programs that enable continued learning and growth and employment packages that promotes well-being across all aspects of their lives, including health care, retirement planning, company sponsored life insurance and short-term disability insurance, overall wellness and fitness subsidy and paid time off.

Training and Team Development. We provide formal and informal training opportunities for our employees covering a variety of professional, technical and leadership topics. Our training opportunities are designed to promote learning across all levels of our organization. Our training includes courses in leadership, project management, soft skill development and technical communications.

We conduct formal evaluations with each of our employees on a bi-annual basis, and managers provide ongoing feedback directly to employees through informal review sessions periodically throughout the year. Our formal evaluation process requires employees to track whether they met certain development goals that are set at the beginning of the review period.

Health & Safety. The safety, health and wellness of our employees is a top priority. We remain committed to ensuring a safe work environment for all contributors. As such, with guidance from the local and federal Centers for Disease Control and Prevention ("CDC"), we continue to monitor and update COVID-19 policies and procedures as necessary. To ensure we have a safe and healthy workplace, we have developed a COVID-19 Preparedness Plan in response to the COVID-19 pandemic. Our goal is to mitigate the potential for transmission of COVID-19 in our workplaces and communities, and we understand that requires the full cooperation of our employees and management. In addition to developing a COVID-19 Exposure Protocol, we have engaged in daily COVID testing, tracing, and tracking for all onsite employees. We have updated cleaning and sanitization protocols to ensure full compliance as outlined by the CDC. We have provided access to free teletherapy services for all employees, access to free COVID-19 testing and paid time off for employees having to quarantine and/or care for a family member having to quarantine. We will continue to closely monitor the COVID-19 Pandemic and update our internal policies as deemed necessary.

We believe that in person interaction is essential for effective collaboration, morale, and overall company culture. However, we understand that situational circumstances may have arisen as a direct result of the COVID-19 Pandemic. As such, we are now more focused on ensuring meaningful, in person interactions amongst colleagues, thereby ensuring that our employees continue to receive the individual support their circumstance may require.

Principal Products or Services and Markets

OPNT003 - Nasal Nalmefene for OOR

Development Program for OPNT003

In 2017, National Institute of Health ("NIH") leadership called for the development of stronger, longer-acting formulations of antagonists to counteract the very high potency synthetic opioids that are now claiming thousands of lives each year. We are pursuing a 505(b)(2) development path for OPNT003, with the potential to submit a NDA with the FDA for the drug and intranasal delivery device combination in the first half of 2022. Nalmefene for injection was previously approved by the FDA for treating suspected or confirmed opioid overdose. The 505(b)(2) pathway allows companies to rely in part on the FDA's findings of safety and efficacy for a previously approved product and to supplement these findings with a more limited set of their own studies to satisfy FDA requirements, as opposed to conducting the full array of preclinical and clinical studies that would typically be required. We have reached agreement with the FDA to perform a pharmacodynamic ("PD") study in healthy volunteers to support our OPNT003 NDA application.

In February 2021, the first patients were dosed in a confirmatory pharmacokinetic ("PK") study for OPNT003, nasal nalmefene, for the treatment of opioid overdose. In July 2021, we announced positive top-line results from the study. The study was conducted in 68 healthy subjects and compared OPNT003, nasal nalmefene, with an intramuscular nalmefene hydrochloride injection, 1 mg, which was the comparator previously agreed upon with the FDA. According to an initial analysis, the top-line data demonstrated that nasal nalmefene achieved significantly higher plasma concentrations compared to an intramuscular injection ($p<0.0001$). The time for nasal nalmefene to achieve maximum plasma concentrations (T_{max}) was consistent with data from the previously completed pilot study (approximately 15 minutes). The maximum plasma concentration (C_{max}) was higher than observed in the pilot study, and the plasma half-life of nasal nalmefene (approximately 11 hours) was consistent with reported values following other routes (oral and parenteral) of administration.

In April 2021, the first subjects were dosed in a head-to-head clinical PD study comparing the effectiveness of OPNT003, nasal nalmefene, with nasal naloxone.

In November 2021, we received Fast Track Designation from the FDA for OPNT003, nasal nalmefene. Fast Track is an FDA process designed to facilitate the development and expedite review of potential therapies that seek to treat serious conditions and fill an unmet medical need. This designation enables early and frequent communication with the FDA, in addition to the potential for a rolling submission of an NDA application.

In February 2022, we announced positive top line results from a multi-dose PK study for OPNT003, nasal nalmefene, for the treatment of opioid overdose. The crossover design study was conducted in 23 healthy subjects comparing the PK profile, safety, and tolerability of OPNT003 when given as a single 3mg dose in one nostril, as a single dose in each nostril, and as two doses in one nostril.

Market and Commercial potential for OPNT003

There is a large and growing addressable market for opioid overdose reversal agents driven by sales into community- based and first responder institutions, as well as directly to patients via pharmacies. The current addressable market is substantial, to ensure an opioid overdose reversal agent is available for all first responders, including fire departments, emergency medical services, federal law enforcement, local law enforcement, and other community groups. The co-prescribing of opioid overdose reversal agents alongside prescription opioids has also driven growth. It is estimated that only five percent of patients at higher risk of an opioid overdose have a naloxone prescription. Currently there are only thirteen states that have some form of mandatory co-prescription legislation in place; however, several states are considering co-prescribing legislation in the near future.

According to provisional data provided by the Centers for Disease Control and Prevention, for the 12 months ended June 2021, synthetic opioids, such as fentanyl, are now responsible for more overdose deaths than both heroin and prescription opioids, with approximately 65,000 fatalities linked to synthetic opioids. Fentanyl and derivatives, such as carfentanil, are particularly dangerous because of a long half-life of seven to ten hours that may require continuous monitoring of overdose victims and repeated dosing with naloxone to initially resuscitate a patient and to prevent relapse. A long-acting opioid overdose reversal drug may reduce this burden.

An easy-to-use nasal formulation of nalmefene with a rapid onset and long duration of action would be suitable for non-medically trained persons to administer. In addition, since high potency synthetic opioids, such as fentanyl, can be weaponized, OPNT003 may also be suitable as an antidote in a civilian mass casualty event.

We have full commercial rights to OPNT003, and we were awarded a grant of approximately $7.4 million from the NIH. The grant provides us with additional resources for the ongoing development of OPNT003. We have been awarded the entire $7.4 million. We have also received a contract for approximately $8.1 million from the Biological Advance Research and Development Agency ("BARDA") to fund development of this project through NDA submission. In January of 2022, BARDA provided an additional commitment of up to $2.2 million. The contract modification increases the total potential value of the BARDA contract to $10.3 million. BARDA has awarded approximately $8.7 million of the contract through December 31, 2021, with the balance expected to be funded, subject to satisfactory project progress, availability of funds and certain other conditions.

As we continue to advance OPNT003 towards market approval and commercialize, we anticipate that our sales and marketing expenses will increase in several areas to support the development of a commercial platform that would allow us to commercialize OPNT003, as well as future pipeline products. The development of this commercial infrastructure includes increasing commercial personnel, pre-launch sales and marketing planning activities, establishing the supply chain and distribution. As we build this infrastructure, we are continuing to evaluate the ideal go-to-market strategy that will allow us to maximize the full commercial potential of OPNT003 and shareholder value. In July 2021, we hired a new Chief Commercial Officer to build and lead the commercial organization. In the latter half of 2021, we have hired regulatory, marketing and government affairs personnel.

Royalties from sales of NARCAN® nasal spray

Naloxone is a medicine that can reverse opioid overdose and until November 2015, was only approved by the FDA as an injection. Administered as a nasal spray, naloxone can be used more widely to prevent opioid overdose deaths.

In December 2014, we entered into a license agreement with Adapt, which subsequently became a wholly owned subsidiary of EBS (the "Adapt Agreement"). The Adapt Agreement has no set duration but may be terminated, among other

ways, by Adapt/EBS in its sole discretion, either in its entirety or in respect of one or more countries, at any time by providing 60 days prior notice to us. Pursuant to the Adapt Agreement, EBS has a global license to develop and commercialize our nasal naloxone Opioid Overdose Reversal Treatment Product. In exchange for licensing our treatment to Adapt, we receive up to double-digit percentage royalties on net sales. As a result of a royalty monetization agreement we entered into in 2016 with SWK Funding LLC ("SWK"), SWK retains a 10% interest for all royalties and milestones that the Company received in the years ended December 31, 2021 and 2020 and will receive in future years.

In March 2019, we entered into Amendment No. 2 to the Adapt Agreement ("Amendment No. 2") where certain modifications were made to the Adapt Agreement (See "Net Profit Interests" contained in Item 7 of this Annual Report - Management's Discussion and Analysis of Financial Condition and Results of Operations).

OPNT002 - Nasal Naltrexone for Alcohol Use Disorder ("AUD")

We are developing OPNT002, nasal naltrexone for AUD. Alcohol triggers the release of naturally occurring endorphins, which then bind to the opioid receptors in the brain, leading to dopamine release in the brain's reward center. Naltrexone is thought to reduce heavy drinking through the blockade of these opioid receptors, which results in dampening of alcohol-induced dopamine release and reward. Naltrexone is currently approved by the FDA for the treatment of AUD as a tablet and depot injection. However, in contrast to current naltrexone formulations OPNT002 will be taken nasally on an "as needed" basis, in anticipation of drinking or once drinking has started in order to reduce alcohol intake. We anticipate that taking our product on an as-needed basis could improve patient compliance and enable a patient to regain control of their drinking, especially in situations where heavy drinking is otherwise habitual. Furthermore, we expect patients to have high rates of adherence, because they will not be required to abstain and potentially go through detoxification and withdrawal prior to initiating OPNT002 therapy, unlike the typical situation with existing medicines for AUD.

We have generated encouraging Phase 1 clinical data demonstrating rapid nasal absorption of OPNT002, which supports its suitability for use on an as needed basis, as high levels of naltrexone can be delivered within minutes, which is likely to be very important during a period of craving. The Company has also received feedback from the FDA on our proposed 505(b)(2) development plan, which accepts a harm reduction-based primary endpoint rather than a primary endpoint based on abstinence.

In October of 2019, we completed a dose ranging study, confirming the suitability of our OPNT002 formulation of AUD.

During 2020, we had planned to begin patient enrollment for a double blind, placebo controlled Phase 2 study of OPNT002 in AUD, aiming to enroll 300 patients in Europe and the United Kingdom. However, due to the ongoing COVID-19 global health pandemic, we paused the initiation of patients.

During January 2022, we dosed the first patient in this Phase 2 clinical trial. The trial will determine whether OPNT002 reduces heavy drinking as measured by a change in the World Health Organization ("WHO") drinking risk levels. The trial features a Sequential Parallel Comparison Study Design aiming to reduce placebo response. Results from the trial are expected in 2023.

There are approximately 16.3 million people in the U.S. who suffer from some form of AUD. According to the National Institute on Alcohol Abuse and Alcoholism, only 2.5% of these individuals receive pharmacotherapy for this condition.

OPNT004 - Drinabant Injection for Acute Cannabinoid Overdose ("ACO")

On December 26, 2018, we entered into an exclusive global licensing agreement with Sanofi for the development and commercialization of drinabant for the treatment of acute cannabinoid overdose ("ACO"). We intend to develop drinabant, a selective, high affinity cannabinoid CB-1 receptor antagonist, as an injectable for administration in an emergency department setting. In a proof of principle study that Sanofi completed with 36 patients, oral drinabant blocked both subjective and objective psychological effects of inhaled delta9-tetrahydrocannabinol ("THC"). Sanofi also generated extensive safety data in Phase 1 and 2 studies with more than 700 subject for up to 24 weeks.

ACO is most frequently linked to the ingestion of "edibles" containing large quantities of THC and the abuse of synthetic cannabinoids (often referred to as "K2" and "Spice") that are more potent and yet cheaper than cannabis. Edibles,

sold as brownies, cookies and candies, pose particular risks for children, who can consume these by accident. Based on 2014 rates from the National Emergency Department sample and United States Census Bureau figures, we estimate that ACO resulted in more than one million emergency department visits in the United States in 2016. With an increasing number of states legalizing cannabis for personal and recreational use, ACO rates are expected to rise. Features of ACO produced by edibles and synthetic cannabinoids can include psychosis, panic and anxiety, feelings of paranoia, agitation, hallucinations, nausea, vomiting and cardiac arrhythmias. These symptoms often require emergency medical attention and can take hours to days to resolve. There are currently no FDA approved treatments for ACO.

In January 2020, we signed a Letter of Intent with the National Center for Advancing Translational Sciences ("NCATS") to collaborate on the development of OPNT004. NCATS is one of 27 divisions and centers of the NIH. This collaboration, carried out under a Cooperative Research and Development Agreement provides development research for certain pre-clinical activities and studies to support our planned filing of an Investigational New Drug ("IND") application for OPNT004. Activities carried out under this agreement have resulted in the development of formulations which may be suitable for parental administration of OPNT004. These formulations are currently being tested for stability, with pre-clinical toxicology studies scheduled in 2022.

Opioid Use Disorder

OUD is a major global health issue, particularly in the United States, where opioid misuse, in particular involving opioid painkillers and subsequent addiction, has become widespread. Given the increase in prevalence, OUD has now been classified in the United States as a public health crisis. As prescription opioid painkillers have become more difficult to obtain due to tighter controls for distribution and prescribing, and abuse deterrent formulations have become available, there has been an increase in heroin use, which is cheaper and often easier to obtain than painkillers. At the same time, the availability and abuse of synthetic opioids, including fentanyl and its derivatives (fentanyl has been estimated to be at least 50 times more potent than heroin) has become more widespread, further driving the recent increase in deaths from opioid overdose in the U.S.

Current FDA approved treatments for opioid addiction are methadone-based and buprenorphine-based substitution therapies, and the use of naltrexone (an opioid antagonist), available as both a tablet and depot injection. Most substitution therapies, are opioid-based treatments, that for many patients are undesirable, as there is frequently diversion and misuse of these treatments amongst patients with OUD. Therefore, being able to provide a vaccine to patients that potentially provides specific immunity against heroin and its metabolites without the need for prior detoxification and enabling patients to remain opioid-free is an attractive solution.

In October 2016, we in-licensed OPNT005, a heroin vaccine from Walter Reed Army Institute of Research ("WRAIR"). This is an early stage pre-clinical asset and requires further pre-clinical research before human testing. In October 2018, researchers at the U.S. Military HIV Research Program at the WRAIR and SUNY Upstate Medical University in Syracuse, NY, were awarded a grant by NIH to advance OPNT005, through Phase 1/2a clinical trials to assess its safety and efficacy.

Other Activities

In November 2016, Opiant Pharmaceuticals UK Limited ("OPUK") was incorporated under the Companies Act of 2006 as a private company. OPUK is a wholly-owned subsidiary of the Company and Dr. Roger Crystal, our Chief Executive Officer and a director, and David O'Toole, our Chief Financial Officer and Secretary, serve as the sole directors of OPUK.

On June 22, 2017, we entered into a license agreement (the "License Agreement") and a related supply agreement (the "Supply Agreement") with Aegis Therapeutics LLC, acquired by Neurelis, Inc. in 2018, the combined entity, "Neurelis", pursuant to which we were granted an exclusive license (the "License") to Neurelis' proprietary chemically synthesizable delivery enhancement and stabilization agents, including, but not limited to, Neurelis' Intravail® absorption enhancement agents, ProTek® and HydroGel® (collectively, the "Technology") to exploit (a) the Compounds (as such are defined in the License Agreement) and (b) a product containing a Compound and formulated using the Technology ("Product"), in each case of (a) and (b) for any and all purposes. The License Agreement restricts our ability to manufacture any Aegis excipients included in the Technology ("Excipients"), except for certain instances of supply failure, supply shortage or termination of the Supply Agreement, and we shall obtain all supply of such Excipients from Neurelis under the Supply Agreement. The License Agreement also restricts Neurelis's ability to compete with us worldwide with respect to the Exploitation (as defined in the

License Agreement) of any therapeutic containing a Compound or derivative or active metabolite of a Compound without our prior written consent. The effective date of the License Agreement and the Supply Agreement is January 1, 2017.

As consideration for the grant of the License, we paid Neurelis two immaterial upfront payments, of which we paid 50% by issuing Common Stock to Neurelis with the number of shares issued equal to 75% of the average closing price of our Common Stock over the 20 trading days preceding the date of payment. The License Agreement also provides for (A) additional developmental milestone payments for each Product containing a different Compound equal to up to an aggregate of $1.8 million, (B) additional commercialization milestone payments for each Product containing a different Compound equal to up to an aggregate of $5.0 million, and (C) single low digit royalties on the Annual Net Sales (as defined in the License Agreement) of all Products during the Royalty Term (as defined in the License Agreement) according to a tiered royalty rate based on Annual Net Sales of the Products us, our sublicensees and affiliates. We shall also pay to Neurelis a sublicense fee based on a sublicense rate negotiated in good faith by the parties. The License Agreement contains customary representations and warranties, ownership, patent rights, confidentiality, indemnification and insurance provisions. The License Agreement shall expire upon the expiration of our obligation to pay royalties under such License Agreement; provided, however, that we shall have the right to terminate the License granted on a Product-by-Product or country-by-country basis upon 30 days' prior written notice to Neurelis.

Under the terms of the Supply Agreement, Neurelis shall deliver to us any preclinical, clinical and commercial supply of the Excipients, which Aegis sources from various contract manufacturers. The Supply Agreement has a term of 20 years but shall terminate automatically in the event of expiration or termination of the License Agreement or at any time upon the written agreement of both parties. The Supply Agreement contains customary provisions relating to pricing for such materials, forecasts, delivery, inspection, indemnification, insurance and representations, warranties and covenants. The Supply Agreement includes technology transfer provisions for the transfer of all materials and know-how specific to the manufacturing of the Excipients that is necessary or useful for us to manufacture such Excipients. We do not have the right to manufacture such Excipients except in the event that Neurelis is unable to supply and sell any portion of the material to us (subject to a 60-day cure period).

Under the License Agreement, we will be required to pay Neurelis $250 thousand upon the successful NDA filing. For the year ended December 31, 2021, we did not have milestone expenses associated with the License Agreement.

On September 10, 2018, we entered into a development and manufacturing agreement for OPNT003 nasal nalmefene, a potent, long-acting opioid antagonist for the treatment of opioid overdose with Consort Medical plc ("Consort"), a leading contract development and manufacturing organization. Under this agreement, Aesica and Bespak, wholly-owned subsidiaries of Consort, will work with us to produce a pre-filled delivery nasal spray with nalmefene. As part of the agreement, Aesica will supply Opiant with clinical samples and registration batches for the purposes of performing clinical studies and obtaining regulatory approvals. Further, upon approval by the FDA, Aesica and Bespak will manufacture and supply the commercial device for us. On October 28, 2020, the Company notified Aesica that, effective immediately, we were terminating the Agreement pursuant to Section 18.2(a) of the Agreement.

On July 22, 2020, we entered into a Project Scope Agreement ("PSA") pursuant to a Master Services Agreement ("MSA") with Summit Biosciences, Inc. ("Summit"), to support the development and manufacture of a nasal spray device for opioid overdose, with the ability to expand to additional programs in the future. In accordance with the PSA, Summit will develop and produce certain pre-filled nasal spray products using a device previously evaluated as part of other FDA-approved nasal spray products. We will pay Summit estimated costs and fees up to approximately $7.9 million.

On October 26, 2020, we entered into a Master Services Agreement ("MSA") with AptarGroup, Inc. ("Aptar") to provide non-exclusive technology access and co-development services for the development and submission of an opioid antagonist for the treatment of opioid overdose using Aptar's nasal Unidose device (the "UDS Device"). In addition to the cost of the UDS Devices, we expect to spend up to approximately $5.2 million over the course of the development program.

Competition

The specialty pharmaceutical industry is intensely competitive and is characterized by rapid technological progress. Certain pharmaceutical and biopharmaceutical companies and academic and research organizations currently engage in, or have engaged in, efforts related to the discovery and development of new medicines for the treatment of substance use, addictive and overdose. Significant levels of research in chemistry and biotechnology occur in universities and other nonprofit research

institutions. These entities have become increasingly active in seeking patent protection and licensing revenues for their research results. They also compete with us in recruiting skilled scientific talent. Some of these companies are larger and better-funded than us and there are no assurances that we can effectively compete with these competitors. Potential competitors include Adamis Pharmaceuticals Corp., Adial Pharmaceuticals, Alkermes PLC, Amphastar, Anebulo Pharmaceuticals, Inc., BioCorRx, Inc., BioDelivery Services International, Inc., Braeburn Pharmaceuticals, Inc., Emergent BioSolutions Inc., Enalare Therapeutics, Harm Reduction Therapeutics, Hikma Pharmaceuticals, H. Lundbeck A/S, Indivior PLC, Nasus Pharmaceuticals., Orexo AB, and Teva Pharmaceuticals.

With respect to NARCAN®, we face competition from other treatments, including injectable naloxone, auto-injectors and improvised nasal kits. Amphastar Pharmaceuticals, Inc. competes with NARCAN® with their naloxone injection. Kaléo competes with NARCAN® with their auto-injector known as EVZIO™ (naloxone HCl injection) Auto-Injector. In addition, on August 4, 2021, Hikma Pharmaceuticals PLC launched KLOXXADO™ (naloxone HCl) nasal spray 8mg. KLOXXADO™ contains twice as much naloxone per spray as NARCAN® Nasal Spray 4mg in a ready-to-use nasal spray to reverse the effects of opioid overdose, providing a new treatment option in addressing the opioid overdose epidemic.

On April 19, 2019, the FDA announced approval of Teva's ANDA for a generic version of NARCAN®. On June 5, 2020, the District Court for the District of New Jersey entered a decision in the patent litigation regarding NARCAN® (naloxone HCl) Nasal Spray 4mg/spray product. The Court ruled in favor of Teva giving it the opportunity to launch a generic version of NARCAN®. Our commercial partner EBS, appealed the decision to the Court of Appeals for the Federal Circuit. On December 22, Teva launched a generic version of NARCAN®. In response, Emergent BioSolutions, Inc. through Sandoz Pharmaceuticals launched an authorized generic. On February 10, 2022, the Court of Appeals affirmed the District Court decision.

Although NARCAN® was the first FDA-approved naloxone nasal spray for the emergency reversal of opioid overdoses and has advantages over certain other treatments, we expect the treatment to face additional competition, including our OPNT003, nasal nalmefene. In addition, Orexo AB, Harm Reduction Therapeutics and Nasus Pharmaceuticals have development programs for novel naloxone nasal spray formulations intended for use in opioid overdose reversal.

Patents and Proprietary Information

We have obtained and intend to actively seek to obtain, when appropriate, protection for our products and proprietary technology by means of United States and foreign patents, trademarks and contractual arrangements. In addition, we rely upon trade secrets and contractual agreements to protect certain of our proprietary technology and products. We have issued United States patents and pending United States patent applications, as well as pending foreign patent applications or issued foreign patents, relating to our marketed products and product candidates. We also have United States and foreign patent applications pending relating to novel product concepts. There can be no assurance that our patent applications will issue as patents or, with respect to our issued patents, that they will provide us with significant protection. The following provides a general description of our patent portfolio and is not intended to represent an assessment of claim limitations or claim scope:

Product Group	Patent No.	Description	Patent Expiration	Publication No.
NARCAN® Nasal	10,085,937	IN naloxone for treatment of opioid overdose	March 16, 2035	US20170071851
NARCAN® Nasal	9,211,253	IN naloxone for treatment of opioid overdose	March 16, 2035	US20150258019
NARCAN® Nasal	9,468,747	IN naloxone for treatment of opioid overdose	March 16, 2035	US20160184294
NARCAN® Nasal	9,480,644	IN naloxone for treatment of opioid overdose	March 16, 2035	US20160166503
NARCAN® Nasal	9,561,177	IN naloxone for treatment of opioid overdose	March 16, 2035	US20160303041
NARCAN® Nasal	9,629,965	IN naloxone for treatment of opioid overdose	March 16, 2035	US20170043107
NARCAN® Nasal	9,707,226	IN naloxone for treatment of opioid overdose	March 16, 2035	US20170151231
NARCAN® Nasal	9,775,838	IN naloxone for treatment of opioid overdose	March 16, 2035	US20170239241
NARCAN® Nasal	2,538,682	IN naloxone for treatment of opioid overdose	March 16, 2035	UK
NARCAN® Nasal	2,942,611	IN naloxone for treatment of opioid overdose	March 16, 2035	Canada
NARCAN® Nasal	365,383	IN naloxone for treatment of opioid overdose	March 16, 2035	Mexico
NARCAN® Nasal	2,631,504	IN naloxone for treatment of opioid overdose	March 16, 2035	Spain

In addition to the patents and applications listed above, we have several pending, unpublished applications drawn to formulations, devices, and treatments of disorders, as well as additional continuation and divisional applications claiming the benefit of priority of applications listed above.

Research and Development

During the years ended December 31, 2021 and December 31, 2020, we incurred research and development expenses of $16.8 million and $9.2 million, respectively.

Regulation

Government Regulation and Product Approval

Government authorities in the United States, at the federal, state, and local levels, and in other countries and jurisdictions, including the European Union, extensively regulate, among other things, the research, development, testing, product approval, manufacture, quality control, safety, effectiveness, manufacturing changes, packaging, storage, record-keeping, labeling, promotion, advertising, sales, distribution, marketing, and import and export of drugs and biologic products. All of our foreseeable product candidates are expected to be regulated as drugs. In particular, therapeutic product candidates for human use are subject to rigorous preclinical and clinical testing and other requirements of the Federal Food, Drug and Cosmetic Act ("FFDCA"), implemented by the FDA, as well as similar statutory and regulatory requirements of foreign countries. The processes for obtaining regulatory approval in the United States. and in foreign countries and jurisdictions, along with ongoing compliance with applicable statutes and regulations and other regulatory authorities both pre- and post-commercialization, are a significant factor in the production and marketing of our products and our R&D activities and require the expenditure of substantial time and financial resources. Any failure by us or our collaborators, licensors or licensees to obtain, or any delay in obtaining, regulatory approvals or in complying with other regulatory requirements could adversely affect the commercialization of product candidates then being developed by us and our ability to receive product or royalty revenues.

The processes for obtaining regulatory approvals in the United States and in foreign countries, along with subsequent compliance with applicable statutes and regulations, require the expenditure of substantial time and financial resources. In the

United States, the FDA regulates drugs under the FFDCA and the FDA's implementing regulations. Failure to comply with the applicable U.S. requirements at any time during the product development process, approval process, or after approval, may subject an applicant to administrative or judicial sanctions. These sanctions could include the FDA's refusal to approve pending applications, withdrawal of an approval, a clinical hold, untitled or warning letters, product recalls, product seizures, total or partial suspension of production or distribution, injunctions, fines, refusals of government contracts, restitution, disgorgement or civil or criminal penalties. The process required by the FDA before a drug may be marketed in the United States generally involves the following:

- completion of preclinical laboratory tests, animal studies and formulation studies according to Good Laboratory Practices regulations;
- submission to the FDA of an IND, which must become effective before human clinical studies may begin;
- approval by an independent internal review board ("IRB"), at each clinical site before each trial may be initiated;
- performance of adequate and well-controlled human clinical studies according to Good Clinical Practice ("GCP") regulations, to establish the safety and efficacy of the proposed drug for its intended use;
- preparation and submission to the FDA of an NDA;
- satisfactory completion of an FDA inspection of the manufacturing facility or facilities at which the product, or components thereof, are produced to assess compliance with current Good Manufacturing Practice ("cGMP") to assure that the facilities, methods, and controls are adequate to preserve the drug's identity, strength, quality, and purity; and
- FDA review and approval of the NDA

The testing and approval process requires substantial time, effort and financial resources, and we cannot be certain that any approvals for our product candidates (or those of our collaborators or licensees) will be granted on a timely basis, if at all.

An IND sponsor must submit the results of the preclinical tests, together with manufacturing information, analytical data and any available clinical data or literature, to the FDA as part of the IND. The sponsor must also include a protocol detailing, among other things, the objectives of the initial clinical study, the parameters to be used in monitoring safety and the effectiveness criteria to be evaluated if the initial clinical study lends itself to an efficacy evaluation. Some preclinical testing may continue even after the IND is submitted. The IND automatically becomes effective 30 days after receipt by the FDA, unless the FDA raises concerns or questions related to a proposed clinical study and places the study on a clinical hold within that 30-day time period. In such a case, the IND sponsor and the FDA must resolve any outstanding concerns before the clinical study can begin. Clinical holds also may be imposed by the FDA at any time before or during clinical studies due to safety concerns or non-compliance, and may be imposed on all product candidates within a certain pharmaceutical class. The FDA also can impose partial clinical holds, for example, prohibiting the initiation of clinical studies of a certain duration or for a certain dose.

All clinical studies must be conducted under the supervision of one or more qualified investigators in accordance with GCP regulations. These regulations include the requirement that all research subjects provide informed consent in writing before their participation in any clinical study. Further, an IRB must review and approve the plan for any clinical study before it commences at any institution, and the IRB must conduct continuing review and re-approve the study at least annually. An IRB considers, among other things, whether the risks to individuals participating in the clinical study are minimized and are reasonable in relation to anticipated benefits. The IRB also approves the information regarding the clinical study and the consent form that must be provided to each clinical study subject or his or her legal representative and must monitor the clinical study until completed. Each new clinical protocol and any amendments to the protocol must be submitted for FDA review, and to the IRBs for approval. Protocols detail, among other things, the objectives of the clinical study, dosing procedures, subject selection and exclusion criteria, and the parameters to be used to monitor subject safety. Study sites are subject to inspection for compliance with GCP.

Information about certain clinical trials must be submitted within specific timeframes to the NIH, for public dissemination on their ClinicalTrials.gov website.

Human clinical studies are typically conducted in three sequential phases that may overlap or be combined:

- Phase 1. The product is initially introduced into a small number of healthy human subjects or patients and tested for safety, dosage tolerance, absorption, metabolism, distribution and excretion and, if possible, to gain early evidence

on effectiveness. In the case of some products for severe or life-threatening diseases, especially when the product is suspected or known to be unavoidably toxic, the initial human testing may be conducted in patients.

- Phase 2. Involves clinical studies in a limited patient population to identify possible adverse effects and safety risks, to preliminarily evaluate the efficacy of the product for specific targeted diseases and to determine dosage tolerance and optimal dosage and schedule.
- Phase 3. Clinical studies are undertaken to further evaluate dosage, clinical efficacy and safety in an expanded patient population at geographically dispersed clinical study sites. These clinical studies are intended to establish the overall risk/benefit relationship of the product and provide an adequate basis for product labeling.

Progress reports detailing the results of the clinical studies must be submitted at least annually to the FDA and safety reports must be submitted to the FDA and the investigators for serious and unexpected suspected adverse events. Phase 1, Phase 2 and Phase 3 testing may not be completed successfully within any specified period, if at all. The FDA or the sponsor may suspend or terminate a clinical study at any time on various grounds, including a finding that the research subjects or patients are being exposed to an unacceptable health risk. Similarly, an IRB can suspend or terminate approval of a clinical study at its institution if the clinical study is not being conducted in accordance with the IRB's requirements or if the drug has been associated with unexpected serious harm to patients.

U.S. Review and Approval Processes

Assuming successful completion of the required clinical testing, the results of product development, preclinical studies and clinical studies, along with descriptions of the manufacturing process, analytical tests conducted on the drug, proposed labeling and other relevant information, are submitted to the FDA as part of an NDA for a new drug, requesting approval to market the product.

The submission of an NDA is subject to the payment of a substantial application user fee although a waiver of such fee may be obtained under certain limited circumstances. For example, the agency will waive the application fee for the first human drug application that a small business or its affiliate submits for review. The sponsor of an approved NDA is also subject to annual program user fees.

In addition, under the Pediatric Research Equity Act of 2003, an NDA application (or supplements to an application) for a new active ingredient, new indication, new dosage form, new dosing regimen, or new route of administration must contain data that are adequate to assess the safety and effectiveness of the drug for the claimed indications in all relevant pediatric subpopulations, and to support dosing and administration for each pediatric subpopulation for which the product is safe and effective, unless the applicant has obtained a waiver or deferral.

In 2012, the FDASIA amended the FDCA to require that a sponsor who is planning to submit a marketing application for a drug that includes a new active ingredient, new indication, new dosage form, new dosing regimen or new route of administration submit an initial Pediatric Study Plan ("PSP"), within sixty days of an End-of-Phase II meeting or as may be agreed between the sponsor and the FDA. The initial PSP must include an outline of the pediatric study or studies that the sponsor plans to conduct, including study objectives and design, age groups, relevant endpoints and statistical approach, or a justification for not including such detailed information, and any request for a deferral of pediatric assessments or a full or partial waiver of the requirement to provide data from pediatric studies along with supporting information. The FDA may, on its own initiative or at the request of the applicant, grant deferrals for submission of data or full or partial waivers. The FDA and the sponsor must reach agreement on the PSP. A sponsor can submit amendments to an agreed upon initial PSP at any time if changes to the pediatric plan need to be considered based on data collected from preclinical studies, early phase clinical studies, and/or other clinical development programs.

The FDA also may require submission of a Risk Evaluation and Mitigation Strategy ("REMS") to mitigate any identified or suspected serious risks. The REMS could include medication guides, physician communication plans, assessment plans, and elements to assure safe use, such as restricted distribution methods, patient registries, or other risk minimization tools.

The FDA reviews all NDAs submitted to ensure that they are sufficiently complete for substantive review before it accepts them for filing. The FDA may request additional information rather than accept an application for filing. In this event,

the application must be re-submitted with the additional information. The re-submitted application also is subject to review before the FDA accepts it for filing. Once the submission is accepted for filing, the FDA begins an in-depth substantive review to determine whether the product is safe and effective for its intended use.

The FDA may refer the NDA to an advisory committee for review, evaluation and recommendation as to whether the application should be approved and under what conditions. An advisory committee is a panel of experts, including clinicians and other scientific experts, who provide advice and recommendations when requested by the FDA. The FDA is not bound by the recommendation of an advisory committee, but it considers such recommendations when making decisions.

Additionally, before approving an NDA, the FDA will typically inspect one or more clinical sites to assure clinical data supporting the submission were developed in compliance with GCP.

The approval process is lengthy and difficult and the FDA may refuse to approve an NDA if the applicable regulatory criteria are not satisfied, or may require additional clinical data or other data and information. Even if such data and information are submitted, the FDA may ultimately decide that the NDA does not satisfy the criteria for approval. Data obtained from clinical studies are not always conclusive and the FDA may interpret data differently than an applicant interprets the same data.

After the FDA's evaluation of an application, the FDA may issue an approval letter, or, in some cases, a complete response letter to indicate that the review cycle is complete and that the application is not ready for approval. A complete response letter generally contains a statement of specific conditions that must be met to secure final approval of the application and may require additional clinical or preclinical testing for the FDA to reconsider the application. The deficiencies identified may be minor, for example, requiring labeling changes, or major, for example, requiring additional clinical studies. Additionally, the complete response letter may include recommended actions that the applicant might take to place the application in a condition for approval. If a complete response letter is issued, the applicant may either resubmit the application, addressing all of the deficiencies identified in the letter, or withdraw the application or request an opportunity for a hearing.

Even with submission of additional information, the FDA ultimately may decide that the application does not satisfy the regulatory criteria for approval. If and when those conditions have been met to the FDA's satisfaction, the FDA will typically issue an approval letter. An approval letter authorizes commercial marketing of the drug with specific prescribing information for specific indications.

If a product receives regulatory approval, the approval may be significantly limited to specific diseases and dosages or the indications for use may otherwise be limited, which could restrict the commercial value of the product. Further, the FDA may require that certain contraindications, warnings or precautions be included in the product labeling. In addition, the FDA may require post-approval studies, including Phase 4 clinical studies, to further assess safety and effectiveness after approval and may require testing and surveillance programs to monitor the safety of approved products that have been commercialized. After approval, some types of changes to the approved product, such as adding new indications, manufacturing changes, and additional labeling claims, are subject to further testing requirements and FDA review and approval.

Abbreviated New Drug Applications ("ANDAs") and Section 505(b)(2) New Drug Applications

Most drug products obtain FDA marketing approval pursuant to an NDA for innovator products, or an ANDA for generic products. Relevant to ANDAs, the Hatch-Waxman amendments to the FDCA established a statutory procedure for submission and FDA review and approval of ANDAs for generic versions of branded drugs previously approved by the FDA (such previously approved drugs are also referred to as listed drugs). Because the safety and efficacy of listed drugs have already been established by the brand company (sometimes referred to as the innovator), the FDA does not require a demonstration of safety and efficacy of generic products. However, a generic manufacturer is typically required to conduct bioequivalence studies of its test product against the listed drug. The bioequivalence studies for orally administered, systemically available drug products assess the rate and extent to which the API is absorbed into the bloodstream from the drug product and becomes available at the site of action. Bioequivalence is established when there is an absence of a significant difference in the rate and extent for absorption of the generic product and the listed drug. In addition to the bioequivalence data, an ANDA must contain patent certifications and chemistry, manufacturing, labeling and stability data.

The third alternative is a special type of NDA, commonly referred to as a Section 505(b)(2) NDA, which enables the applicant to rely, in part, on the FDA's findings of safety and efficacy of an existing product, or published literature, in support of its application. Section 505(b)(2) NDAs often provide an alternate path to FDA approval for new or improved formulations

or new uses of previously approved products. Section 505(b)(2) permits the filing of an NDA where at least some of the information required for approval comes from studies not conducted by or for the applicant and for which the applicant has not obtained a right of reference. The applicant may rely upon the FDA's findings with respect to certain preclinical or clinical studies conducted for an approved product. The FDA may also require companies to perform additional studies or measurements to support the change from the approved product. The FDA may then approve the new product candidate for certain label indications for which the referenced product has been approved, as well as for any new indication sought by the Section 505(b)(2) applicant.

In seeking approval for a drug through an NDA, including a 505(b)(2) NDA, applicants are required to list with the FDA certain patents of the applicant or that are held by third parties whose claims cover the applicant's product. Upon approval of an NDA, each of the patents listed in the application for the drug is then published in the Orange Book. Any subsequent applicant who files an ANDA seeking approval of a generic equivalent version of a drug listed in the Orange Book or a 505(b)(2) NDA referencing a drug listed in the Orange Book must make one of the following certifications to the FDA concerning patents: (1) the patent information concerning the reference listed drug product has not been submitted to the FDA; (2) any such patent that was filed has expired; (3) the date on which such patent will expire; or (4) such patent is invalid or will not be infringed upon by the manufacture, use or sale of the drug product for which the application is submitted. This last certification is known as a paragraph IV certification. A notice of the paragraph IV certification must be provided to each owner of the patent that is the subject of the certification and to the holder of the approved NDA to which the ANDA or 505(b)(2) application refers. The applicant may also elect to submit a "section viii" statement certifying that its proposed label does not contain (or carves out) any language regarding the patented method-of-use rather than certify to a listed method-of-use patent.

If the reference NDA holder or patent owners assert a patent challenge directed to one of the Orange Book listed patents within 45 days of the receipt of the paragraph IV certification notice, the FDA is prohibited from approving the application until the earlier of 30 months from the receipt of the paragraph IV certification expiration of the patent, settlement of the lawsuit or a decision in the infringement case that is favorable to the applicant. The ANDA or 505(b) (2) application also will not be approved until any applicable non-patent exclusivity listed in the Orange Book for the branded reference drug has expired as described in further detail below. Thus approval of a Section 505(b)(2) NDA or ANDA can be stalled until all the listed patents claiming the referenced product have expired, until any non-patent exclusivity, such as exclusivity for obtaining approval of a new chemical entity, listed in the Orange Book for the referenced product has expired, and, in the case of a Paragraph IV certification and subsequent patent infringement suit, until the earlier of 30 months, settlement of the lawsuit or a decision in the infringement case that is favorable to the ANDA or Section 505(b)(2) applicant.

Post-Approval Requirements

Drugs manufactured or distributed pursuant to FDA approvals are subject to extensive and continuing regulation by the FDA, including, among other things, requirements relating to recordkeeping (including certain electronic record and signature requirements), periodic reporting, product sampling and distribution, advertising and promotion and reporting of certain adverse experiences, deviations, and other problems with the product. After approval, most changes to the approved product, such as adding new indications or other labeling claims are subject to prior FDA review and approval. There also are continuing, annual user fee requirements for any marketed products, as well as new application fees for supplemental applications with clinical data.

The FDA strictly regulates labeling, advertising, promotion and other types of information on products that are placed on the market. Products may be promoted only for the approved indications and in accordance with the provisions of the approved label. The FDA and other agencies actively enforce the laws and regulations prohibiting the promotion of off-label uses, and a company that is found to have improperly promoted off-label uses may be subject to significant liability. Further, manufacturers must continue to comply with cGMP requirements, which are extensive and require considerable time, resources and ongoing investment to ensure compliance. In addition, changes to the manufacturing process generally require prior FDA approval before being implemented and other types of changes to the approved product, such as adding new indications and additional labeling claims, are also subject to further FDA review and approval.

Manufacturers and certain other entities involved in the manufacturing and distribution of approved products are required to register their establishments with the FDA and certain state agencies, and are subject to periodic unannounced inspections by the FDA and certain state agencies for compliance with cGMP and other laws. The cGMP requirements apply to

all stages of the manufacturing process, including the production, processing, sterilization, packaging, labeling, storage and shipment of the product.

Changes to the manufacturing process are strictly regulated and often require prior FDA approval before being implemented. FDA regulations also require investigation and correction of any deviations from cGMP and impose reporting and documentation requirements upon the sponsor and any third party manufacturers that the sponsor may decide to use. Accordingly, manufacturers must continue to expend time, money, and effort in the area of production and quality control to maintain cGMP compliance.

The FDA may impose a number of post-approval requirements as a condition of approval of an application. For example, the FDA may require post-marketing testing, including Phase 4 clinical trials, and surveillance to further assess and monitor the product's safety and effectiveness after commercialization.

The FDA may withdraw a product approval if compliance with regulatory requirements is not maintained or if problems occur after the product reaches the market. Later discovery of previously unknown problems with a product, including adverse events of unanticipated severity or frequency, problems with manufacturing processes, or failure to comply with regulatory requirements, may result in restrictions on the product or even complete withdrawal of the product from the market.

Potential implications include required revisions to the approved labeling to add new safety information; imposition of post-market studies or clinical trials to assess new safety risks; or imposition of distribution or other restrictions under a REMS program. Other potential consequences include, among other things:

- restrictions on the marketing or manufacturing of the product, complete withdrawal of the product from the market or product recalls;
- warning letters or holds on post-approval clinical trials;
- refusal of the FDA to approve pending NDAs or supplements to approved NDAs, or suspension or revocation of product license approvals;
- product seizure or detention, or refusal to permit the import or export of products; or
- injunctions or the imposition of civil or criminal penalties.

In addition, the distribution of prescription drugs is subject to the Prescription Drug Marketing Act ("PDMA"), which regulates the distribution of the products and product samples at the federal level, and sets minimum standards for the registration and regulation of distributors by the states. Both the PDMA and state laws limit the distribution of prescription pharmaceutical product samples and impose requirements to ensure accountability in distribution.

From time to time, legislation is drafted, introduced and passed in Congress that could significantly change the statutory provisions governing the approval, manufacturing and marketing of products regulated by the FDA. In addition to new legislation, FDA regulations, guidance, and policies are often revised or reinterpreted by the agency in ways that may significantly affect our business and our product candidates. It is impossible to predict whether further legislative or FDA regulation or policy changes will be enacted or implemented and what the impact of such changes, if any, may be.

Pharmaceutical Coverage, Pricing and Reimbursement

In the United States, sales of any products for which we (or our collaborators or licensees) may receive regulatory approval for commercial sale will depend in part on the availability of coverage and reimbursement from third-party payors. Third-party payors include government authorities, managed care providers, private health insurers and other organizations.

Significant uncertainty exists as to the coverage and reimbursement status of any products for which we may obtain regulatory approval. The process for determining whether a payor will provide coverage for a drug may be separate from the process for setting the reimbursement rate that the payor will pay for the product. Some of the additional requirements and restrictions on coverage and reimbursement levels imposed by third-party payors influence the purchase of healthcare services and products.

Third-party payors may limit coverage to specific drugs on an approved list, or formulary, which might not include all of the FDA-approved drugs for a particular indication, or place drugs at certain formulary levels that result in lower reimbursement levels and higher cost-sharing obligation imposed on patients. Moreover, a payor's decision to provide coverage

for a drug product does not imply that an adequate reimbursement rate will be approved. Adequate third-party reimbursement may not be available to enable us to maintain price levels sufficient to realize an appropriate return on our investment in product development. Further, one payor's determination to provide coverage does not assure that other payors will also provide coverage and reimbursement for the product, and the level of coverage and reimbursement may differ significantly from payor to payor. Third-party payors are increasingly challenging the price and examining the medical necessity and cost-effectiveness of medical products and services, in addition to their safety and efficacy. In order to obtain and maintain coverage and reimbursement for any product that might be approved for sale, we may need to conduct expensive pharmacoeconomic studies in order to demonstrate the medical necessity and cost-effectiveness of any products, in addition to the costs required to obtain regulatory approvals. Our product candidates may not be considered medically necessary or cost-effective. If third-party payors do not consider a product to be cost-effective compared to other available therapies, they may not cover the product after approval as a benefit under their plans or, if they do, the level of payment may not be sufficient to allow a company to sell its products at a profit.

The United States government and state legislatures have shown significant interest in implementing cost containment programs to limit the growth of government-paid healthcare costs, including price controls, restrictions on reimbursement and coverage and requirements for substitution of generic products for branded prescription drugs. Adoption of government controls and measures, and tightening of restrictive policies in jurisdictions with existing controls and measures, could exclude or limit our drugs and product candidates from coverage and limit payments for pharmaceuticals.

In addition, we expect that the increased emphasis on managed care and cost containment measures in the United States by third-party payors and government authorities to continue and will place pressure on pharmaceutical pricing and coverage. Coverage policies and third-party reimbursement rates may change at any time. Even if favorable coverage and reimbursement status is attained for one or more products for which we receive regulatory approval, less favorable coverage policies and reimbursement rates may be implemented in the future.

Employees

As of March 1, 2022, we had 37 full-time employees and one part-time employee. In addition, we have a number of outside consultants that are not on our payroll.

ITEM 1A. RISK FACTORS

An investment in our securities involves a high degree of risk. Prior to making a decision about investing in our securities, you should carefully consider all of the information in this Report on Form 10-K, including our consolidated financial statements and related notes. The risks and uncertainties we have described are not the only ones we face. Additional risks and uncertainties not presently known to us or that we currently deem immaterial may also affect our operations. The occurrence of any of these known or unknown risks might cause you to lose all or part of your investment.

Summary Risk Factors

Our business is subject to a number of risks, including risks that may prevent us from achieving our business objectives or may adversely affect our business, financial condition, results of operations, cash flows, and prospects. These risks are discussed more fully below and include, but are not limited to, the following:

- we may fail to obtain or maintain regulatory approvals for our product candidates in our markets or may face adverse regulatory or legal actions relating to our product candidates even if regulatory approval is obtained;
- we are dependent upon the results of clinical studies relating to our product candidates and the products of our competitors. If data from a clinical trial is unfavorable, we would be reluctant to advance the specific product for the indication for which it was being developed;
- having inadequate financial or other resources to complete the development of our product candidates;
- the inability to manufacture our product candidates in commercial quantities, at an adequate quality, at an acceptable cost or in collaboration with third parties;
- experiencing delays or unplanned expenditures in product development, clinical testing or manufacturing;
- the inability to establish adequate sales, marketing and distribution channels;
- healthcare professionals and patients may not accept our treatments;
- we may not be aware of possible complications from the continued use of our products since we have limited clinical experience with respect to the actual use of our products;
- technological breakthroughs in reversing opioid overdoses and treating patients with AUD, OUD, and ACO may reduce the demand for our products;
- changes in the market for reversing opioid overdoses and treating patients with AUD, OUD and ACO, new alliances between existing market participants and the entrance of new market participants may interfere with our market penetration efforts;
- third-party payors may not agree to reimburse patients for any or all of the purchase price of our products, which may adversely affect patients' willingness to purchase our products;
- uncertainty as to market demand may result in inefficient pricing of our products; and
- we may face third party claims of intellectual property infringement.

Risks Related to our Business, Financial Condition and Capital Requirements

We have historically generated limited revenue to date and expect to incur significant operating losses for the foreseeable future.

As of December 31, 2021, we have an accumulated deficit of $61.7 million. The likelihood of our future success must be considered in light of the expenses, difficulties, complications and delays often encountered in connection with the clinical trials that will be conducted and on the development of new solutions to common addictions and related disorders. These potential challenges include, but are not limited to, unanticipated clinical trial delays, poor data, changes in the regulatory and competitive landscape and additional costs and expenses that may exceed current budget estimates. In order to complete certain clinical trials and otherwise operate pursuant to our current business strategy, we anticipate that we will incur increased operating expenses. In addition, we expect to incur significant losses for the foreseeable future and we also expect to experience negative cash flow for the foreseeable future as we fund the operating losses and capital expenditures. We recognize that if we are unable to generate sufficient revenues or source funding, we will not be able to continue operations as currently contemplated, complete planned clinical trials and/or achieve profitability. Our failure to achieve or maintain profitability will also negatively impact the value of our securities. If we are unsuccessful in addressing these risks, then we will most likely fail.

TwoLabs PHARMA SERVICES

opiant

Via Fed Ex
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

To Whom It May Concern,

On behalf of Opiant Pharmaceuticals, Inc. ("Opiant"), attached is Opiant's application for Licensure.

Opiant is a pharmaceutical company with a mission to create best-in-class medicines for the treatment of addictions and drug overdose. In 2013, Opiant developed the first FDA-approved, user-friendly nasal naloxone spray. Prompted by an upsurge in opioid overdose deaths driven by Fentanyl and related "synthetics", the National Institutes of Health (NIH) leadership recently called for the development of "...stronger, longer-acting formulations of antagonists." Opiant has responded to this call, and ism developing an intranasal formulation of nalmefene, a more potent, longer acting opioid antagonist that is especially well-suited to treat overdose caused by synthetics

Opiant is a "Virtual Manufacturer" whose products are manufactured by a contract manufacturer and distributed by a Third-Party Logistics Provider, who meets licensure requirements to ship pharmaceutical products into your state. At no time is commercial product manufactured at, stored at, or distributed from Opiant's office. Opiant's product not a controlled substance. Accordingly, Opiant is not required to obtain a DEA registration.

I hope this narrative is helpful as you review Opiant's application. If you have a question regarding this application, please contact me at (614) 519-4775 or via email at erin.vorisek@twolabs.com. Please also address all written communication to me. My address is 3705 Fish Hawk Landing, Columbus Ohio 43230.

Thank you in advance for your consideration.

Erin Vorisek
Licensing Analyst

SEP 15 2022

4V

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

NON-REFUNDABLE $1,000.00 FEE

Rev (04/19/2022)

Where is the facility located? ☐ Nevada ☐ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☒ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☐ No

Section 1: General Information

Facility Name: Dee Veterinary Products, LLC

Physical Address: 1011 Park Centre Boulevard

City: Miami Gardens State: Florida Zip: 33169

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 954-962-5823 Ext 5 Website: www.deevetproducts.com

Name of Designated Representative (DR): Robert Scott Dee

Licensing Company Email: scott@deevetproducts.com DR Email: scott@deevetproducts.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Teleflex
Address: 3015 Carrington Mill Blvd City: Morrisville State: NC Zip: 27560

Name: Chilecom Medical Devices
Address: 106 Boyi Road, Boluo County City: Guangdong State: China Zip: 516100

Name:
Address: City: State: Zip:

Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: Robert Scott Dee
Business Name: Dee Veterinary Products, LLC
Business Address: 1011 Park Centre Boulevard
City: Miami Gardens State: Florida Zip: 33169
Telephone: 954-962-5823 Ext. 5 Email: scott@deevetproducts.com

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert Scott Dee

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

8/10/22

Date

Board Use Only	Date Received: 8.15.22	Amount: 1000.00 CK-142

NABP ACCREDITED
DRUG DISTRIBUTOR

Dee Veterinary Products, LLC

located at

1011 Park Centre Blvd, Miami Gardens, FL 33169

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

07/28/2022 - 07/27/2025
Period of Accreditation

Maria Herrera

From: Burnett, Rebecca <Rebecca.Burnett@myfloridalicense.com>
Sent: Thursday, March 3, 2022 8:52 AM
To: Scott Dee
Subject: RE: Veterinary Medical Devices

Good Morning Mr. Dee,

Thank you for contacting our office. Our office, the Florida Division of Drugs, Devices, and Cosmetics, does not require a permit to wholesale distribute products classified as devices. If the device contained a prescription drug, a permit could potentially be required.

Rebecca Burnett
Regulatory Supervisor/Consultant
Division of Drugs, Devices, and Cosmetics

From: Scott Dee [mailto:scott@deevetproducts.com]
Sent: Friday, February 25, 2022 10:28 AM
To: Burnett, Rebecca
Subject: Veterinary Medical Devices

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Rebecca,

Thank you so much for taking my call today. As we discussed, once a year I send an e-mail to the state of Florida to insure that we don't need a license to carry the products we sell. As a reminder, we are importers of veterinary medical devices. We sell these goods to veterinary wholesalers, who in turn sell the goods to veterinary hospitals. Think endotracheal tubes and skin staplers. WE DO NOT SELL ANY DRUGS OF ANY KIND.

I really appreciate your help,

Scott Dee

Dee Veterinary Products, LLC
1011 Park Centre Boulevard
Miami Gardens, Florida 33169

Office 954-962-5823 Ext. 3
Fax 954-962-5849

How FDA Regulates Animal Devices

Español (/animal-veterinary/animal-health-literacy/como-regula-la-fda-los-dispositivos-para-animales)

The Federal Food, Drug, and Cosmetic Act (the Act) defines medical device as *"an instrument, apparatus, implement, machine, contrivance, implant, in-vitro reagent, or other similar or related article, including any component, part, or accessory, which is ... intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease in man or other animals, or [which is] intended to affect the structure or any function of the body of man or other animals ... ." Further, a device "does not achieve its primary intended purposes through chemical action within or on the body of man or other animals, and ... is not dependent upon being metabolized for the achievement of its primary intended purposes."* Examples of devices include such things as needles, syringes, surgical instruments, prosthetic devices, X-ray equipment, certain diagnostic test kits, and dental appliances.

FDA does have regulatory oversight over devices intended for animal use and can take appropriate regulatory action if an animal device is misbranded or adulterated.

Pre-market Approval is Not Required: The FDA **does not require** submission of a 510(k), PMA, or any pre-market approval for devices intended for animal use.

Device manufacturers who exclusively manufacture or distribute animal devices are not required to register their establishments or list animal devices with FDA and are exempt from post-marketing reporting. It is the responsibility of the manufacturer and/or distributor of these articles to assure that these animal devices are safe, effective, and properly labeled.

The FDA encourages veterinarians and animal owners to report adverse drug experiences and product defects associated with animal devices (/animal-veterinary/report-problem/how-report-animal-drug-side-effects-and-product-problems#Drugs_and_Devices) to FDA using Form FDA 1932a.

An animal device that is also a radiation emitting electronic product, such as an MRI device intended for animal use, must comply with all requirements for animal devices in addition to applicable requirements for radiation-emitting electronic products in 21 CFR 1000 - 1050. FDA's Center for Devices and Radiological Health (CDRH) is responsible for regulating radiation-emitting electronic products. For further information on CDRH regulations that apply to manufacturers of electronic products, visit FDA's website on Radiation Emitting Products (/radiation-emitting-products/electronic-product-radiation-control-program/laws-and-regulations-radiation-emitting-products).

Manufacturers and/or distributors of animal medical devices may request a review of their product labeling and promotional literature to ensure that it complies with the Act by emailing AskCVM@fda.hhs.gov (mailto:AskCVM@fda.hhs.gov). This includes devices marketed in another country and offered for importation into the U.S.

Additional Information

- Reporting Problems with Animal Devices (/animal-veterinary/report-problem/how-report-animal-drug-and-device-side-effects-and-product-problems)
- CPG Sec. 607.100 - Adequate Directions for Use (Species Designation) - Animal Drugs and Veterinary Devices (/inspections-compliance-enforcement-and-criminal-investigations/compliance-policy-guides/cpg-sec-607100-adequate-directions-use-species-designation-animal-drugs-and-veterinary-devices)
- About the Center for Devices and Radiological Health (/about-center-devices-and-radiological-health)
- CDRH Medical Device Cybersecurity Resources (/medical-devices/digital-health-center-excellence/cybersecurity)

Copy of DEA Certificate

We do not handle any drugs either individually or as part of our products. Therefore we do not have a DEA Certificate.

State of Florida
Department of State

I certify from the records of this office that DEE VETERINARY PRODUCTS, LLC is a limited liability company organized under the laws of the State of Florida, filed on March 16, 2006.

The document number of this limited liability company is L06000028041.

I further certify that said limited liability company has paid all fees due this office through December 31, 2022, that its most recent annual report was filed on January 26, 2022, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Tenth day of August, 2022

Secretary of State

Tracking Number: 6322262810CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/30/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Greg Reitano
Smart Choice Partners - FL 2424 N Federal Hwy Boca Raton FL 33431	PHONE (A/C, No, Ext): 561-488-2400 FAX (A/C, No): E-MAIL ADDRESS: greitano@smartchoicepartnersfl.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Risk Placement Services, INC	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Dee Veterinary Products LLC
1011 Park Centre Blvd
Miami Gardens
FL 33169

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
				VBA86619600	06/15/2022	06/15/2023	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Business Property			IMA8661900	06/14/2022	06/14/2023	$2500 Deductible	$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

For Informational Purposes Only

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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The ACORD name and logo are registered marks of ACORD

Employee List

Robert Scott Dee	Owner
Gabriel Pedre	Operations Manager
Kathleen Piano	Accountant
John Schaefer	Warehouse Supervisor
James Rogers	Warehouse Associate

Agent

Greg Reitano	Smart Choice Partners (Insurance)

Independent Contractor

Fumiko Miyamoto	The Asian Doctor (Product Development)

Consultant

Bob Dunning	Innovative Solutions (Software Implementation)
Amanda Hoffman	Real Solutions (VAWD)
Marty Allain	Real Solutions (VAWD)
Amy Pistner	Real Solutions (VAWD)

Guardian

None

Personal Representative

None

Lender

None

Holder of Indebtedness

None

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 10140140

Application/License No. _____

Dee Veterinary Products, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1011 Park Centre Blvd Miami Gardens, FL 33169 (Address of Applicant/Principal), as PRINCIPAL, and Hudson Insurance Company (Surety Company), a corporation organized under the laws of the state of Delaware (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1035 Greenwood Blvd, Suite 265 Lake Mary, FL 32746 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 9/7/2022 12:00:00 AM (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 7th day of September, 2022.

APPLICANT/PRINCIPAL

COMPANY
Dee Veterinary Products, LLC

Authorized Representative

SURETY Hudson Insurance Company

Surety Company's Representative

Jeremy J. Crawford, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A
Nevada Resident Agent

HUDSON INSURANCE GROUP®

10140140

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That HUDSON INSURANCE COMPANY, a corporation of the State of Delaware, with offices at 100 William Street, New York, New York, 10038, has made, constituted and appointed, and by these presents, does make, constitute and appoint

Jeremy J. Crawford

of the State of MN

its true and lawful Attorney(s)-in-Fact, at New York, New York, each of them alone to have full power to act without the other or others, to make, execute and deliver on its behalf, as Surety, bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking shall obligate said Company for any portion of the penal sum thereof in excess of the sum of

Twenty Five Thousand Dollars ($25,000.00)

Such bonds and undertakings when duly executed by said Attorney(s)-in-Fact, shall be binding upon said Company as fully and to the same extent as if signed by the President of said Company under its corporate seal attested by its Secretary.

In Witness Whereof, HUDSON INSURANCE COMPANY has caused these presents to be of its Senior Vice President thereunto duly d, on this 2nd day of June, 20 22 at New York, New York.

; seal)

HUDSON INSURANCE COMPANY

Attest.....
Dina Daskalakis No. 01MU6067553
Corporate Secretary

By.....
Michael P. Cifone
Senior Vice President

STATE OF NEW YORK
COUNTY OF NEW YORK. SS.

On the 2nd day of June, 20 22 before me personally came Michael P. Cifone to me known, who being by me duly sworn did depose and say that he is a Senior Vice President of HUDSON INSURANCE COMPANY, the corporation described herein and which executed the above instrument, that he knows the seal of said Corporation, that the seal affixed to said instrument is such corporate seal, that it was so affixed by order of the Board of Directors of said Corporation, and that he signed his name thereto by like order.

(Notarial Seal)

.....
ANN M. MURPHY
Notary Public, State of New York
No. 01MU6067553
Qualified in Nassau County
Commission Expires December 10, 2025

CERTIFICATION

STATE OF NEW YORK
COUNTY OF NEW YORK SS.

The undersigned Dina Daskalakis hereby certifies:

That the original resolution, of which the following is a true and correct copy, was duly adopted by unanimous written consent of the Board of Directors of Hudson Insurance Company dated July 27th, 2007, and has not since been revoked, amended or modified:

"RESOLVED, that the President, the Executive Vice Presidents, the Senior Vice Presidents and the Vice Presidents shall have the authority and discretion, to appoint such agent or agents, or attorney or attorneys-in-fact, for the purpose of carrying on this Company's surety business, and to empower such agent or agents, or attorney or attorneys-in-fact, to execute and deliver, under this Company's seal or otherwise, bonds obligations, and recognizances, whether made by this Company as surety thereon or otherwise, indemnity contracts, contracts and certificates, and any and all other contracts and undertakings made in the course of this Company's surety business, and renewals, extensions, agreements, waivers, consents or stipulations regarding undertakings so made; and

FURTHER RESOVLED, that the signature of any such Officer of the Company and the Company's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seal when so used whether heretofore or hereafter, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed."

THAT the above and foregoing is a full, true and correct copy of Power of Attorney issued by said Company, and of the whole of the original and that the said Power of Attorney is still in full force and effect and has not been revoked, and furthermore that the Resolution of the Board of Directors, set forth in the said Power of Attorney is now in force.

Witness the hand of the undersigned and the seal of said Corporation this 7th day of September, 2022.

seal)

By.....
Dina Daskalakis, Corporate Secretary

Acknowledgment of Surety

State of Minnesota
County of Hennepin

On this 7th day of September 2022 before me personally appeared **Jeremy J. Crawford** who acknowledged that he or she is the attorney in fact who is authorized to sign on behalf of **Hudson Insurance Company** (surety company), the foregoing instrument, and he thereupon duly acknowledged to me that he executed the same.

Notary Public

MAIRA MOTTA GOMES RASMUSSEN
Notary Public-Minnesota
My Commission Expires Jan 31, 2027

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Dee Veterinary Products, LLC

Pharmacy/Wholesaler License # (if applicable): Not Applicable

Physical Address: 1011 Park Centre Boulevard

City: Miami Gardens State: Florida Zip: 33169

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 954-962-5823 Ext. 5 Website: www.deevetproducts.com

Licensing Company Email: scott@deevetproducts.com

Section 2: Personal Information

First: Robert Middle: Scott Last: Dee

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]SE 3 Avenue

City: Dania State: Florida Zip: 33004

Telephone: 954-962-5823 Ext 5 Email: scott@deevetproducts.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

RSD

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Florida State University			8/92 -8/94
Address	**City**	**State**	**Zip**
282 Champions Way	Tallahassee	Florida	32306
Diploma/Degree obtained, if any			
Degree in Finance			

School Name			From - To (MM/YY – MM/YY)
Auburn University			9/89 - 4/92
Address	**City**	**State**	**Zip**
182 South College Street	Auburn	Alabama	36849
Diploma/Degree obtained, if any			
None			

School Name			From - To (MM/YY – MM/YY)
Broward Community College			06/89 - 08/92
Address	**City**	**State**	**Zip**
3501 Davie Road	Davie	Florida	33314
Diploma/Degree obtained, if any			
None			

School Name			From - To (MM/YY – MM/YY)
South Broward High School			08/84 - 05/89
Address	**City**	**State**	**Zip**
1901 North Federal Highway	Hollywood	Florida	33020
Diploma/Degree obtained, if any			
High School Diploma			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
4/17 - 8/22	[redacted] SE 3 Avenue	Dania	Florida	33004
11/04 - 4/17	[redacted] North 32 Avenue	Hollywood	Florida	33021

RSD

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Dee Veterinary Products, LLC			03/06 - 8/22	
Business Address		**City**	**State**	**Zip**
1011 Park Centre Boulevard		Miami Gardens	Florida	33169
Phone	**Title**		**Number of Employed Hours**	
954-962-5823 Ext 5	President		30,000	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

RSD

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

RSD

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

RSD

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

8/10/22
Date

I, Robert Scott Dee, **certify that as the designated representative for**

Dee Veterinary Products, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. RSD I am at least 21 years of age;
3. RSD I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. RSD I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RSD I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RSD I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. RSD I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Robert Scott Dee

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/10/22

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert Scott Dee

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/10/22

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Miami-Dade

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/10/22

Date

Subscribed and Sworn to before me this 10 day of August.

Notary Public Signature

Notary Public State of Florida
Kathleen A Piano
My Commission
HH 166727
Exp. 8/19/2025
(Seal)

RSD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Dee Veterinary Products, LLC MDEG License # (if applicable): _____

Physical Address: 1011 Park Centre Boulevard

City: Miami Gardens State: Florida Zip: 33169

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 954-962-5823 ext. 5 Website: www.deevetproducts.com

Licensing Company Email: Scott@deevetproducts.com

Section 2: Personal Information

First: Robert Middle: Scott Last: Dee

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] SE 3 Avenue

City: Dania State: Florida Zip: 33004

Telephone: [redacted] Email: Scott@deevetproducts.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Florida State University			8/1992-8/1994	
Address		City	State	Zip
282 Champions Way		Tallahassee	Florida	32306
Diploma/Degree obtained, if any				
Degree in Finance				

School Name			From - To (MM/YY – MM/YY)	
Auburn University			9/1989-4/1992	
Address		City	State	Zip
182 South College Street		Auburn	AL	36849
Diploma/Degree obtained, if any				
None				

School Name			From - To (MM/YY – MM/YY)	
Broward Community College				
Address		City	State	Zip
3501 Davie Road		Davie	Florida	33314
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
South Broward High School			08/1984-05-1989	
Address		City	State	Zip
1901 North Federal Highway		Hollywood	Florida	33020
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
4/2017-8/2022	[redacted] SE 3 Avenue	Dania	Florida	33004
11/2004-4/2017	[redacted] North 32 Avenue	Hollywood	Flroida	33021
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: Dee Veterinary Products, LLC			From - To (MM/YY – MM/YY): 3/2006-08/2022	
Business Address: 1011 Park Centre Boulevard		City: Miami Gardens	State: Florida	Zip: 33169
Phone: 954-962-5823	Title: President		Number of Employed Hours: 30,000	
Description of Duties: Purchasing, Receiving, Quality Control, Licensing, Temp and Humidity Monitoring, Security System.				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

8/29/2022
Date

I, Robert Scott Dee, **certify that as the MDEG Administrator for** Dee Veterinary Products, LLC,

that I (initial that you have read and meet the following requirements):

1. X Have a high school diploma or its equivalent;
2. X Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. X Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. X Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert Scott Dee

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/25/2022

Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Dee Veterinary Products, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable): Not Applicable

Physical Address: 1011 Park Centre Boulevard

City: Miami Gardens State: Florida Zip: 33169

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 954-962-5823 Ext. 5 Website: www.deevetproducts.com

Licensing Company Email: scott@deevetproducts.com

Section 2: Personal Information

First: Robert Middle: Scott Last: Dee

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] SE 3 Avenue

City: Dania State: Florida Zip: 33004

Telephone: [redacted] Email: scott@deevetproducts.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Florida State University		08/92-08/94	
Address	City	State	Zip
282 Champions Way	Tallahassee	Florida	32306
Diploma/Degree obtained, if any			
Degree in Finance			

School Name		From - To (MM/YY – MM/YY)	
Auburn University		09/89-04/92	
Address	City	State	Zip
182 South College Street	Auburn	Alabama	36849
Diploma/Degree obtained, if any			
None			

School Name		From - To (MM/YY – MM/YY)	
Broward Community College		06/89-08/92	
Address	City	State	Zip
3501 Davie Road	Davie	Florida	33314
Diploma/Degree obtained, if any			
None			

School Name		From - To (MM/YY – MM/YY)	
South Broward High School		08/84-05/89	
Address	City	State	Zip
1901 North Federal Highway	Hollywood	Florida	33020
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/17-08/22	[redacted] SE 3 Avenue	Dania	Flordia	33004
11/04-04/17	[redacted] North 32 Avenue	Hollywood	Florida	33020
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Dee Veterinary Products, LLC			03/06-08/22	
Business Address		**City**	**State**	**Zip**
1011 Park Centre Boulevard		Miami Gardens	Florida	33169
Phone	**Title**			
954-962-5823 Ext. 5	President			
Description of Duties				
Sales, Licensing, Hiring, Firing, Vendor Relations, Designated Representative				

Business Name			From - To (MM/YY – MM/YY)	
DVP Investments, LLC			03/14-08/22	
Business Address		**City**	**State**	**Zip**
235 SE 3 Avenue		Dania	Florida	33004
Phone	**Title**			
954-962-5823 Ext 5	President			
Description of Duties				
This is a holding company for the business real estate. I am the sole employee so I am responsible for all activities.				

Business Name			From - To (MM/YY – MM/YY)	
1001 Park Centre Boulevard, #1009			02/21-08/2022	
Business Address		**City**	**State**	**Zip**
235 SE 3 Avenue		Dania	Florida	33004
Phone	**Title**			
954-962-5823 Ext 5	President			
Description of Duties				
This is a holding company for a secondary property next door to our main office. I am the sole employee so I am responsible for all activities.				

Business Name			From - To (MM/YY – MM/YY)	
Tavernier Trap Company, LLC			01/16-12/16	
Business Address		**City**	**State**	**Zip**
235 SE 3 Avenue		Dania	Florida	33004
Phone	**Title**			
954-494-8700	President			
Description of Duties				
Sales, marketing, container unload, accounting....everything. Records have since been destroyed so the dates above are an estimate.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

8/10/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert Scott Dee

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/10/22

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Miami-Dade

I, Robert Scott Dee, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/10/22

Date

Subscribed and Sworn to before me this 10 day of August.

Notary Public Signature

Notary Public State of Florida
Kathleen A Piano
My Commission
HH 166727
Exp. 8/19/2025

(Seal)

4W

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: AbbVie US LLC

Physical Address: 1 N Waukegan Rd D-076V Bldg AP32

City: North Chicago State: IL Zip: 60064

Mailing Address (if different from physical address): 1 N Waukegan Road D-GS02 Bldg. AP5

City: North Chicago State: IL Zip: 60064

Telephone: 847-935-1132 Website: www.abbvie.com

Name of Designated Representative (DR): Jesus Lopez

Licensing Company Email: amie.mattson@abbvie.com DR Email: jesse.lopez@abbvie.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	■ Dangerous Drugs	■ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: AbbVie US LLC is a manufacturer that distributes its own product. AbbVie Inc holds the NDC.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): AbbVie Inc

Corporation Name: AbbVie US LLC

Mailing Address: 1 N Waukegan Road D-GS02 Bldg. AP5

City: North Chicago State: IL Zip: 60064

Telephone: 847-935-1132 Email: amie.mattson@abbvie.com

Contact Person Name: Amie Mattson

Date of SEC Registration: 06/04/12 | SEC Registration Number: 0001551152 | Stock Exchange Symbol: ABBV

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

AbbVie US LLC

Facility Name

Jesus Lopez

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

9/23/2022

Date

Board Use Only	Date Received: 9-24-22	Amount: 1000.00 CC 10/3/22

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
004.003886

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
12/31/2022

LICENSED WHOLESALE DRUG DISTRIBUTOR

ABBVIE US LLC
GAIL PAIGE
1 N WAUKEGAN RD D-076V BLDG AP32
NORTH CHICAGO, IL 60064-1802

DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

15340978

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 3702009

File Number 0393878-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ABBVIE US LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MAY 31, 2012, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 22ND *day of* JULY *A.D.* 2022 .

Authentication #: 2220301796 verifiable until 07/22/2023
Authenticate at: http://www.ilsos.gov

Jesse White

SECRETARY OF STATE

AbbVie US LLC Officer

Name	Title	Business Address
Scott Reents	Sole Manager	1 N Waukegan Road, North Chicago, IL 60064

AbbVie US LLC is 100% owned by AbbVie Inc.

MEMORANDUM OF INSURANCE | **DATE January 1, 2022**

This Memorandum is issued as a matter of information only to authorized viewers for their internal use only and confers no rights upon any viewer of this Memorandum. This Memorandum does not amend, extend or alter the coverage described below. This Memorandum may only be copied, printed and distributed within an authorized viewer and may only be used and viewed by an authorized viewer for its internal use. Any other use, duplication or distribution of this Memorandum without the consent of AbbVie is prohibited. "Authorized viewer" shall mean an entity or person which is authorized by the insured named herein to access this Memorandum via www.abbvie.com. The information contained herein is as of the date referred to above. AbbVie shall be under no obligation to update such information.

PRODUCER	**COMPANIES AFFORDING COVERAGE**
A, D - Willis B, C, E - Marsh	Co. **A** OLD REPUBLIC INSURANCE COMPANY Co. **B** NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
INSURED AbbVie Inc. & its subsidiaries 1 N. Waukegan Road North Chicago, IL 60064	Co. **C** FM GLOBAL Co. **D** CHUBB Co. **E** BRIT

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS MEMORANDUM MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS	
A	**GENERAL LIABILITY** COMMERCIAL GENERAL LIABILITY	MWZY 311221-22	1/1/2022	1/1/2023	GENERAL AGGREGATE	$4,000,000
					DAMAGE TO RENTED PREMISES (EA OCCURRENCE)	$2,000,000
					PERSONAL & ADV INJURY	$2,000,000
					EACH OCCURRENCE	$2,000,000
A	**AUTOMOBILE LIABILITY** ANY AUTO ALL OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS ANY AUTO ALL OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS	MWTB 311223-22	1/1/2022	1/1/2023	COMBINED SINGLE LIMIT	$2,000,000
					BODILY INJURY (Per person)	
					BODILY INJURY (Per accident)	
					PROPERTY DAMAGE	$2,000,000
B	**GLOBAL TRANSIT**	023550904	1/1/2022	1/1/2023	EACH OCCURRENCE	$30,000,000
B	MOTOR CARGO LIABILITY				EACH OCCURRENCE	$1,000,000
A	**PRODUCTS LIABILITY** UMBRELLA FORM OTHER THAN UMBRELLA FORM	MWZZ 315909-22	1/1/2022	1/1/2023	EACH OCCURRENCE	$10,000,000
					AGGREGATE	$10,000,000
A	**WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY** THE PROPRIETOR / PARTNERS /EXECUTIVE	MWC 311222-22	1/1/2022	1/1/2023	WC STATUTORY LIMITS *or* OTHER	Included
					EL EACH ACCIDENT	$2,000,000
					EL DISEASE - POLICY LIMIT	$2,000,000
					EL DISEASE - EA EMPLOYEE	$2,000,000
C	**PROPERTY**	1091888	1/1/2022	1/1/2023	EACH OCCURRENCE	Replacement Cost
D	**EXCESS LIABILITY**	XEU G27936027 007	1/1/2022	1/1/2023	EACH OCCURRENCE	$10,000,000
E	**CYBER LIABILITY**	B0509FINPY2150636	10/1/2021	10/1/2022	EACH OCCURRENCE	$10,000,000

MEMORANDUM OF INSURANCE	DATE January 1, 2022

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It is agreed that the Automobile Liability Policy includes as an additional insured the owner/lessor of any vehicle leased to AbbVie under written contract.

ADDITIONAL INSURED-LIABILITY:
The definition of WHO IS AN INSURED in the Commercial General Liability policy is amended to include as an insured any person, organization, state or other political subdivision, trustee or estate for whom the Named Insured has agreed in writing to provide liability insurance. But the insurance provided by this amendment:

1. Applies only to personal injury or property damage arising out of the Named Insured's (a) services, (b) products, (c) premises, or (d) other property owned by or rented to the Named Insured;
2. Applies only to coverage and limits of insurance required by the written agreement, but in no event exceeds either the scope of coverage or the limits of insurance provided by the policy;
3. Does not apply to any person, organization, state or other political subdivision, trustee or estate for whom the Named Insured has procured separate liability insurance while such insurance is in effect, regardless of whether the scope of coverage or limits of insurance of the policy exceed those of such other insurance or whether such other insurance is valid and collectible.

With respect to the above Additional Insured-Liability provision, the following provision also applies:

1. Where the applicable written agreement requires the insured to provide liability insurance on a primary, excess, contingent, or any other basis, the policy will apply solely on the basis required by such written agreement. Where the applicable written agreement does not specify on what basis the liability insurance will apply, the provisions of the Other Insurance section of the policy will govern.

ADDITIONAL INSURED-PROPERTY/BUSINESS INTERRUPTION/BOILER & MACHINERY:
This policy shall also cover as Additional Insured, any person, organization, trustee or estate to whom or to which the Named Insured is obligated, by virtue of a written contract, permit, mortgage, lending or leasing agreement to provide insurance such as is afforded by the terms of the policy, but only to the extent of the coverage required by such contract, permit, mortgage, lending or leasing agreement and for the limits of liability specified in such contract, permit, mortgage, lending or leasing agreement but in no event for insurance not afforded by the policy nor for the limits of liability in excess of the applicable limits of liability of the policy.

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

Drug Establishments Current Registration Site

New Search (default.cfm)

Search Results for **Abbvie**

CSVExcel

Filter: 3009751352

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
AbbVie Inc.	3009751352	078458370	ANALYSIS; LABEL; MANUFACTURE; PACK;	1 N Waukegan Rd, North Chicago, Illinois (IL) 60064, United States (USA)	12/31/2022

Showing 1 to 1 of 1 entries (filtered from 10 total entries)
Previous1Next
Data Current through: Tuesday, Sep 6, 2022

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

User Home Organization	User Last Name	User First Name	User ID	Manager	Cost Center
AMER-US-IL-Lake County	Alexander	Jessen	15146517	Perez, Jose (15160252)	0000601576
AMER-US-IL-Lake County	Alvarez Monroy	Gustavo	10002364	Mathiesen, Karie (10007178)	0000601577
AMER-US-IL-Lake County	Anderson	Luke	15143104	Lopez, Jesus (15118988)	0000601576
AMER-US-IL-Lake County	Aragon	Paul	10004077	Green, Brian (10027149)	0000601576
AMER-US-IL-Lake County	Arias Gutierrez	Pamela	15132129	Lopez, Jesus (15118988)	0000601576
AMER-US-IL-Lake County	Belderson	Thomas	15159651	Lopez, Jesus (15118988)	0000601576
AMER-US-IL-Lake County	Bergstrom	Floyd	10034393	Green, Brian (10027149)	0000601576
AMER-US-IL-Lake County	Blair	Percy	10016068	Lopez, Jesus (15118988)	0000601576
AMER-US-IL-Lake County	Bones	Benita	15120931	Green, Brian (10027149)	0000601576
AMER-US-IL-Lake County	Boykin	Ketra	15167061	Sotelo, Daniel (15158838)	0000601576
AMER-US-IL-Lake County	Bresemann	David	10677498	Skopek, Keith (10683000)	0000601576
AMER-US-IL-Lake County	Bridges	Bryan	15035069	Perez, Jose (15160252)	0000601576
AMER-US-IL-Lake County	Bryant	Michael	15012286	Mathiesen, Karie (10007178)	0000601577
AMER-US-IL-Lake County	Bustamante	Omar	15146666	Skopek, Keith (10683000)	0000601576
AMER-US-IL-Lake County	Camugnaro	Michael	15070532	Mathiesen, Karie (10007178)	0000601576
AMER-US-IL-Lake County	Cardenas	Daniel	10018956	Misinski, Patricia (10026355)	0000601580
AMER-US-IL-Lake County	Castellanos De La Cruz	Angel	15148409	Skopek, Keith (10683000)	0000601576
AMER-US-IL-Lake County	Cervantes	Reynaldo	10013223	Mathiesen, Karie (10007178)	0000601577
AMER-US-IL-Lake County	Charon	Jeannie	10005776	Mathiesen, Karie (10007178)	0000601577
AMER-US-IL-Lake County	Chempakathinal Thomas	Kurian	15146235	Skopek, Keith (10683000)	0000601576
AMER-US-IL-Lake County	Chudd	Brian	10003938	Skopek, Keith (10683000)	0000601576
AMER-US-IL-Lake County	Davis	Quintin	15044169	Mathiesen, Karie (10007178)	0000601577
AMER-US-IL-Lake County	Dillow	Earl	10018098	Lopez, Jesus (15118988)	0000601576
AMER-US-IL-Lake County	Driver	Earnest	15072510	Skopek, Keith (10683000)	0000601576
AMER-US-IL-Lake County	Echandia	Johanna	15154115	Misinski, Patricia (10026355)	0000601580
AMER-US-IL-Lake County	Erickson	Shane	10015586	Skopek, Keith (10683000)	0000601576
AMER-US-IL-Lake County	Escorza	Eric	15063355	Mathiesen, Karie (10007178)	0000601577
AMER-US-IL-Lake County	Fadlovich	Erik	15058655	Valencia, Andres (15001086)	0000601580
AMER-US-IL-Lake County	Fletcher	Diana	10033328	Skopek, Keith (10683000)	0000601576
AMER-US-IL-Lake County	Frieson	DEMETRIOUS	15120024	Mathiesen, Karie (10007178)	0000601577
AMER-US-IL-Lake County	Gallegos	Gilbert	10030411	Skopek, Keith (10683000)	0000601576
AMER-US-IL-Lake County	Gonzalez	Giovanni	15164832	Mathiesen, Karie (10007178)	0000601577
AMER-US-IL-Lake County	Grandt	Joseph	15162825	Mathiesen, Karie (10007178)	0000601576
AMER-US-IL-Lake County	Green	Brian	10027149	Lopez, Jesus (15118988)	0000601576
AMER-US-IL-Lake County	Green	Michael	10013883	Mathiesen, Karie (10007178)	0000601577
AMER-US-IL-Lake County	Griffin	Terry	15151372	Perez, Jose (15160252)	0000601576
AMER-US-IL-Lake County	Hacker	Carol	10023694	Belderson, Thomas (15159651)	0000601576
AMER-US-IL-Lake County	Harris	Shaquille	15133621	Skopek, Keith (10683000)	0000601576
AMER-US-IL-Lake County	Hernandez	Michael	10745997	Green, Brian (10027149)	0000601576
AMER-US-IL-Lake County	Hernandez	Daniel	15132124	Perez, Jose (15160252)	0000601576
AMER-US-IL-Lake County	Hines	Lamar	10005299	Skopek, Keith (10683000)	0000601576
AMER-US-IL-Lake County	Javelosa	Robert	10012014	Skopek, Keith (10683000)	0000601576
AMER-US-IL-Lake County	Johnson	Ricky	10004034	Skopek, Keith (10683000)	0000601576
AMER-US-IL-Lake County	Kalmbrunn	Georgia	10023225	Lopez, Jesus (15118988)	0000602312
AMER-US-IL-Lake County	Kearns	Megan	15151569	Skopek, Keith (10683000)	0000601576
AMER-US-IL-Lake County	Kloet	Douglas	10010298	Kalmbrunn, Georgia (10023225)	0000602312
AMER-US-IL-Lake County	Landa	Angel	10763011	Green, Brian (10027149)	0000601576
AMER-US-IL-Lake County	Lara	Osvaldo	15035267	Belderson, Thomas (15159651)	0000601576
AMER-US-IL-Lake County	Lee	Evan	15119862	Mathiesen, Karie (10007178)	0000601577
AMER-US-IL-Lake County	Lopez	Jesus	15118988	Valencia, Andres (15001086)	0000601576
AMER-US-IL-Lake County	Lynch	Karen	10024125	Misinski, Patricia (10026355)	0000601580
AMER-US-IL-Lake County	Mahaffy	Tyler	10199216	Fadlovich, Erik (15058655)	0000601580
AMER-US-IL-Lake County	Mathiesen	Karie	10007178	Lopez, Jesus (15118988)	0000601576
AMER-US-IL-Lake County	Mattson	Amie	10012874	Misinski, Patricia (10026355)	0000601580
AMER-US-IL-Lake County	Melendez	Annette	15143784	Green, Brian (10027149)	0000601576
AMER-US-IL-Lake County	Miller	Alexander	10011019	Skopek, Keith (10683000)	0000601576
AMER-US-IL-Lake County	Mills	Joseph	10020034	Kalmbrunn, Georgia (10023225)	0000602312
AMER-US-IL-Lake County	Misinski	Patricia	10026355	Fadlovich, Erik (15058655)	0000601580
AMER-US-IL-Lake County	Molina	Ulises	15143352	Lopez, Jesus (15118988)	0000601576

AMER-US-IL-Lake County	Montemayor	Teddy	15038173	Perez, Jose (15160252)	0000601576
AMER-US-IL-Lake County	Morley	Jason	10009629	Belderson, Thomas (15159651)	0000601576
AMER-US-IL-Lake County	Neumann	Theodore	10021230	Lopez, Jesus (15118988)	0000601576
AMER-US-IL-Lake County	Olejniczak	Dianna	15044439	Misinski, Patricia (10026355)	0000601580
AMER-US-IL-Lake County	Osorio	Elizabeth	10771260	Misinski, Patricia (10026355)	0000601580
AMER-US-IL-Lake County	Otis	Kevin	10019258	Green, Brian (10027149)	0000601576
AMER-US-IL-Lake County	Paige	Jerry	15040316	Perez, Jose (15160252)	0000601576
AMER-US-IL-Lake County	Papendorf	Reice	15115884	Mathiesen, Karie (10007178)	0000601577
AMER-US-IL-Lake County	Payant	Dave	10743143	Valencia, Andres (15001086)	0000601576
AMER-US-IL-Lake County	Perez	Jose	15160252	Lopez, Jesus (15118988)	0000601576
AMER-US-IL-Lake County	Persson	Bradley	15050140	Green, Brian (10027149)	0000601576
AMER-US-IL-Lake County	Phillips	EDDIE	15054426	Lopez, Jesus (15118988)	0000601576
AMER-US-IL-Lake County	Ramirez	Gabriel	10031866	Mathiesen, Karie (10007178)	0000601577
AMER-US-IL-Lake County	Ramirez	Gabriel	15043647	Misinski, Patricia (10026355)	0000601580
AMER-US-IL-Lake County	Rivas	Carlos	10025282	Kalmbrunn, Georgia (10023225)	0000602312
AMER-US-IL-Lake County	Rodriguez	Santiago	10020729	Lopez, Jesus (15118988)	0000601576
AMER-US-IL-Lake County	Rolls	Dwain	10030252	Mathiesen, Karie (10007178)	0000601577
AMER-US-IL-Lake County	Russell	Minerva	10009586	Misinski, Patricia (10026355)	0000601580
AMER-US-IL-Lake County	San Pedro	Raymond	10017076	Skopek, Keith (10683000)	0000601576
AMER-US-IL-Lake County	Sanchez	Felipe	15137286	Belderson, Thomas (15159651)	0000601576
AMER-US-IL-Lake County	Scoleri	Thomas	10124222	Green, Brian (10027149)	0000601576
AMER-US-IL-Lake County	Sells	Jeffery	15001352	Fadlovich, Erik (15058655)	0000601580
AMER-US-IL-Lake County	Sibayan	Danilo	10030198	Skopek, Keith (10683000)	0000601576
AMER-US-IL-Lake County	Skopek	Keith	10683000	Lopez, Jesus (15118988)	0000601576
AMER-US-IL-Lake County	Sotelo	Daniel	15158838	Zieciak, Maksymilian (10759170)	0000601576
AMER-US-IL-Lake County	Suarez	Johann	15159954	Fadlovich, Erik (15058655)	0000601580
AMER-US-IL-Lake County	Thompson	Tim	10003808	Mathiesen, Karie (10007178)	0000601577
AMER-US-IL-Lake County	Toro	Andrea	10028571	Skopek, Keith (10683000)	0000601576
AMER-US-IL-Lake County	Trujillo Arce	Rafael	15057600	Skopek, Keith (10683000)	0000601576
AMER-US-IL-Lake County	Uribe	Rafael	10002900	Mathiesen, Karie (10007178)	0000601577
AMER-US-IL-Lake County	Varghese	Boby	10036786	Skopek, Keith (10683000)	0000601576
AMER-US-IL-Lake County	Vedder	Jack	15116559	Skopek, Keith (10683000)	0000601576
AMER-US-IL-Lake County	West	Tobias	15049899	Skopek, Keith (10683000)	0000601576
AMER-US-IL-Lake County	Zalaznik	Anthony	15048189	Skopek, Keith (10683000)	0000601576
AMER-US-IL-Lake County	Zickovich	Danielle	15138964	Perez, Jose (15160252)	0000601576
AMER-US-IL-Lake County	Zieciak	Maksymilian	10759170	Valencia, Andres (15001086)	0000601576

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG AbbVie US LLC MDEG License # (if applicable) _____

Physical Address 1 N Waukegan Rd D-076V Bldg AP32

City North Chicago State IL Zip 60064

Mailing Address (if different from physical address) 1 N Waukegan Road D-GS02 Bldg. AP5

City North Chicago State IL Zip 60064

Telephone 847-935-1132 Website www.abbvie.com

Licensing Company Email amie.mattson@abbvie.com

Section 2: Personal Information

First Jesus Middle _____ Last Lopez

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 1 N Waukegan Road D-GS02 Bldg. AP5

City North Chicago State IL Zip 60064

Telephone 847-937-5736 Email jesse.lopez@abbvie.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Round Lake Senior High School		09/81 - 05/85	
Address	**City**	**State**	**Zip**
800 High School Drive	Round Lake	IL	60073
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
DeVry Institute of Technology		09/85 - 05/89	
Address	**City**	**State**	**Zip**
1200 E Diehl Rd	Naperville	IL	60563
Diploma/Degree obtained, if any			
Bachelor of Engineering, Electronics			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/13 - current	[redacted] Berkshire Dr	Lake Villa	IL	60046
10/08 - 9/13	[redacted] Kendal Crossing	Johnsburg	IL	60050

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
AbbVie US LLC			02/2021 - current	
Business Address		**City**	**State**	**Zip**
1 N Waukegan Road D-GS02 Bldg. AP5		North Chicago	IL	60064
Phone	**Title**		**Number of Employed Hours**	
847-937-5736	Associate Director, Distribution & Warehousing		3200	
Description of Duties				
Oversees the North America warehouses. Establishes budget and measures financial performance. Reviews product launches and future capacity needs. Monthly performance reviews. Responsible for product inventory. Coordinate activities and communication with supply planning and customer service teams.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I, Jesus Lopez, **certify that as the MDEG Administrator for**

AbbVie US LLC,

that I (initial that you have read and meet the following requirements):

1. JL Have a high school diploma or its equivalent;
2. JL Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JL Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JL Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jesus Lopez
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/23/2022
Date

Board Use Only	Date Received: 9-26-22

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 016-043-300

Application/License No. _____

AbbVie US LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1 N Waukegan Rd, North Chicago, IL 60064 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street, Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 11, 2012 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 11th day of June, 2012.

APPLICANT/PRINCIPAL
AbbVie US LLC

Valentine Yien
Authorized Representative

Valentine Yien, VP/Treasurer

SURETY COMPANY
Liberty Mutual Insurance Company

Surety Company's Representative

Margarita Holguin, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Stacy Killebrew

Witness Jamie Phebus

Countersigned by:

Nevada Resident Agent Donna G. Reckling

4674299

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

LIBERTY MUTUAL INSURANCE COMPANY
BOSTON, MASSACHUSETTS
POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS: That Liberty Mutual Insurance Company (the "Company"), a Massachusetts stock insurance company, pursuant to and by authority of the By-law and Authorization hereinafter set forth, does hereby name, constitute and appoint KATHLEEN K. FREUND, MARGARITA HOLGUIN, STACY KILLEBREW, JOSEPH R. POPLAWSKI, ALL OF THE CITY OF DENVER , STATE OF COLORADO, each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations in the penal sum not exceeding FIFTY MILLION AND 00/100********** DOLLARS ($ 50,000,000.00**********) each, and the execution of such undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents, shall be as binding upon the Company as if they had been duly signed by the president and attested by the secretary of the Company in their own proper persons.

That this power is made and executed pursuant to and by authority of the following By-law and Authorization:

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

By the following instrument the chairman or the president has authorized the officer or other official named therein to appoint attorneys-in-fact:

Pursuant to Article XIII, Section 5 of the By-Laws, David M. Carey, Assistant Secretary of Liberty Mutual Insurance Company, is hereby authorized to appoint such attorneys-in-fact as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

That the By-law and the Authorization set forth above are true copies thereof and are now in full force and effect.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of Liberty Mutual Insurance Company has been affixed thereto in Plymouth Meeting, Pennsylvania this day of 1st day of July, 2011.

LIBERTY MUTUAL INSURANCE COMPANY

By David M. Carey
David M. Carey, Assistant Secretary

COMMONWEALTH OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 1st day of July, 2011, before me, a Notary Public, personally came David M. Carey, to me known, and acknowledged that he is an Assistant Secretary of Liberty Mutual Insurance Company; that he knows the seal of said corporation; and that he executed the above Power of Attorney and affixed the corporate seal of Liberty Mutual Insurance Company thereto with the authority and at the direction of said corporation.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

Notarial Seal
Teresa Pastella, Notary Public
Plymouth Twp., Montgomery County
My Commission Expires Mar. 28, 2013
Member, Pennsylvania Association of Notaries

By Teresa Pastella
Teresa Pastella, Notary Public

CERTIFICATE

I, the undersigned, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy, is in full force and effect on the date of this certificate; and I do further certify that the officer or official who executed the said power of attorney is an Assistant Secretary specially authorized by the chairman or the president to appoint attorneys-in-fact as provided in Article XIII, Section 5 of the By-laws of Liberty Mutual Insurance Company.

This certificate and the above power of attorney may be signed by facsimile or mechanically reproduced signatures under and by authority of the following vote of the board of directors of Liberty Mutual Insurance Company at a meeting duly called and held on the 12th day of March, 1980.

VOTED that the facsimile or mechanically reproduced signature of any assistant secretary of the company, wherever appearing upon a certified copy of any power of attorney issued by the company in connection with surety bonds, shall be valid and binding upon the company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seal of the said company, this 11th day of June, 2012.

Gregory W. Davenport, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, bank deposit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of the
Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): July 29, 2022

ABBVIE INC.

(Exact name of registrant as specified in its charter)

Delaware	001-35565	32-0375147
(State or other Jurisdiction of Incorporation)	(Commission File Number)	(IRS Employer Identification No.)

1 North Waukegan Road
North Chicago, Illinois 60064-6400
(Address of principal executive offices)(Zip Code)

Registrant's telephone number, including area code: (847) 932-7900

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, $0.01 Par Value	ABBV	New York Stock Exchange
		Chicago Stock Exchange
1.500% Senior Notes due 2023	ABBV23B	New York Stock Exchange
1.375% Senior Notes due 2024	ABBV24	New York Stock Exchange
1.250% Senior Notes due 2024	ABBV24B	New York Stock Exchange
0.750% Senior Notes due 2027	ABBV27	New York Stock Exchange
2.125% Senior Notes due 2028	ABBV28	New York Stock Exchange
2.625% Senior Notes due 2028	ABBV28B	New York Stock Exchange
2.125% Senior Notes due 2029	ABBV29	New York Stock Exchange
1.250% Senior Notes due 2031	ABBV31	New York Stock Exchange

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

EX-99.1 2 abbv-20220630nonxgaapxex991.htm EXHIBIT 99.1

AbbVie Inc.

Guidance Including the Impact of Acquired IPR&D and Milestones Expense Incurred During the Second Quarter of 2022
(Unaudited) (In millions, except per share data)

	Quarter Ended June 30, 2022			Full-Year Ended December 31, 2022		
	Acquired IPR&D and Milestones Expense	Adjusted Diluted EPS Range		Acquired IPR&D and Milestones Expense	Adjusted Diluted EPS Range	
		Low	High		Low	High
Previously announced guidance excluding Q2 2022 acquired IPR&D and milestones expense	$ —	$ 3.38	$ 3.42	$ 145	$ 13.92	$ 14.12
Q2 2022 acquired IPR&D and milestones expense	269	(0.14)	(0.14)	269	(0.14)	(0.14)
Guidance including Q2 2022 acquired IPR&D and milestones expense[a]	$ 269	$ 3.24	$ 3.28	$ 414	$ 13.78	$ 13.98

[a] The Company's 2022 adjusted diluted EPS guidance excludes any impact from acquired IPR&D and milestones expense that may be incurred beyond the second quarter of 2022, as both cannot be reliably forecasted.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of the
Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): June 23, 2022

ABBVIE INC.
(Exact name of registrant as specified in its charter)

Delaware	001-35565	32-0375147
(State or other Jurisdiction of Incorporation)	(Commission File Number)	(IRS Employer Identification No.)

1 North Waukegan Road
North Chicago, Illinois 60064-6400
(Address of principal executive offices)(Zip Code)

Registrant's telephone number, including area code: (847) 932-7900

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, $0.01 Par Value	ABBV	New York Stock Exchange
		Chicago Stock Exchange
1.500% Senior Notes due 2023	ABBV23B	New York Stock Exchange
[redacted]	ABBV24	New York Stock Exchange
[redacted]	ABBV24B	New York Stock Exchange
[redacted]	ABBV27	New York Stock Exchange
[redacted]	ABBV28	New York Stock Exchange
[redacted]	ABBV28B	New York Stock Exchange
[redacted]	ABBV29	New York Stock Exchange
[redacted]	ABBV31	New York Stock Exchange

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

EX-3.1 2 tm2219873d1_ex3-1.htm EXHIBIT 3.1

Exhibit 3.1

AMENDED AND RESTATED BY-LAWS
OF
ABBVIE INC.

Incorporated under the Laws of the State of Delaware

These Amended and Restated By-laws (the "By-laws") of AbbVie Inc., a Delaware corporation, are effective as of 11:59 p.m., Eastern time, on December 31, 2012 and hereby amend and restate the previous by-laws of AbbVie Inc., which are hereby deleted in their entirety and replaced with the following:

ARTICLE I
OFFICES AND RECORDS

Section 1.1 Delaware Office. The registered office of AbbVie Inc. (the "Corporation") in the State of Delaware shall be located in the City of Wilmington, County of New Castle, and the name and address of its registered agent is Corporate Creations Network Inc., 3411 Silverside Road, Tatnall Building, Suite 104, Wilmington, Delaware 19810, United States.

Section 1.2 Other Offices. The Corporation may have such other offices, either inside or outside the State of Delaware, as the Board of Directors of the Corporation (the "Board of Directors") may designate or as the business of the Corporation may from time to time require.

Section 1.3 Books and Records. The books and records of the Corporation may be kept inside or outside the State of Delaware at such place or places as may from time to time be designated by the Board of Directors.

ARTICLE II
STOCKHOLDERS

Section 2.1 Annual Meeting. The annual meeting of the stockholders of the Corporation shall be held on such date and at such place and time as may be fixed by resolution of the Board of Directors.

Section 2.2 Special Meeting. Subject to the rights of the holders of any series of stock having a preference over the Common Stock of the Corporation as to dividends, voting or upon liquidation ("Preferred Stock") with respect to such series of Preferred Stock, special meetings of the stockholders may be called only by the Chairman of the Board, the Chief Executive Officer, any President, or the Board of Directors pursuant to a resolution adopted by a majority of the total number of directors which the Corporation would have if there were no vacancies (the "Whole Board").

Section 2.3 Place of Meeting. The Board of Directors or the Chairman of the Board, as the case may be, may designate the place of meeting for any annual or special meeting of the stockholders. If no designation is so made, the place of meeting shall be the principal office of the Corporation.

Section 2.4 Notice of Meeting. Written or printed notice, stating the place, date and hour of the meeting, the means of remote communications, if any, by which stockholders and proxy holders may be deemed to be present in person and vote at such meeting, and, in the case of a special meeting, the purpose or purposes for which the meeting is called, shall be delivered by the Corporation not less than ten (10) days nor more than sixty (60) days before the date of the meeting, either personally, by electronic transmission in the manner provided in Section 232 of the General Corporation Law of the State of Delaware (as it may be amended, the "DGCL") (except to the extent prohibited by Section 232(e) of the DGCL) or by mail, to each stockholder of record entitled to vote at such meeting. If mailed, such notice shall be deemed to be delivered when deposited in the United States mail with postage thereon prepaid, addressed to the stockholder at his or her address as it appears on the stock transfer books of the Corporation. If notice is given by electronic transmission, such notice shall be deemed to be given at the times provided in the DGCL. Such further notice shall be given as may be required by law. Meetings may be held without notice if all stockholders entitled to vote are present, or if notice is waived by those not present in accordance with Section 8.4 of these By-laws. Any previously scheduled meeting of the stockholders may be postponed, and, unless the Amended and Restated Certificate of Incorporation of the Corporation (the "Certificate of Incorporation") otherwise provides, any special meeting of the stockholders may be cancelled, by resolution of the Board of Directors upon public notice given prior to the date previously scheduled for such meeting of stockholders.

Section 2.5 Quorum and Adjournment. Except as otherwise provided by law or by the Certificate of Incorporation, the holders of a majority of the outstanding shares of the Corporation entitled to vote generally in the election of directors (the "Voting Stock"), represented in person or by proxy, shall constitute a quorum at a meeting of stockholders, except that when specified business is to be voted on by a class or series of stock voting as a class, the holders of a majority of the shares of such class or series shall constitute a quorum of such class or series for the transaction of such business. The Chairman of the Board of Directors or the President may adjourn the meeting from time to time, whether or not there is a quorum. No notice of the time and place of adjourned meetings need be given except as required by law. The stockholders present at a duly called meeting at which a quorum is present may continue to transact business until adjournment, notwithstanding the withdrawal of enough stockholders to leave less than a quorum.

Section 2.6 Proxies. At all meetings of stockholders, a stockholder may vote by proxy executed in writing (or in such manner prescribed by the DGCL) by the stockholder, or by his or her duly authorized attorney in fact.

Section 2.7 Order of Business.

(A) Annual Meetings of Stockholders. At any annual meeting of the stockholders, only such nominations of persons for election to the Board of Directors shall be made, and only such other business shall be conducted or considered, as shall have been properly brought before the meeting. For nominations to be properly made at an annual meeting, and proposals of other business to be properly brought before an annual meeting, nominations and proposals of other business must be: (a) specified in the Corporation's notice of meeting (or any supplement thereto) given by or at the direction of the Board of Directors, (b) otherwise properly made at the annual meeting, by or at the direction of the Board of Directors or (c) otherwise properly requested to be brought before the annual meeting by a stockholder of the Corporation in accordance with these By-laws. For nominations of persons for election to the Board of Directors or proposals of other business to be properly requested by a stockholder to be made at an annual meeting, a stockholder must (i) be a stockholder of record at the time of giving of notice of such annual meeting by or at the direction of the Board of Directors and at the time of the annual meeting, (ii) be entitled to vote at such annual meeting and (iii) comply with the procedures set forth in these By-laws as to such business or nomination. The immediately preceding sentence shall be the exclusive means for a stockholder to make nominations or other business proposals (other than matters properly brought under Rule 14a-8 under the Securities Exchange Act of 1934, as amended (the "Exchange Act") and included in the Corporation's notice of meeting) before an annual meeting of stockholders.

(B) Special Meetings of Stockholders. At any special meeting of the stockholders, only such business shall be conducted or considered, as shall have been properly brought before the meeting pursuant to the Corporation's notice of meeting. To be properly brought before a special meeting, proposals of business must be (a) specified in the Corporation's notice of meeting (or any supplement thereto) given by or at the direction of the Board of Directors, or (b) otherwise properly brought before the special meeting, by or at the direction of the Board of Directors.

Nominations of persons for election to the Board of Directors may be made at a special meeting of stockholders at which directors are to be elected pursuant to the Corporation's notice of meeting (a) by or at the direction of the Board of Directors or (b) provided that the Board of Directors has determined that directors shall be elected at such meeting, by any stockholder of the Corporation who (i) is a stockholder of record at the time of giving of notice of such special meeting and at the time of the special meeting, (ii) is entitled to vote at the meeting, and (iii) complies with the procedures set forth in these By-laws as to such nomination. The immediately preceding sentence shall be the exclusive means for a stockholder to make nominations (other than matters properly brought under Rule 14a-8 under the Exchange Act and included in the Corporation's notice of meeting) before a special meeting of stockholders.

(C) General. Except as otherwise provided by law, the Certificate of Incorporation or these By-laws, the Chairman of any annual or special meeting shall have the power to determine whether a nomination or any other business proposed to be brought before the meeting was made or proposed, as the case may be, in accordance with these By-laws and, if any proposed nomination or other business is not in compliance with these By-laws, to declare that no action shall be taken on such nomination or other proposal and such nomination or other proposal shall be disregarded.

Section 2.8 Advance Notice of Stockholder Business and Nominations.

(A) Annual Meeting of Stockholders. Without qualification or limitation, subject to Section 2.8(C)(4) of these By-laws, for any nominations or any other business to be properly brought before an annual meeting by a stockholder pursuant to Section 2.7(A) of these By-laws, the stockholder must have given timely notice thereof (including, in the case of nominations, the completed and signed questionnaire, representation and agreement required by Section 2.9 of these By-laws), and timely updates and supplements thereof, in writing to the Secretary, and such other business must otherwise be a proper matter for stockholder action.

To be timely, a stockholder's notice shall be delivered to the Secretary at the principal executive offices of the Corporation not earlier than the close of business on the 120th day and not later than the close of business on the 90th day prior to the first anniversary of the preceding year's annual meeting; provided, however, that in the event that the date of the annual meeting is more than 30 days before or more than 60 days after such anniversary date, notice by the stockholder must be so delivered not earlier than the close of business on the 120th day prior to the date of such annual meeting and not later than the close of business on the later of the 90th day prior to the date of such annual meeting or, if the first public announcement of the date of such annual meeting is less than 100 days prior to the date of such annual meeting, the 10th day following the day on which public announcement of the date of such meeting is first made by the Corporation. In no event shall any adjournment or postponement of an annual meeting, or the public announcement thereof, commence a new time period for the giving of a stockholder's notice as described above.

Notwithstanding anything in the immediately preceding paragraph to the contrary, in the event that the number of directors to be elected to the Board of Directors is increased by the Board of Directors, and there is no public announcement by the Corporation naming all of the nominees for director or specifying the size of the increased Board of Directors at least 100 days prior to the first anniversary of the preceding year's annual meeting, a stockholder's notice required by this Section 2.8(A) shall also be considered timely, but only with respect to nominees for any new positions created by such increase, if it shall be delivered to the Secretary at the principal executive offices of the Corporation not later than the close of business on the 10th day following the day on which such public announcement is first made by the Corporation.

In addition, to be considered timely, a stockholder's notice shall further be updated and supplemented, if necessary, so that the information provided or required to be provided in such notice shall be true and correct as of the record date for the meeting and as of the date that is ten (10) business days prior to the meeting or any adjournment or postponement thereof, and such update and supplement shall be delivered to the Secretary at the principal executive offices of the Corporation not later than five (5) business days after the record date for the meeting in the case of the update and supplement required to be made as of the record date, and not later than eight (8) business days prior to the date for the meeting or any adjournment or postponement thereof in the case of the update and supplement required to be made as of ten (10) business days prior to the meeting or any adjournment or postponement thereof. For the avoidance of doubt, the obligation to update and supplement as set forth in this paragraph or any other Section of these By-laws shall not limit the Corporation's rights with respect to any deficiencies in any notice provided by a stockholder, extend any applicable deadlines hereunder, or under any other provision of the By-laws, or enable or be deemed to permit a stockholder who has previously submitted notice hereunder, or under any other provision of the By-laws, to amend or update any proposal or to submit any new proposal, whether by changing or adding nominees, matters, business and or resolutions proposed to be brought before a meeting of the stockholders or otherwise.

(B) Special Meetings of Stockholders. Subject to Section 2.8(C)(4) of these By-laws, in the event the Corporation calls a special meeting of stockholders for the purpose of electing one or more directors to the Board of Directors, any stockholder may nominate a person or persons (as the case may be) for election to such position(s) as specified in the Corporation's notice of meeting, provided that the stockholder gives timely notice thereof (including the completed and signed questionnaire, representation and agreement required by Section 2.9 of these By-laws), and timely updates and supplements thereof, in writing, to the Secretary.

To be timely, a stockholder's notice shall be delivered to the Secretary at the principal executive offices of the Corporation not earlier than the close of business on the 120th day prior to the date of such special meeting and not later than the close of business on the later of the 90th day prior to the date of such special meeting or, if the first public announcement of the date of such special meeting is less than 100 days prior to the date of such special meeting, the 10th day following the day on which public announcement is first made of the date of the special meeting and of the nominees proposed by the Board of Directors to be elected at such meeting. In no event shall any adjournment or postponement of a special meeting of stockholders, or the public announcement thereof, commence a new time period for the giving of a stockholder's notice as described above.

In addition, to be considered timely, a stockholder's notice shall further be updated and supplemented, if necessary, so that the information provided or required to be provided in such notice shall be true and correct as of the record date for the meeting and as of the date that is ten (10) business days prior to the meeting or any adjournment or postponement thereof, and such update and supplement shall be delivered to the Secretary at the principal executive offices of the Corporation not later than five (5) business days after the record date for the meeting in the case of the update and supplement required to be made as of the record date, and not later than eight (8) business days prior to the date for the meeting, any adjournment or postponement thereof in the case of the update and supplement required to be made as of ten (10) business days prior to the meeting or any adjournment or postponement thereof.

(C) Disclosure Requirements.

(i) To be in proper form, a stockholder's notice (whether given pursuant to Section 2.7(A) or 2.7(B) of these By-laws) to the Secretary must include the following, as applicable.

(1) As to the stockholder giving the notice and the beneficial owner, if any, on whose behalf the nomination or proposal is made, a stockholder's notice must set forth: (i) the name and address of such stockholder, as they appear on the Corporation's books, of such beneficial owner, if any, and of their respective affiliates or associates or others acting in concert therewith, (ii) (A) the class or series and number of shares of the Corporation which are, directly or indirectly, owned beneficially and of record by such stockholder, such beneficial owner and their respective affiliates or associates or others acting in concert therewith, (B) any option, warrant, convertible security, stock appreciation right, or similar right with an exercise or conversion privilege or a settlement payment or mechanism at a price related to any class or series of shares of the Corporation or with a value derived in whole or in part from the value of any class or series of shares of the Corporation, or any derivative or synthetic arrangement having the characteristics of a long position in any class or series of shares of the Corporation, or any contract, derivative, swap or other transaction or series of transactions designed to produce economic benefits and risks that correspond substantially to the ownership of any class or series of shares of the Corporation, including due to the fact that the value of such contract, derivative, swap or other transaction or series of transactions is determined by reference to the price, value or volatility of any class or series of shares of the Corporation, whether or not such instrument, contract or right shall be subject to settlement in the underlying class or series of shares of the Corporation, through the delivery of cash or other property, or otherwise, and without regard to whether the stockholder of record, the beneficial owner, if any, or any affiliates or associates or others acting in concert therewith, may have entered into transactions that hedge or mitigate the economic effect of such instrument, contract or right, or any other direct or indirect opportunity to profit or share in any profit derived from any increase or decrease in the value of shares of the Corporation (any of the foregoing, a "Derivative Instrument") directly or indirectly owned beneficially by such stockholder, the beneficial owner, if any, or any affiliates or associates or others acting in concert therewith, (C) any proxy, contract, arrangement, understanding, or relationship pursuant to which such stockholder has a right to vote any class or series of shares of the Corporation, (D) any agreement, arrangement, understanding, relationship or otherwise, including any repurchase or similar so-called "stock borrowing" agreement or arrangement, involving such stockholder, directly or indirectly, the purpose or effect of which is to mitigate loss to, reduce the economic risk (of ownership or otherwise) of any class or series of the shares of the Corporation by, manage the risk of share price changes for, or increase or decrease the voting power of, such stockholder with respect to any class or series of the shares of the Corporation, or which provides, directly or indirectly, the opportunity to profit or share in any profit derived from any decrease in the price or value of any class or series of the shares of the Corporation (any of the foregoing, a "Short Interest"), (E) any rights to dividends on the shares of the Corporation owned beneficially by such stockholder that are separated or separable from the underlying shares of the Corporation, (F) any proportionate interest in shares of the Corporation or Derivative Instruments held, directly or indirectly, by a general or limited partnership in which such stockholder is a general partner or, directly or indirectly, beneficially owns an interest in a general partner of such general or limited partnership, (G) any performance-related fees (other than an asset-based fee) that such stockholder or members of such stockholder's immediate family sharing the same household are entitled to based on any increase or decrease in the value of shares of the Corporation or Derivative Instruments, if any, (H) any significant equity interests or any Derivative Instruments or Short Interests in any principal competitor of the Corporation held by such stockholder, and (I) any direct or indirect interest of such stockholder in any contract with the Corporation, any affiliate of the Corporation or any principal competitor of the Corporation (including, in any such case, any employment agreement, collective bargaining agreement or consulting agreement), and (iii) any other information relating to such stockholder and beneficial owner, if any, that would he required to be disclosed in a proxy statement and form of proxy or other filings required to be made in connection with solicitations of proxies for, as applicable, the proposal and/or for the election of directors in a contested election pursuant to Section 14 of the Exchange Act and the rules and regulations promulgated thereunder;

(2) If the notice relates to any business other than a nomination of a director or directors that the stockholder proposes to bring before the meeting, a stockholder's notice must, in addition to the matters set forth in paragraph (a) above, also set forth: (i) a brief description of the business desired to be brought before the meeting, the reasons for conducting such business at the meeting and any material interest of such stockholder and beneficial owner, if any, in such business, (ii) the text of the proposal or business (including the text of any resolutions proposed for consideration and, in the event that such proposal or business includes a proposal to amend the by-laws of the Corporation, the text of the proposed amendment), and (iii) a description of all agreements, arrangements and understandings between such stockholder and beneficial owner, if any, and any other person or persons (including their names) in connection with the proposal of such business by such stockholder;

(3) As to each person, if any, whom the stockholder proposes to nominate for election or reelection to the Board of Directors, a stockholder's notice must, in addition to the matters set forth in paragraph (a) above, also set forth: (i) all information relating to such person that would be required to be disclosed in a proxy statement or other filings required to be made in connection with solicitations of proxies for election of directors in a contested election pursuant to Section 14 of the Exchange Act and the rules and regulations promulgated thereunder (including such person's written consent to being named in the proxy statement as a nominee and to serving as a director if elected) and (ii) a description of all direct and indirect compensation and other material monetary agreements, arrangements and understandings during the past three years, and any other material relationships, between or among such stockholder and beneficial owner, if any, and their respective affiliates and associates, or others acting in concert therewith, on the one hand, and each proposed nominee, and his or her respective affiliates and associates, or others acting in concert therewith, on the other hand, including, without limitation all information that would be required to be disclosed pursuant to Rule 404 or any successor provision promulgated under Regulation S-K if the stockholder making the nomination and any beneficial owner on whose behalf the nomination is made, if any, or any affiliate or associate thereof or person acting in concert therewith, were the "registrant" for purposes of such rule and the nominee were a director or executive officer of such registrant; and

(4) With respect to each person, if any, whom the stockholder proposes to nominate for election or reelection to the Board of Directors, a stockholder's notice must, in addition to the matters set forth in paragraphs (a) and (c) above, also include a completed and signed questionnaire, representation and agreement required by Section 2.9 of these By-laws. The Corporation may require any proposed nominee to furnish such other information as may reasonably be required by the Corporation to determine the eligibility of such proposed nominee to serve as an independent director of the Corporation or that could be material to a reasonable stockholder's understanding of the independence, or lack thereof, of such nominee.

(ii) For purposes of these By-laws, "public announcement" shall mean disclosure in a press release reported by a national news service or in a document publicly filed by the Corporation with the Securities and Exchange Commission pursuant to Section 13, 14 or 15(d) of the Exchange Act and the rules and regulations promulgated thereunder.

(iii) Notwithstanding the provisions of these By-laws, a stockholder shall also comply with all applicable requirements of the Exchange Act and the rules and regulations thereunder with respect to the matters set forth in this By-law; provided, however, that any references in these By-laws to the Exchange Act or the rules promulgated thereunder are not intended to and shall not limit the separate and additional requirements set forth in these By-laws with respect to nominations or proposals as to any other business to be considered pursuant to Section 2.7 of these By-laws.

(iv) Nothing in these By-laws sball be deemed to affect any rights (i) of stockholders to request inclusion of proposals in the Corporation's proxy statement pursuant to Rule 14a-8 under the Exchange Act or (ii) of the holders of any series of Preferred Stock if and to the extent provided for under law, the Certificate of Incorporation or these By-laws. Subject to Rule 14a-8 under the Exchange Act, nothing in these By-laws shall be construed to permit any stockholder, or give any stockholder the right, to include or have disseminated or described in the Corporation's proxy statement any nomination of director or directors or any other business proposal except as explicitly provided in Section 2.13 of these By-laws.

Section 2.9 Submission of Questionnaire, Representation and Agreement. To be eligible to be a nominee for election or reelection as a director of the Corporation, a person nominated by a stockholder for election or reelection to the Board of Directors must deliver (in accordance with the time periods prescribed for delivery of notice under Section 2.8 and Section 2.13, as applicable of these By-laws) to the Secretary at the principal executive offices of the Corporation a written questionnaire with respect to the background and qualification of such person and the background of any other person or entity on whose behalf the nomination is being made (which questionnaire shall be provided by the Secretary upon written request), and a written representation and agreement (in the form provided by the Secretary upon written request) that such person (A) is not and will not become a party to (1) any agreement, arrangement or understanding with, and has not given any commitment or assurance to, any person or entity as to how such person, if elected as a director of the Corporation, will act or vote on any issue or question (a "Voting Commitment") that has not been disclosed to the Corporation or (2) any Voting Commitment that could limit or interfere with such person's ability to comply, if elected as a director of the Corporation, with such person's fiduciary duties under applicable law, (B) is not and will not become a party to any agreement, arrangement or understanding with any person or entity other than the Corporation with respect to any direct or indirect compensation, reimbursement or indemnification in connection with service or action as a director that has not been disclosed therein, (C) will comply with the Corporation's stock ownership guidelines for directors, if any, and has disclosed therein whether all or any portion of securities of the Corporation were purchased with any financial assistance provided by any other person and whether any other person has any interest in such securities, and (D) in such person's individual capacity and on behalf of any person or entity on whose behalf the nomination is being made, would be in compliance, if elected as a director of the Corporation, and will comply, with all applicable corporate governance, conflict of interest, confidentiality and stock ownership and trading policies and guidelines of the Corporation publicly disclosed from time to time, and (E) will abide by the requirements of Section 2.10 of these By-laws.

Section 2.10 Procedure for Election of Directors; Required Vote.

(A) Except as set forth below, election of directors at all meetings of the stockholders at which directors are to be elected shall be by ballot, and, subject to the rights of the holders of any series of Preferred Stock to elect directors under specified circumstances, a majority of the votes cast at any meeting for the election of directors at which a quorum is present shall elect directors. For purposes of this By-law, a majority of votes cast shall mean that the number of shares voted "for" a director's election exceeds 50% of the number of votes cast with respect to that director's election. Votes cast shall include direction to withhold authority in each case and exclude abstentions with respect to that director's election. Notwithstanding the foregoing, in the event of a "contested election" of directors, directors shall be elected by the vote of a plurality of the votes cast at any meeting for the election of directors at which a quorum is present. For purposes of this By-law, a "contested election" shall mean any election of directors in which the number of candidates for election as directors exceeds the number of directors to be elected, with the determination thereof being made by the Secretary as of the close of the applicable notice of nomination period set forth in Section 2.8 of these By-laws or under applicable law, based on whether one or more notice(s) of nomination were timely filed in accordance with Section 2.8 or Section 2.13, as applicable; provided, however, that the determination that an election is a "contested election" shall be determinative only as to the timeliness of a notice of nomination and not otherwise as to its validity. If, prior to the time the Corporation mails its initial proxy statement in connection with such election of directors, one or more notices of nomination are withdrawn such that the number of candidates for election as director no longer exceeds the number of directors to be elected, the election shall not be considered a contested election, but in all other cases, once an election is determined to be a contested election, directors shall be elected by the vote of a plurality of the votes cast.

(B) If a nominee for director who is an incumbent director is not elected and no successor has been elected at such meeting, the director shall promptly tender his or her resignation to the Board of Directors in accordance with the agreement contemplated by clause (E) of Section 2.9 of these By-laws. The Nominations and Governance Committee shall make a recommendation to the Board of Directors as to whether to accept or reject the tendered resignation, or whether other action should be taken. The Board of Directors shall act on the tendered resignation, taking into account the Nominations and Governance Committee's recommendation, and publicly disclose (by a press release, a filing with the Securities and Exchange Commission or other broadly disseminated means of communication) its decision regarding the tendered resignation and the rationale behind the decision within 90 days from the date of the certification of the election results. The Nominations and Governance Committee in making its recommendation, and the Board of Directors in making its decision, may each consider any factors or other information that it considers appropriate and relevant. The director who tenders his or her resignation shall not participate in the recommendation of the Nominations and Governance Committee or the decision of the Board of Directors with respect to his or her resignation. If such incumbent director's resignation is not accepted by the Board of Directors, such director shall continue to serve until the next annual meeting and until his or her successor is duly elected, or his or her earlier resignation or removal. If a director's resignation is accepted by the Board of Directors pursuant to this By-law, or if a nominee for director is not elected and the nominee is not an incumbent director, then the Board of Directors, in its sole discretion, may fill any resulting vacancy pursuant to the provisions of Section 3.9 of these By-laws or may decrease the size of the Board of Directors pursuant to the provisions of Section 3.2 of these By-laws.

(C) Except as otherwise provided by law, the Certificate of Incorporation, or these By-laws, in all matters other than the election of directors, the affirmative vote of a majority of the shares present in person or represented by proxy at the meeting and entitled to vote on the matter shall be the act of the stockholders.

Section 2.11 Inspectors of Elections; Opening and Closing the Polls.

(A) The Board of Directors by resolution shall appoint one or more inspectors, which inspector or inspectors may, but does not need to, include individuals who serve the Corporation in other capacities, including, without limitation, as officers, employees, agents or representatives, to act at the meetings of stockholders and make a written report thereof. One or more persons may be designated as alternate inspectors to replace any inspector who fails to act. If no inspector or alternate has been appointed to act or is able to act at a meeting of stockholders, the Chairman of the meeting shall appoint one or more inspectors to act at the meeting. Each inspector, before discharging his or her duties, shall take and sign an oath faithfully to execute the duties of inspector with strict impartiality and according to the best of his or her ability. The inspectors shall have the duties prescribed by law.

(B) The Chairman of the meeting shall be appointed by the inspector or inspectors to fix and announce at the meeting the date and time of the opening and the closing of the polls for each matter upon which the stockholders will vote at a meeting.

Section 2.12 No Stockholder Action by Written Consent. Subject to the rights of the holders of any series of Preferred Stock with respect to such series of Preferred Stock, any action required or permitted to be taken by the stockholders of the Corporation must be effected at an annual or special meeting of stockholders of the Corporation and may not be effected by any consent in writing by such stockholders.

Section 2.13 Stockholder Nominations Included in the Corporation's Proxy Materials.

(A) Inclusion of Nominee in Proxy Statement. Subject to the provisions of this Section 2.13, if expressly requested in the relevant Nomination Notice (as defined below), the Corporation shall include in its proxy statement for annual meetings of stockholders at which directors will be elected beginning with the Corporation's 2017 annual meeting of stockholders:

(i) the name of any qualifying person nominated for election (the "Nominee"), which shall also be included on the Corporation's form of proxy and ballot, by any Eligible Holder (as defined below) or group of up to 20 Eligible Holders that has (individually and collectively, in the case of a group) satisfied, as determined by the Board of Directors or its designee, acting in good faith, all applicable conditions and complied with all applicable procedures set forth in this Section 2.13 (such Eligible Holder or group of Eligible Holders being a "Nominating Stockholder");

(ii) disclosure about the Nominee and the Nominating Stockholder that the Corporation determines is required under the rules of the Securities and Exchange Commission ("SEC") or other applicable law to be included in the proxy statement;

(iii) a single statement included by the Nominating Stockholder in the Nomination Notice for inclusion in the proxy statement in support of each Nominee(s)' election to the Board of Directors (subject, without limitation, to Section 2.13(F)), if such statement does not exceed 500 words; and

(iv) any other information that the Corporation or the Board of Directors determines, in their discretion, to include in the proxy statement or other materials relating to the nomination of the Nominee, including, without limitation, any statement or other soliciting material in opposition to or with respect to the nomination and any of the information provided pursuant to this Section or otherwise.

(B) Maximum Number of Nominees.

The Corporation shall not be required to include in the proxy statement for an annual meeting of stockholders more Nominees than that number of directors constituting 25% of the total number of directors of the Corporation in office on the last day on which a Nomination Notice may be submitted pursuant to this Section 2.13 (rounded down to the nearest whole number) (the "Maximum Number"). The Maximum Number for a particular annual meeting shall be reduced by:

(i) such Nominee(s) nominated by a Nominating Stockholder pursuant to this Section 2.13 for such annual meeting who are subsequently withdrawn or whom the Board of Directors itself decides to nominate for election at such annual meeting or otherwise appoint to the Board of Directors (provided that a Nominee appointed pursuant to an agreement, arrangement or other understanding with a stockholder or group of stockholders shall be counted only once under clauses (i) and (iii) of this Section 2.13(B));

(ii) incumbent director(s) who had been Nominees nominated by a Nominating Stockholder pursuant to this Section 2.13 with respect to either of the two preceding annual meetings other than any such director referred to in this clause (ii) whose term of office will expire at such annual meeting and who is not seeking (or agreeing) to be nominated at such annual meeting for another term of office; and

(iii) director(s) in office or director candidate(s) that in either case were elected or appointed to the Board of Directors or will be included in the Corporation's proxy statement with respect to such annual meeting as an unopposed (by the Corporation) nominee, pursuant to an agreement, arrangement or other understanding with a stockholder or group of stockholders (other than any such agreement, arrangement or understanding entered into in connection with an acquisition of shares of the stock of the Corporation entitled to vote generally in the election of directors, by such stockholder or group of stockholders, from the Corporation), other than any such director referred to in this clause (iii) who at the time of such annual meeting will have served as a director continuously for at least three years;

provided, that in no circumstance shall the Maximum Number exceed the number of directors to be elected at the applicable annual meeting as noticed by the Corporation; and, provided, further, in the event that one or more vacancies for any reason occurs on the Board of Directors before the date of the annual meeting, and the Board of Directors resolves to reduce the size of the board in connection therewith, the Maximum Number shall be calculated based on the number of directors in office as so reduced.

Any Nominating Stockholder submitting more than one Nominee for inclusion in the Corporation's proxy statement pursuant to this Section 2.13 shall rank such Nominees based on the order that the Nominating Stockholder prefers such Nominees to be selected for inclusion in the Corporation's proxy statement and include such specified rank in its Nomination Notice. If the number of Nominees pursuant to this Section 2.13 for any annual meeting of stockholders exceeds the Maximum Number then, the highest ranking Nominee who meets the requirements of this Section 2.13 from each Nominating Stockholder will be selected for inclusion in the proxy statement until the Maximum Number is reached, going in order of the amount (largest to smallest) of the ownership position as disclosed in each Nominating Stockholder's Nomination Notice. If the Maximum Number is not reached after the highest ranking Nominee from each Nominating Stockholder has been selected, this selection process will continue as many times as necessary, following the same order each time, until the Maximum Number is reached. If, after the deadline for submitting a Nomination Notice as set forth in Section 2.13(D), a Nominating Stockholder becomes ineligible or withdraws its nomination or a Nominee becomes unwilling to serve on the Board of Directors, whether before or after the mailing of the definitive proxy statement, then the nomination shall be disregarded, and the Corporation: (1) shall not be required to include in its proxy statement or on any ballot or form of proxy the disregarded Nominee or any successor or replacement nominee proposed by the Nominating Stockholder or by any other Nominating Stockholder and (2) may otherwise communicate to its stockholders, including without limitation by amending or supplementing its proxy statement or ballot or form of proxy, that the Nominee will not be included as a Nominee in the proxy statement or on any ballot or form of proxy and will not be voted on at the annual meeting.

(C) Eligibility of Nominating Stockholder.

An "Eligible Holder" is a person who has either (1) been a record holder of the shares of common stock used to satisfy the eligibility requirements in this Section 2.13(C) continuously for the three-year period specified in Subsection (ii) below or (2) provides to the Secretary of the Corporation, within the time period referred to in Section 2.13(D), evidence of continuous ownership of such shares for such three-year period from one or more securities intermediaries in a form that the Board of Directors or its designee, acting in good faith, determines would be deemed acceptable for purposes of a shareholder proposal under Rule 14a-8(b)(2) under the Securities Exchange Act of 1934 (the "Exchange Act") (or any successor rule).

An Eligible Holder or group of up to 20 Eligible Holders may submit a nomination in accordance with this Section 2.13 only if the person or group (in the aggregate) has continuously owned at least the Minimum Number (as defined below) of shares of the Corporation's common stock throughout the three-year period preceding and including the date of submission of the Nomination Notice, and continues to own at least the Minimum Number through the date of the annual meeting. A group of funds shall be treated as one Eligible Holder for the purpose of determining the aggregate number of stockholders in this paragraph (C) if such Eligible Holder shall provide, together with the Nomination Notice, documentation reasonably satisfactory to the Corporation that demonstrates that the funds are (A) under common management and investment control, (B) under common management and funded primarily by the same employer, or (C) a "group of investment companies" as such term is defined in Section 12(d)(1)(G)(ii) of the Investment Company Act of 1940, as amended, and each fund otherwise meets the requirements set forth in this Section 2.13. A record holder acting on behalf of one or more beneficial owners will not be counted separately as a stockholder with respect to the shares owned by beneficial owners on whose behalf such record holder has been directed in writing to act, but each such beneficial owner will be counted separately, subject to the other provisions of this paragraph (C), for purposes of determining the number of stockholders whose holdings may be considered as part of an Eligible Holder's holdings. For the avoidance of doubt, in the event of a nomination by a group of Eligible Holders, any and all requirements and obligations for an individual Eligible Holder that are set forth in this Section 2.13, including the minimum holding period, shall apply to each member of such group; provided, however, that the Minimum Number shall apply to the ownership of the group in the aggregate. Should any stockholder withdraw from a group of Eligible Holders at any time prior to the annual meeting of stockholders, the group of Eligible Holders shall only be deemed to own the shares held by the remaining members of the group.

The "Minimum Number" of shares of the Corporation's common stock means 3% of the number of outstanding shares of common stock as of the most recent date for which such amount is given in any filing by the Corporation with the SEC prior to the submission of the Nomination Notice.

For purposes of this Section, an Eligible Holder "owns" only those outstanding shares of the Corporation as to which the Eligible Holder possesses both:

(i) the full voting and investment rights pertaining to the shares; and

(ii) the full economic interest in (including the opportunity for profit and risk of loss on) such shares;

provided that the number of shares calculated in accordance with clauses (i) and (ii) shall not include (and to the extent any of the following arrangements have been entered into by affiliates of the Eligible Holder (or of any Eligible Holder), shall be reduced by) any shares: (1) sold by such Eligible Holder or any of its affiliates in any transaction that has not been settled or closed, including any short sale, (2) borrowed by such Eligible Holder or any of its affiliates for any purpose or purchased by such Eligible Holder or any of its affiliates pursuant to an agreement to resell, or (3) subject to any option, warrant, forward contract, swap, contract of sale, other derivative or similar agreement entered into by such Eligible Holder or any of its affiliates, whether any such instrument or agreement is to be settled with shares or with cash based on the notional amount or value of outstanding shares of the Corporation, in any such case which instrument or agreement has, or is intended to have, the purpose or effect of: (x) reducing in any manner, to any extent or at any time in the future, such Eligible Holder's or any of its affiliates' full right to vote or direct the voting of any such shares, and/or (y) hedging, offsetting, or altering to any degree, gain or loss arising from the full economic ownership of such shares by such Eligible Holder or any of its affiliates.

An Eligible Holder "owns" shares held in the name of a nominee or other intermediary so long as the Eligible Holder retains the right to instruct how the shares are voted with respect to the election of directors and the right to direct the disposition thereof and possesses the full economic interest in the shares. An Eligible Holder's ownership of shares shall be deemed to continue during any period in which the Eligible Holder has delegated any voting power by means of a proxy, power of attorney, or other similar instrument or arrangement which in all such cases is revocable at any time by the Eligible Holder. An Eligible Holder's ownership of shares shall be deemed to continue during any period in which the Eligible Holder has loaned such shares provided that the Eligible Holder has retained the power to recall such loaned shares on no greater than five business days' notice and has recalled such loaned shares as of the date of the Nomination Notice and holds such shares through the date of the annual meeting. The terms "owned," "owning" and other variations of the word "own" shall have correlative meanings. Whether outstanding shares of the Corporation are "owned" for these purposes shall be determined by the Board.

(iii) No person shall be permitted to be in more than one group constituting a Nominating Stockholder (and no shares of common stock may be attributed to more than one Nominating Stockholder), and if any person appears as a member of more than one group, it shall be deemed to be a member of the group that has the largest ownership position as reflected in the Nomination Notice.

(D) Nomination Notice. To nominate a Nominee, the Nominating Stockholder must, for receipt no earlier than 150 calendar days and no later than 120 calendar days before the anniversary of the date that the Corporation mailed its proxy statement for the prior year's annual meeting of stockholders, submit to the Secretary of the Corporation at the principal executive office of the Corporation all of the following information and documents (collectively, the "Nomination Notice"):

(i) a written notice of the nomination of such Nominee that includes the following additional information, agreements, representations and warranties by the Nominating Stockholder (including each group member):

(a) the information required in the case of a nomination of directors pursuant to Section 2.8 and 2.9 of these By-laws;

(b) the details of any relationship that existed within the past three years and that would have been described pursuant to Item 6(e) of Schedule 14N (or any successor item) had it existed if a Schedule 14N were submitted as of the date of submission of the Nomination Notice;

(c) a representation and warranty that the Nominating Stockholder acquired the common stock of the Corporation in the ordinary course of business and did not acquire, and is not holding, securities of the Corporation for the purpose or with the effect or intent of influencing or changing control of the Corporation;

(d) a representation and warranty that the Nominee's candidacy or, if elected, Board membership would not violate applicable state or federal law or the rules of any stock exchange on which the Corporation's securities are traded;

(e) a representation and warranty that the Nominee: does not have any direct or indirect relationship with the Corporation other than those relationships that have been deemed categorically immaterial pursuant to the Corporation's Director Independence Guidelines as most recently published on its website and otherwise qualifies as independent under the rules of the primary stock exchange on which the Corporation's securities are traded; meets the director qualifications set forth in Exhibit A to the Corporation's Governance Guidelines; and is not and has not been subject to any event specified in Rule 506(d)(1) of Regulation D (or any successor rule) under the Securities Act of 1933 or Item 401(f) of Regulation S-K (or any successor rule) under the Exchange Act, without reference to whether the event is material to an evaluation of the ability or integrity of the Nominee;

(f) a representation and warranty that the Nominating Stockholder satisfies the eligibility requirements set forth in Section 2.13(C) and has provided evidence of ownership to the extent required by Section 2.13(C);

(g) a representation and warranty that the Nominating Stockholder intends to continue to satisfy the eligibility requirements described in Section 2.13(C) through the date of the annual meeting and intends (subject to any fiduciary obligations to the contrary, any contractual delegation of investment discretion to a third-party manager, or any mandatory fund rebalancing required by such stockholder's preexisting governing instruments or written investment policies) to continue to hold the Minimum Number of shares for at least one year following the annual meeting;

(h) details of any position of the Nominee as an officer or director of any competitor (that is, any entity that produces products or provides services that compete with or are alternatives to the products produced or services provided by the Corporation or its affiliates) of the Corporation, within the three years preceding the submission of the Nomination Notice;

(i) a representation and warranty that the Nominating Stockholder will not engage in, and has not and will not be a "participant" in another person's, "solicitation" within the meaning of Rule 14a-1(l) (without reference to the exception in Section 14a-(l)(2)(iv)) (or any successor rules) with respect to the annual meeting, other than with respect to the Nominating Stockholder's Nominee or any nominee of the Board;

(j) a representation and warranty that the Nominating Stockholder will not use (or distribute to any stockholder) any form of proxy or proxy card other than the Corporation's proxy card;

(k) a representation and warranty that the Nominating Stockholder has not nominated and will not nominate for election to the Board of Directors at the annual meeting any person other than the Nominee(s) being nominated pursuant to this Section 2.13.

(l) if desired, one statement for inclusion in the proxy statement in support of the Nominee's election to the Board of Directors, provided that such statement shall not exceed 500 words and shall fully comply with Section 14 of the Exchange Act and the rules and regulations thereunder, including Rule 14a-9; and

WHOLESALE DRUG DISTRIBUTOR INSPECTION

BUSINESS NAME	INSPECTION NUMBER
ABBVIE US LLC	

ADDRESS	LICENSE NUMBER
1N Waukegan Rd D-076V Bldg AP32	004.003886

CITY	COUNTY	TELEPHONE NUMBER (include Area Code)	DATE
North Chicago	Lake	(847) 935-1132	06/27/2019

ICSA LICENSE	EXPIRATION DATE	FAX NUMBER (include Area Code)	INSPECTOR ID
n/a	n/a	(847) 937-1703	888

DEA LICENSE	EXPIRATION DATE	TYPE OF LICENSE
n/a	n/a	WDDL

PERSON(S) RESPONSIBLE FOR DRUGS	EMERGENCY TELEPHONE NUMBER
Gail Paige (gail.blakency@abbvie.com)	( )
	( )

	VIOLATIONS	YES	NO
8301.25(a)	All wholesale distributors must have valid license.		✓
1510.50(i)	Must comply with all Federal, State & Local laws.		✓
8301.25(e)(1)	Acceptable storage & handling conditions and standards.		✓
1510.50(a)	(1) Facility is of suitable size (2) Storage area meets requirements (3) Quarantine area is separate, distinct from general area (4) Maintained in clean & orderly condition (5) Free from infestation by insects, rodents, birds or vermin		✓
1510.50(c)	Drugs are stored under proper temperature and humidity conditions. (1) Room temperature is controlled (2) Temperature& humidity equipment to document storage conditions.		✓
8301.25(e)(2)	Minimum liability and other insurance.		✓
8301.25(e)(3)	Must have acceptable security system.		✓
1510.50(b)(1)	Secure from unauthorized entry. (a) Limited& well-controlled access from outside the premises. (b) Outside perimeter is well-lighted. (c) Prescription drug area limited to authorized personnel.		✓
(2)	Alarm system to detect after hour entry.		✓
(3)	Protection against theft & diversion.		✓
8301.25(e)(4)	Records shall be maintained for 2 years.		✓
1510.50(f)	(1) Records& inventories for receipt, distribution, disposal. (a) Source of drugs & location from where shipped.		✓

	VIOLATIONS	YES	NO
	(b) Identify & quantity of drugs received, distributed, disposed of. (c) Dates of receipt, distribution, disposal. (2) Inventories & records area available for inspection and copying. (3) Records are stored at site off-site location ( )		✓
8301.25(e)(5)	Personnel must be qualified.		✓
1510.50(h)	List of persons responsible & duties is maintained.		✓
8301.25(e)(7)	Written Policies& procedures are maintained.		✓
1510.50(g)(1)	(1) Procedure to rotate stock. (2) Procedure for recalls & withdrawals of drugs. (a) FDA or other law enforcement action. (b) Manufacturer recall. (c) Replacement action. (3) Procedures for crisis (fire, flood, etc.) (4) Procedures to remove, segregate & document disposition of outdates.		✓
(e)	(1) Drugs are quarantined & physically separated (outdates, damaged, etc.) (2) Drugs are quarantined that have been used or are open.		✓
8301.25(e)(8)	Inspection procedures for all incoming and outgoing drug shipments.		✓
1510.50(d)	(1) Visual examination upon receipt for damage. (2) Outgoing shipments are inspected to prevent outdates or deteriorated. (3) Records are maintained.		✓

INVESTIGATOR'S SIGNATURE	LICENSEE'S SIGNATURE	SUPERVISOR'S SIGNATURE AND DATE
	gail paige 27JUN2019	

IL486-1777 3/96(ENF)

WHOLESALE DRUG DISTRIBUTOR INSPECTION (NARRATIVE)

BUSINESS NAME			INSPECTION NUMBER
ABBVIE US LLC			
ADDRESS			LICENSE NUMBER
1N Waukegan Rd D-076V Bldg AP32			004.003886
CITY	COUNTY	TELEPHONE NUMBER (include Area Code)	DATE
North Chicago	Lake	(847) 935-1132	06/27/2019
ICSA LICENSE	EXPIRATION DATE	FAX NUMBER (include Area Code)	INSPECTOR ID
n/a	n/a	( )	888

This is a Change of Address inspection for ABBVIE US LLC. The OLD location address was 1 N Waukegan Road D-0760 Bldg AP32.

Designated Representative (DR) Gail Paige is present for the inspection.

Facility/Process Notes:

On 06/27/19 designated Representative Gail Paige confirmed that this ABBVIE US LLC location does not have an application for a controlled substance drug distributor license number and does not plan to order or store any controlled substances. Per DR Paige, NO controlled substances involved in the operation of the facility associated with license 004.003886.

Facility size: APPOX 30,000 SQ FT

Number of Employees: Five (5)

Hours of Operation:

Monday to Friday: 6 am to 5:30 pm
Saturday: Closed
Sunday: Closed

Records will be maintained ONSITE *(on site or off site) for a minimum of* 2 *years.*

Security:

Alarm Information:

Lenel OnGaurd.

Temperature and humidity monitoring:

SENSORS

Pest Control:

Anderson Pest Control (monthly).

Returns:

InMar

Notes:

If this facility meets the minimum security and structural requirements, license 004.003886 will be released on 07/01/19 with the updated address (D-076V Bldg. AP32).

R/I reviewed the following, which will be maintained in the Department's Main File.

1. Company policies and procedures
2. Minimum liability insurance
3. CV for DR Gail Paige

4X

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Brasseler U.S.A. Dental, LLC

Physical Address: 1 Brasseler Boulevard

City: Savannah State: GA Zip: 31419

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (912) 925-8525 Website: www.brasselerusa.com

Name of Designated Representative (DR): _____

Licensing Company Email: regulatoryaffairs@brasselerusa.com DR Email: _____

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: Private Labeler Distributor

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

SCR

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

August 3, 2022

Date

SCF

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): _____

Corporation Name: Henry Schein, Inc

Mailing Address: 135 DURYEA RD

City: MELVILLE State: NY Zip: 11747

Telephone: 631-843-5500 Email: Licensure@henryschein.com

Contact Person Name: _____

Date of SEC Registration: 1995 | SEC Registration Number: CIK: 0001000228 | Stock Exchange Symbol: HSIC

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

SCF

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

SCF

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Brasseler USA Dental, LLC

Facility Name

Stephen Fanning

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

August 3, 2022

Date

Board Use Only	Date Received: 8-29-22	Amount: 1000.00 CK-39028

SCF

STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH005344 Status: Active

Brasseler USA Dental LLC
One Brasseler Blvd Ste 100
Savannah GA 31419

Expires: 06/30/2023
Issued: 04/26/2022

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Wholesaler Pharmacy** in the State of Georgia. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.
Please notify the Board if you have a change of address.

STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH005344 Status: Active
Brasseler USA Dental LLC
One Brasseler Blvd Ste 100
Savannah GA 31419

Expires: 06/30/2023
Issued: 04/26/2022
Real-time license verification is available at gadch.mylicense.com/verification

Control Number : 0200844

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

BRASSELER U.S.A. DENTAL, LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	: 23195259
Date Inc/Auth/Filed	: 12/28/2001
Jurisdiction	: Georgia
Print Date	: 05/16/2022
Form Number	: 211

Brad Raffensperger

Brad Raffensperger
Secretary of State

BRASSELER USA

One Brasseler Boulevard, Savannah, GA 31419
P 800.841.4522 F 888.610.1937
BrasselerUSA.com

List of Corporate Officers for Brasseler USA Dental, LLC

David Brous	President
Michael Lugassy	Vice President and Chief Financial Officer
Ronald South	Executive Vice President and Chief Financial Officer
Michael S. Ettinger	Executive Vice President
Walter Siegel	Senior Vice President
Stephen Fanning	Vice President and General Manager
Robert Ponzo	Vice President, Corporate Tax
Michael Amodio	Vice President and Treasurer
Jennifer Ferrero	Secretary

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 09/21/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Peter Brasseler Holdings, LLC Attn: Chris Phillips One Brasseler Boulevard Savannah GA 31419 USA	INSURER A: QBE Specialty Insurance Company	11515
	INSURER B: ProAssurance Specialty Insurance Company	17400
	INSURER C: Liberty Mutual Fire Ins Co	23035
	INSURER D: Liberty Insurance Corporation	42404
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 570095406082 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY			TB2621093363032	06/01/2022	06/01/2023	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$5,000
	POLICY PRO-JECT X LOC						PERSONAL & ADV INJURY	$1,000,000
	OTHER:						GENERAL AGGREGATE	$2,000,000
							PRODUCTS - COMP/OP AGG	Excluded
C	AUTOMOBILE LIABILITY			AS2-621-093363-042	06/01/2022	06/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$3,000,000
	X ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / HIRED AUTOS ONLY / SCHEDULED AUTOS / NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION							
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WA762D093363012 AOS	06/01/2022	06/01/2023	X PER STATUTE OTH-	
O	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N	N/A		WC7621093363022 WI	06/01/2022	06/01/2023	E.L. EACH ACCIDENT	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	$1,000,000
							E.L. DISEASE-POLICY LIMIT	$1,000,000
B	Products Liab			N22NY380020 Claims Made	06/01/2022	06/01/2023	Per Occurrence Aggregate	$2,000,000 $2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Brasseler USA Dental LLC
Brasseler USA, Medical LLC
One Brasseler Blvd.
Savannah GA 31419 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.

Holder Identifier :

Certificate No : 570095406082

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AGENCY CUSTOMER ID: 570000025511

LOC #:

ACORD

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Peter Brasseler Holdings, LLC
POLICY NUMBER	
See Certificate Number: 570095406082	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570095406082	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Named Insureds

Brasseler USA Medical, LLC
Brasseler USA Dental, LLC

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FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
BRASSELER U.S.A. DENTAL, LLC
Business Trade Names:
(1) Brasseler USA® (2) Brasseler USA® Dental Instrumentation (3) BUSA®

1 Brasseler Blvd
SAVANNAH, GA 31419
Registration Number: 1032227
FEI Number*: 1032227
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2022

Owner/Operator:
PETER BRASSELER HOLDINGS, L.L.C.[6]
1 BRASSELER BLVD.
Savannah, GA US 31419
Owner/Operator Number: 1032227[7]

Official Correspondent:
Rod J Rylands
1 BRASSELER BLVD.
Savannah, GA 31419
Phone: 800-8414522

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Page Last Updated: 05/16/2022

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

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U.S. Department of **Health & Human Services**

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start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1032227&OwnerOperator

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of MDEG Brasseler USA Dental, LLC MDEG License # (if applicable) _____

Physical Address 1 Brasseler Boulevard

City Savannah State Georgia Zip 31419

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (912) 925-8525 Website brasselerusa.com

Licensing Company Email regulatoryaffairs@brasselerusa.com

Section 2: Personal Information

First John Middle Paul Last Detres

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]Natures Court

City Pooler State GA Zip 31322

Telephone _____ Email johndetres@brasselerusa.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Interamerican University		07/86 - 05/94	
Address	City	State	Zip
Av. Universidad Interamericana	San German	PR	00683
Diploma/Degree obtained, if any			
Bachelors in Electronics Engineering			
School Name		From - To (MM/YY – MM/YY)	
Segundo Ruiz Belvis		08/85 - 05/86	
Address	City	State	Zip
4VQF+89J, Calle San Antonio	Hormigueros	PR	00660
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Chelsea High School		07/83-04/85	
Address	City	State	Zip
299 Everett Ave,	Chelsea	MA	02150
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/19 - Current	[redacted] Natures Court	Pooler	GA	31322
06-04 - 02-19	[redacted] Auburn Avenue	Clermont	FL	34711
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: Brasseler USA Dental, LLC			From - To (MM/YY – MM/YY)
Business Address: 1 Brasseler Boulevard	City: Savannah	State: GA	Zip: 31419
Phone: (912) 925-8525	Title: Senior Manager, Quality Systems		Number of Employed Hours: 5000 hours
Description of Duties: Responsible for maintaining compliance of the Quality Management System.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, John Detres, **certify that as the MDEG Administrator for**

Brasseler USA Dental, LLC,

that I (initial that you have read and meet the following requirements):

1. JPD Have a high school diploma or its equivalent;
2. JPD Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JPD Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JPD Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Paul Detres
Print Name (First, Last)

John P. Detres
Original Signature (electronic, copies or stamps not accepted)

07/20/2022
Date

Board Use Only	Date Received: 10-13-22

Employee	Business Title
Brooke Kennedy	Engineer
John Stephens	Engineer
Sophia Fleri	Engineer
Chatasha Roberts	Customer Service Representative - Aligners
Erick Lucas	Operator
Gennalyn De Vega	Operator
Jacob Flerlage	3D Printer Technician
Jenni Stephens	Operator
Ken Horton	Operator- Clear Aligners
Leonisa Kennerly	Operator
Sharonda Golden	Operator- Clear Aligners
Simone Williams	3D Printer Technician - Manufacturing
Tammy Hunter	Operator
Tanner Hicks	Operator
Techina Copeland	Operator- Clear Aligners
Timothy Deem	3D Printer Technician
Rod Rylands	Dir of Quality Assurance & Regulatory Affairs
Brenda McCarson	Hygiene and Hand Instruments National Manager
Mark Falcetti	District Sales Manager
Patricia Cook	Manager Institutional
David Porter	QAD Project Manager
Scott Gress	Manager of Network Systems and Support
Steven DeWeese	Applications Specialist
Mary Day	Sr Accountant II, SBU Controllership
Randall Brunson	Manager, Brasseler Accounting Operations
Robert Redding	Associate Manager, Financial Planning Analysis
Bethany Hofmann	Senior Manager, Dental Financial Operations
Christopher Ross	Content Marketing Specialist
Emily Hartnett (On Leave)	Front End Designer
Andrea Carter	Graphic Designer
Leslie Sandberg	Art Coordinator
Brian Forthofer	District Sales Manager
Chris Fowler	District Sales Manager
Daniel Krashin	District Sales Manager
David Sollner	District Sales Manager
Jennifer Jackson	District Sales Manager
Joseph Rittler	District Sales Manager
Kyle Knuuttila	District Sales Manager
Logan Hall	District Sales Manager
Samuel Hall	District Sales Manager
Scott Kirk	District Sales Manager
Shenade Greif (On Leave)	District Sales Manager

Employee	Business Title
Timothy Amstutz	District Sales Manager
Timothy Mueller	District Sales Manager
Yvonne Smith	Vice President, Operations - MSO
Alecia Black	Team Lead, Clean Room
Amber Hicks	EDM Operator
Amy Crosby	CNC Operator
Armando Abad	CNC Machinist
Barbara Stephens	Production Operator
Benjamin Romeo	Team Lead, CNC
Beverly Magnus	Production Operator
Brandon Kight	CNC Operator
Brandon Payton	Engineer
Brandy Martin	Production Operator
Brian Casteel	EDM Operator
Brian Wood	CNC Bur Grinder
Carlius Bell	Cleaning Operator
Christina Scott	Laser Etching Operator
Christine Combest	Production Operator
David Gaskin	Laser Etching Operator
Debra Fouchey	Clean Room Technician
Dustin Greene	CNC Machinist
Harvey Todd	Supervisor, Production
Hector Nicola	CNC Operator
Jacob Geriner	CNC Operator
Jane Lindley	Production Operator
Joe Bowling	Tool Maker
Joel Velez	Laser Operator - Medical
John Christopher De Vega	Production Operator
Johnny Towson	Production Operator
Justin Dozier	CNC Operator
Kaleb Todd	Engineer
Kanedra Thornton	Clean Room Technician
Keith Johnson	Production Operator
Keith Walden	CNC Machinist
Kenneth McKnight	CNC Machinist
Ma Theresa Cohrs	Production Operator
Maria De Vega	Packaging Clerk
Marichu Parker	Inventory Clerk
Mark Waters	Laser Operator - Medical
Mike Valdes	CNC Machinist
Nakayla Scott	Clean Room Tech
Nghia Vinh Dang	Production Operator

Employee	Business Title
Niakia Kimble	Production Operator
Oscar Mitchell	CNC Machinist
Petra Francis	Clean Room Technician
Rahnesha Williams	Laser Etching Operator
Rickey Winesett	CNC Operator
Robert Dawson	CNC Machinist
Ronalyn Kinsey	Production Operator
Shandra Oliver	Clean Room Technician
Thanh Vo	Production Operator
Tilishia White	Clean Room Technician
Tim Moore	CNC Machinist
TJ Houser	CNC Machinist
Tyler Mueller	CNC Machinist
Tyson Bay	CNC Bur Grinder
Whitney Patterson	Production Operator
William Murrock	CNC Machinist
Andrew Moody	SR. MSO Planner
Joshua Padilla	Production Planning Specialist - Brasseler
Peggy Tucker	Production Planning Specialist - Brasseler
Zina Gaines	Production Coordinator
Katherine Nyby	Endodontic Procedural Sales Specialist
Keith Frank	Endodontic Procedural Sales Specialist
Matthew Maleski	Endodontic Procedural Sales Specialist
Dana Stephens	Team Lead, Inside Account Manager
Jessica Stelling	Inside Account Manager
Kathleen Valentine	Inside Account Manager
Kelly Caufield	Inside Account Manager
Lena Rotella	Inside Account Manager
Mary Smith	Inside Account Manager
Melanie Church	Inside Account Manager
Nigel St. Pierre	Inside Account Manager
Pamela Price	Inside Account Manager
Rachel Winesett	Inside Account Manager
Samantha baiocco Smith	Inside Account Manager
Sarah Schlappal	Inside Account Manager
Andrew Gardner	Manager, New Product Engineering
Andrew Myers	Engineer
Benjamin Cottle	Supervisor, Clear Aligners
Cameron Cole	Senior Engineer
Joshua Kennedy	Senior Engineer
Katie Silvey	Intern
Sarah Holland	Engineering Project Manager

Employee	Business Title
Stephen Schwaner	Senior Engineer
Christopher Hayes	Quality Assurance Specialist
Don Easter	Quality Assurance Specialist
Joseph Zellers	Associate Manager, Quality Engineering and Quality
Kristen Rahn	Supplier Quality Specialist
Rachel Zellers	Quality Assurance Specialist
Samantha Sykes	Document Control Administrator
Yanitza Velazquez	Quality Assurance Specialist
Martin Trope	Clinical Director of Endodontics
Michael McLaughlin	National Manager Endo Business
Jacquelyn Wilkinson	Quality Assurance Inspections Technician
Kimberly Taylor	Quality Assurance Inspections Technician
Michael Chainey	Team Lead, Quality Control
Michael Pope	Quality Assurance Inspections Technician
Richard Garrison	Quality Assurance Inspections Technician
Zeb Burrell	Quality Engineer Technician
Cary Rose	Director of Corporate Accounts
Chanda Ellis	Regional Sales Manager
Dan Hill	Special Markets Account Manager
Douglas Taips	Dental Regional Sales Manager - Canada
Frank Damico	Dental Regional Sales Manager - Midwest
Jack Burlison	Director of Endodontic Professional Relations
John Lashley	Special Markets Account Manager
Justin Frigo	Select Markets Manager
Mark Skinner	Dental Regional Sales Manager -West
Matt Woodend	Sr National Accounts Manager - Special Markets
Rich Barbuto	Director of Insides Sales and Commercial Operations
Richard Reynolds	Dental Regional Sales Manager - Southwest
Steven Sloane	District Sales Manager
Timothy Bohr	Dental Regional Sales Manager - South
Tyler Green	Special Markets Account Manager
William Eisenhauer	Dental Regional Sales Manager - Northeast
Melissa Scott	Product Development Manager -Rotary
Elizabeth Tuttle	Associate Product Manager, Restorative & Preventative
Michael Nease	Accounts Payable Clerk
Brian Solari	District Sales Manager
CAROLYN HEALY	District Sales Manager
Christopher Leighton	District Sales Manager
Cory Iverson	District Sales Manager
Denzel Bland	District Sales Manager
Derbie Anton	District Sales Manager
Greg Bingaman	District Sales Manager

Employee	Business Title
John Banfield	District Sales Manager
Kailey Pearce	District Sales Manager
Kassidy Long-goheen	District Sales Manager
Patrick Fujita	District Sales Manager
Rich Gates	District Sales Manager
Richard Voigt	District Sales Manager
Wayne Snook	District Sales Manager
Corey Mcmillian	VMWare Systems Administrator
Dylan Eaton	IT Support Services Technician II
Zachary Springer	Microssoft Systems Administrator
Laura Duttenhaver	Product Manager
Carvie Joy Angelastro	eCommerce Content Specialist
Cynthia Fullmore	Institutional IAM
Deborah Gill	Institutional IAM
Patricia Reddick	Institutional IAM
Sarah VanderBok	Contract Specialist
Sherri Evans	Team Lead, School IAM
Vonnda Ingle (On Leave)	Institutional IAM
Anita Hughes	Picker
Audrey Jackson	Packaging Auto Machine Operator
Beth Montgomery	Production Coordinator
Brian Fahning	Packaging Auto Machine Operator
Courtney Smith	Packaging Clerk
Eric Fields	Packaging Auto Machine Operator
Grace Peralez	Packaging Auto Machine Operator
Inez Mainer	Packaging Auto Machine Operator
Jacqueline Jones	Packaging Clerk
Latifah Whitaker	Packaging Clerk
Megan Winn	Packaging Clerk
Michelle Brown	Packaging Clerk
Rayvin Levingston	Packaging Clerk
Richard Mackin	Packaging Clerk
Ronald Denmark	Laser Etching Operator
Sharhonda Allen	Packaging Clerk
Teresita Cabral	Packaging Clerk
Toon Logan	Packaging Clerk
Veronica Williams	Packaging Clerk
Lloydetta Lyttle	Staff Accountant
Manuela Goforth	Supervisor, Accounts Payable
Sonya Black	Senior Accountant
Vernon Taylor	Senior Accountant
Angela Williams	Team Lead, Warehouse

Employee	Business Title
Annie Gails	Distribution Associate
Audrey Bonaparte	Distribution Associate
Brenda Gayle	Distribution Associate
Cathleen Korzik	Distribution Associate
Debra Cantaline	Credit/Returns Clerk
Dorothy Melvin	Distribution Associate
Edward Smith	Distribution Associate
Francesca Bennett	Distribution Associate
Gladys Hemphill	Receiving Clerk
Jef Corley	Picker
Jirly Santoni	Distribution Associate
Jordan Brown	Receiving Clerk
Kelvin Thornton	Stock Controller
Kevin Goss	Picker
Rosemarie Merrick	Picker
Roxanna Cotto	Distribution Associate
Sabine D Dorilas	Distribution Associate
Sylvia Ford	Stock Controller
Tatyanna Brown	Picker
Tyleshia McMillian	Team Lead, Receiving
Yuly Piedrahita	Distribution Associate
Jessica Russell	Supervisor, Inside Account Managers
Misty Brussow	Instructional Designer
S Delnostro	Events Planner
Veronica Caswell	Supervisor, Customer Sales Specialist
Alex Thatcher	District Sales Manager
Anna Warren	District Sales Manager
ARUL FLEURY	District Sales Manager
Blaire Schwen	District Sales Manager
Bricen Grigsby	District Sales Manager
Carolina Solano	District Sales Manager
EMANUEL GOMEZ	District Sales Manager
John Proffit	District Sales Manager
John Woody	District Sales Manager
June Nix	District Sales Manager
Megan Mottwiler	District Sales Manager
Michael Foley	District Sales Manager
Pauline Valencia	District Sales Manager
Philip Metzger (On Leave)	District Sales Manager
Scott O'Conner	District Sales Manager
Scott Seely	District Sales Manager
Sidney Lloyd	District Sales Manager

Employee	Business Title
Anika Joseph-Smith	Manager Regulatory Affairs
Fred Wang	Associate Manager, Regulatory Affairs & Quality
John Detres	Senior Manager, Quality Systems
Rachel Easley	Regulatory Affairs Specialist
Bob Bryant	Service Technician
Brittney Lattimore	Service Technician
Chrisly St Leger	Runner
Emily Kent	Team Lead, Service Technician
James Bentley	Service Technician
Jerry Reid	Team Lead, Service Tech
Jo Jamison	Service Technician
Kevin Freeman	Service Technician
Kevin St Luce	Data Entry Clerk, Brasseler
Kyle Gay	Shipping/Receiving Clerk - Handpiece Repair
Michael Jaudon	Service Technician
Richard Baisden	Team Lead, Service Technician
Samuel Spruill	Data Entry Clerk - Handpiece Repair
Stanley Bond	Packaging Repair Clerk
Tamara Cullens	Service Technician
Teresa Stout	Service Technician
George Upchurch	Facility Services Manager
Marshall Strong	Manager, Help Desk and Network Engineer
Tony Varney	Voice and Collaboration Specialist
Charles Poythress	Director, Information Technology
Elizabeth Glennon	Associate Manager of Digital Marketing
Eric Bray	Supervisor, Media
Kathleen Anderson	Culture & Talent Development Specialist
Ken Hunt	Vice President, Sales - Brasseler Dental
Larry Rose	Dir of Rotary Product Development & Innovation
Luann Schafer	Manager, Restorative & Prevent Care Marketing
Matthew Berkin	Strategic Marketing Manager
Olesia Kistulinec	Sr Director of Digital Technology
Pamela Kennedy	Dental Administrative Assistant
Petra Bertolozzi	Product Specialist
Brett Wilborn	District Sales Manager
Brittney Byrd	District Sales Manager
Heidi Santucci	District Sales Manager
Jason Scott	District Sales Manager
Jodie Crawford	District Sales Manager
Justin Ruscio	District Sales Manager
Kathryn Olin (On Leave)	District Sales Manager
Lori Humphrey	District Sales Manager

Employee	Business Title
Nicholas Frigo	District Sales Manager
Paul Spivey	District Sales Manager
Scott Matthews	District Sales Manager
Thomas Robertson	District Sales Manager
William Victor	District Sales Manager
Amanda Holland	Customer Sales Specialist
Annalise DeSchepper	Sales Support
Catherine Fitzer	Customer Sales Specialist
Cathy Best	Sales Support
Collette Sites	Customer Sales Specialist
Ellen Smith	Sales Support
Glenda Mills	Sales Support
Henry Parker	Handpiece Sales Support
J Dixon	Customer Sales Specialist
Janie Riggs	Customer Sales Specialist
Miriam Folk	Customer Sales Specialist
Pamela Schomburg	Sales Support
Rhonda Stanley	Customer Sales Specialist
Robert Grayson	Handpiece Sales Support
Sally Martin	Team Lead, Customer Sales Specialist
Sonia Swindell	Sales Support
Tony Mitchell	Handpiece IAM
Walter Renz	Handpiece Specialist
Whitney Dozier	Team Lead, Sales Support
Ashley Barnett	Purchasing Agent
Olga Irizarry	Senior Buyer, Purchasing
Sandrea LaFrance	Associate Buyer 1
Andrew Wichmann	District Sales Manager
Brendan Murphy	District Sales Manager
Corrado Azzollini	District Sales Manager
Danielle Cumella	District Sales Manager
Elizabeth Farber	District Sales Manager
Emirson Lumani	District Sales Manager
James Smolka	District Sales Manager
James Still	District Sales Manager
John Gallivan	District Sales Manager
Katie Anderson	District Sales Manager
Kirsten Larsen	District Sales Manager
Mary Rosenthal	District Sales Manager
Peter Giovannielli	District Sales Manager
Richard Daniels	District Sales Manager
Ryan Sloane	District Sales Manager

Employee	Business Title
Scott Bernard	District Sales Manager
Scott Ryan	District Sales Manager
Adolfo Alvarado	Director, Finance - MSO
Gary Walden	Senior Manager, Production
Heather Zellers	Manager of Production Planning
Helen Miskowski	Demand Planner
Paul DeLaTorre	Manager, Packaging
Renata Clark	Manager, Supply Chain/Distribution
Ronald Hiers	Manager of Handpiece Services
Ronald Smith	Manager of Safety and Facilities
William Bertolozzi	Manager, Purchasing

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 25, 2021

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from _____ to _____

Commission file number 0-27078

HENRY SCHEIN, INC.

(Exact name of registrant as specified in its charter)

Delaware	11-3136595
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)

135 Duryea Road

Melville, New York

(Address of principal executive offices)

11747

(Zip Code)

(631) 843-5500

(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $.01 per share	HSIC	The Nasdaq Global Select Market

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

YES: ☒ NO: ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

YES: ☐ NO: ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

YES: ☒ NO: ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

YES: ☒ NO: ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer: ☒ Accelerated filer: ☐ Non-accelerated filer: ☐ Smaller reporting company: ☐ Emerging growth company: ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. YES: ☒ NO: ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act).

YES: ☐ NO: ☒

The aggregate market value of the registrant's voting stock held by non-affiliates of the registrant, computed by reference to the closing sales price as quoted on the Nasdaq Global Select Market on June 26, 2021, was approximately $10,405,142,000.

As of February 7, 2022, there were 137,172,800 shares of registrant's Common Stock, par value $.01 per share, outstanding.

Documents Incorporated by Reference:

Portions of the Registrant's definitive proxy statement to be filed pursuant to Regulation 14A not later than 120 days after the end of the fiscal year (December 25, 2021) are incorporated by reference in Part III hereof.

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PART I

ITEM 1. Business

General

Henry Schein, Inc. is a solutions company for health care professionals powered by a network of people and technology. We believe we are the world's largest provider of health care products and services primarily to office-based dental and medical practitioners, as well as alternate sites of care. Our philosophy is grounded in our commitment to help customers operate a more efficient and successful business so the practitioner can provide better clinical care.

With more than 89 years of experience distributing health care products, we have built a vast set of small, mid-sized and large customers in the dental and medical markets, serving more than one million customers worldwide across dental practices, laboratories, physician practices, and ambulatory surgery centers, as well as government, institutional health care clinics and other alternate care clinics.

We are headquartered in Melville, New York, employ more than 21,600 people (of which approximately 10,700 are based outside the United States) and have operations or affiliates in 32 countries and territories. Our broad global footprint has evolved over time through our organic success as well as through contribution from strategic acquisitions.

We offer a comprehensive selection of more than 120,000 branded products and Henry Schein private brand products in stock, as well as more than 180,000 additional products available as special-order items. Our infrastructure, including over 3.8 million square feet of space in 27 strategically located distribution centers around the world, enables us to historically provide rapid and accurate order fulfillment, better serve our customers and increase our operating efficiency. This infrastructure, together with broad product and service offerings at competitive prices, and a strong commitment to customer service, enables us to be a single source of supply for our customers' needs.

We conduct our business through two reportable segments: (i) health care distribution and (ii) technology and value-added services. These segments offer different products and services to the same customer base. Our dental businesses serve office-based dental practitioners, dental laboratories, schools, government and other institutions. Our medical businesses serve physician offices, urgent care centers, ambulatory care sites, emergency medical technicians, dialysis centers, home health, federal and state governments and large enterprises, such as group practices and integrated delivery networks, among other providers across a wide range of specialties.

The health care distribution reportable segment, combining our global dental and medical businesses, distributes consumable products, dental specialty products, small equipment, laboratory products, large equipment, equipment repair services, branded and generic pharmaceuticals, vaccines, surgical products, diagnostic tests, infection-control products and vitamins. While our primary go-to-market strategy is in our capacity as a distributor, we also market and sell under our own private label portfolio of cost-effective, high-quality consumable merchandise products, and manufacture certain dental specialty products in the areas of implants, orthodontics and endodontics.

The technology and value-added services reportable segment provides software, technology and other value-added services to health care practitioners. Henry Schein One, the largest contributor of sales to this category, offers dental practice management solutions for dental and medical practitioners. In addition, we offer dentists and physicians a broad suite of electronic health records, integrated revenue cycle management, patient communication services including electronic marketing and web-site design, analytics and patient demand generation. Finally, our value-added practice solutions include practice consultancy, education, and the facilitation of financial service offerings (on a non-recourse basis) to help dentists and physicians operate and expand their business operations. We believe our hands-on consultative approach to provide solutions to support practice decision-making is a key differentiator for our business.

Recent Developments

See "Management's Discussion and Analysis of Financial Condition and Results of Operations – Recent Developments" herein for a discussion related to the COVID-19 pandemic and recent corporate transactions.

Industry

The global health care distribution industry, as it relates to office-based health care practitioners, is fragmented and diverse. The industry ranges from sole practitioners working out of relatively small offices to mid-sized and large group practices ranging in size from a few practitioners to several hundred practices owned or operated by dental support organizations (DSOs), medical group purchasing organizations (GPOs), hospital systems or integrated delivery networks (IDNs).

Due in part to the inability of office-based health care practitioners to store and manage large quantities of supplies in their offices, the distribution of health care supplies and small equipment to office-based health care practitioners has been characterized by frequent, small quantity orders, and a need for rapid, reliable and substantially complete order fulfillment. The purchasing decisions within an office-based health care practice are typically made by the practitioner, hygienist or office manager. Supplies and small equipment are generally purchased from more than one distributor, with one generally serving as the primary supplier.

The health care distribution industry continues to experience growth due to demand driven by the aging population, increased health care awareness and the importance of preventative care, an increasing understanding of the connection between good oral health and overall health, improved access to care globally, the proliferation of medical technology and testing, new pharmacology treatments and expanded third-party insurance coverage, partially offset by the effects of unemployment on insurance coverage and technological improvements, including the advancement of software and services, prosthetic solutions and telemedicine. In addition, the non-acute market continues to benefit from the shift of procedures and diagnostic testing from acute care settings to alternate-care sites, particularly physicians' offices and ambulatory surgery centers.

We believe that consolidation within the industry will continue to result in a number of distributors, particularly those with limited financial, operating and marketing resources, seeking to combine with larger companies that can provide growth opportunities. This consolidation also may continue to result in distributors seeking to acquire companies that can enhance their current product and service offerings or provide opportunities to serve a broader customer base.

In addition, customer consolidation will likely lead to multiple locations under common management and the movement of more procedures from the hospital setting to the physician or alternate care setting as the health care industry is increasingly focused on efficiency and cost containment. This trend has benefited distributors capable of providing a broad array of products and services at low prices. It also has accelerated the growth of health maintenance organizations ("HMOs"), group practices, other managed care accounts and collective buying groups, which, in addition to their emphasis on obtaining products at competitive prices, tend to favor distributors capable of providing specialized management information support. We believe that the trend towards cost containment has the potential to favorably affect demand for technology solutions, including software, which can enhance the efficiency and facilitation of practice management.

Competition

The distribution and manufacture of health care supplies and equipment is highly competitive. Many of the health care products we sell are available to our customers from a number of suppliers. In addition, our competitors could obtain exclusive rights from manufacturers to market particular products. Manufacturers also could seek to sell directly to end-users, and thereby eliminate or reduce our role and that of other distributors. In certain parts of the dental end market, such as those related to dental specialty products, and medical end market manufacturers already sell directly to end customers.

In North America, we compete with other distributors, as well as several manufacturers, of dental and medical products, primarily on the basis of price, breadth of product line, e-commerce capabilities, customer service and

value-added products and services. In the dental market, our primary competitors in the U.S. are the Patterson Dental division of Patterson Companies, Inc. and Benco Dental Supply Company. In addition, we compete against a number of other distributors that operate on a national, regional and local level. Our primary competitors in the U.S. medical market, which accounts for the large majority of our global medical sales, are McKesson Corporation and Medline Industries, Inc., which are national distributors. We also compete with a number of regional and local medical distributors, as well as a number of manufacturers that sell directly to physicians. With regard to our dental software, we compete against numerous companies, including the Patterson Dental division of Patterson Companies, Inc., Carestream Health, Inc., Open Dental Software, Inc., PlanetDDS LLC, Good Methods Global Inc. (d.b.a. CareStack) and Curve Dental, LLC. In other software end markets, including revenue cycle management, patient relationship management and patient demand generation, we compete with companies such as Vyne Therapeutics Inc., EDI-Health Group, Inc. (d.b.a. Dental X Change, Inc.), Weave Communications, Inc., Solutionreach, Inc., ZocDoc, Inc., LocalMed Inc. and Prosites Inc. The medical practice management and electronic medical records market is fragmented and we compete with numerous companies such as the NextGen division of Quality Systems, Inc., eClinicalWorks, Allscripts Healthcare Solutions, Inc. and Epic Systems Corporation.

Outside of the U.S., we believe we are the only global distributor of supplies and equipment to dental practices and our competitors are primarily local and regional companies. We also face significant competition internationally, where we compete on the basis of price and customer service against several large competitors, including the GACD Group, Proclinic SA, Lifco AB, Planmeca Oy and Billericay Dental Supply Co. Ltd., as well as a large number of other dental and medical product distributors and manufacturers in international countries and territories we serve.

Competitive Strengths

We have more than 89 years of experience in distributing products to health care practitioners resulting in strong awareness of the Henry Schein® brand. Our competitive strengths include:

A focus on meeting our customers' unique needs. We are committed to providing customized solutions to our customers that are driven by our understanding of the end markets we serve and reflect the technology-driven products and services best suited for their practice needs. We are committed to continuing to enhance these offerings through organic investment in our products and our teams, as well as through the acquisition of new products and services that may help us better serve our customers.

Direct sales and marketing expertise. Our sales and marketing efforts are designed to establish and solidify customer relationships through personal or virtual visits by field sales representatives, frequent direct marketing and telesales contact, emphasizing our broad product lines, including exclusive distribution agreements, competitive prices and ease of order placement, particularly through our e-commerce platforms. The key elements of our direct sales and marketing efforts are:

- *Field sales consultants.* We have over 3,450 field sales consultants, including equipment sales specialists, covering major North American, European and other international markets. These consultants complement our direct marketing and telesales efforts and enable us to better market, service and support the sale of more sophisticated products and equipment.

- *Marketing.* During 2021, we marketed to existing and prospective office-based health care providers through a combination of owned, earned and paid digital channels, as well as through catalogs, flyers, direct mail and other promotional materials. Our strategies included an emphasis on educational content through webinars and content marketing initiatives. We continue to enhance our marketing technology to improve our targeting capability and the relevance of messaging and offers.

- *Telesales.* We support our direct marketing effort with approximately 2,100 inbound and outbound telesales representatives, who facilitate order processing, generate new sales through direct and frequent contact with customers and stay abreast of market developments and the hundreds of new products, services and technologies introduced each year to educate practice personnel.

- *Electronic commerce solutions.* We provide our customers and sales teams with innovative and competitive e-commerce solutions. We continue to invest in our e-commerce platform to offer enhanced content management so customers can more easily find the products they need and to enable an engaging purchase experience, supported by excellent customer service.

- *Social media.* Our operating entities and employees engage our customers and supplier partners through various social media platforms, which are an important element of our communications and marketing efforts. We continue to expand our social media presence to raise awareness about issues, engage customers beyond a sale and deliver services and solutions to specialized audiences.

Broad product and service offerings at competitive prices. We offer a broad range of products and services to our customers, at competitive prices, in the following categories:

- *Consumable supplies and equipment.* We distribute consumable products, small equipment, laboratory products, large equipment, equipment repair services, branded and generic pharmaceuticals, vaccines, dental specialty products, diagnostic tests, infection-control products and vitamins. We offer over 120,000 Stock Keeping Units, or SKUs, to our customers. We offer over 180,000 additional SKUs to our customers in the form of special order items. We also market and sell our own private label portfolio of cost-effective, high-quality consumable merchandise products and manufacture certain dental specialty products in the areas of implants, orthodontics and endodontics.

- *Technology and other value-added products and services.* We sell practice management, business analytics, patient engagement and patient demand creation software solutions to our dental customers. Our practice management solutions provide practitioners with electronic medical records, patient treatment history, analytics, billing, accounts receivable analyses and management, appointment calendars, electronic claims processing and word processing programs, network and hardware services, e-commerce and electronic marketing services, sourcing third party patient payment plans, transition services and training and education programs for practitioners. We also sell medical software for practice management, certified electronic health records ("EHR") and e-Prescribe medications and prescription solutions through MicroMD®. We have approximately 950 technical representatives supporting customers using our practice management solutions and services. As of December 25, 2021, we had an active user base of approximately 95,700 practices and 400,000 consumers, including users of AxiUm, Dentally®, Dentrix Ascend®, Dental Vision®, Dentrix® Dental Systems, Dentrix® Enterprise, Easy Dental®, EndoVision®, Evolution® and EXACT®, Gesden®, Jarvis Analytics™, Julie® Software, Oasis, OMSVision®, Orisline®, PBS Endo®, PerioVision®, Power Practice® Px, PowerDent, and Viive® and subscriptions for Demandforce®, Sesame, and Lighthouse360® for dental practices and DentalPlans.com® for dental patients; and MicroMD® for physician practices.

- *Repair services.* We have over 140 equipment sales and service centers worldwide that provide a variety of repair, installation and technical services for our health care customers. Our over 2,175 technicians provide installation and repair services for: dental handpieces; dental and medical small equipment; table-top sterilizers and large dental equipment.

- *Financial services.* We offer our customers solutions in operating their practices more efficiently by providing access to a number of financial services and products provided by third party suppliers (including non-recourse financing for equipment, technology and software products, non-recourse practice financing for leasehold improvements, business debt consolidation and commercial real estate, non-recourse patient financing and credit card processing) at rates that we believe are generally lower than what our customers would be able to secure independently. We also provide staffing services, dental practice valuation and brokerage services.

Commitment to superior customer service. We maintain a strong commitment to providing superior customer service. We frequently monitor our customer service through customer surveys, focus groups and statistical reports. Our customer service policy primarily focuses on:

- *Exceptional order fulfillment*. We ship an average of approximately 156,000 cartons daily. Historically, approximately 99% of items have been shipped without back ordering and were shipped on the same business day the order is received. Due to the significant increase in demand for personal protective equipment ("PPE"), as a result of COVID-19, during the year ended December 25, 2021, approximately 96% of items ordered were shipped without back ordering. As the demand for PPE stabilizes, we expect our percentage of items shipped without back-ordering and shipped on the same day to return to historical levels.

- *Comprehensive ordering process*. Customers may place orders 24 hours a day, 7 days a week via e-commerce solutions, telephone, fax, e-mail and mail.

Integrated management information systems. Our information systems generally allow for centralized management of key functions, including accounts receivable, inventory, accounts payable, payroll, purchasing, sales, order fulfillment and financial and operational reporting. These systems allow us to manage our growth, deliver superior customer service, properly target customers, manage financial performance and monitor daily operational statistics.

Cost-effective purchasing. We believe that cost-effective purchasing is a key element to maintaining and enhancing our position as a competitively priced provider of health care products. We continuously evaluate our purchase requirements and suppliers' offerings and prices in order to obtain products at the lowest possible cost. In 2021, our top 10 health care distribution suppliers and our single largest supplier accounted for approximately 30% and 4%, respectively, of our aggregate purchases.

Efficient distribution. We distribute our products from our strategically located distribution centers. We strive to maintain optimal inventory levels in order to satisfy customer demand for prompt delivery and complete order fulfillment. These inventory levels are managed on a daily basis with the aid of our management information systems. Once an order is entered, it is electronically transmitted to the distribution center nearest the customer's location for order fulfillment.

Products and Services

The following table sets forth the percentage of consolidated net sales by principal categories of products and services offered through our health care distribution and technology and value-added services reportable segments:

	December 25, 2021	December 26, 2020	December 28, 2019
Health care distribution:			
Dental products [1]	60.8%	58.4%	64.2%
Medical products [2]	34.0	35.8	29.8
Total health care distribution	94.8	94.2	94.0
Technology and value-added services:			
Software and related products and other value-added products [3]	5.2	5.1	5.2
Total excluding Corporate TSA revenues	100.0	99.3	99.2
Corporate TSA revenues [4]	-	0.7	0.8
Total	100.0	100.0	100.0

(1) Includes infection-control products, handpieces, preventatives, impression materials, composites, anesthetics, teeth, dental implants, gypsum, acrylics, articulators, abrasives, dental chairs, delivery units and lights, X-ray supplies and equipment, PPE, equipment repair and high-tech and digital restoration equipment.

(2) Includes branded and generic pharmaceuticals, vaccines, surgical products, diagnostic tests, infection-control products, X-ray products, equipment, PPE and vitamins.

(3) Consists of practice management software and other value-added products, which are distributed primarily to health care providers, and financial services on a non-recourse basis, e-services, continuing education services for practitioners, consulting and other services.

(4) Corporate TSA revenues represents sales of certain products to Covetrus under the transition services agreement entered into in connection with the Animal Health Spin-off, which ended in December 2020. See Note-23 Related Party Transactions for further information.

Business Strategy

Our objective is to continue to expand as a global value-added provider of health care products and services to office-based dental and medical practitioners by increasing their efficiency and success. To accomplish this, we apply our competitive strengths in executing the following strategies:

- *Increase penetration of our existing customer base.* We have over 1 million customers worldwide and we intend to increase sales to our existing customer base and enhance our position as their primary supplier. We believe our offering of a broad range of products, services and support, including software solutions that can help drive improved workflow efficiency and patient communications for practices, coupled with our full-service value proposition, helps us to retain and grow our customer base.

- *Increase the number of customers we serve.* This strategy includes increasing the productivity of our field sales consultants and telesales team, as well as using our customer database to focus our marketing efforts in all of our operating segments. In the dental business, we provide products and services to independent practices, mid-market groups, and large DSOs as well as community health centers and government sites of care. Leveraging our broad array of assets and capabilities, we offer solutions to address these new markets. In the medical business, we have expanded to serve customers located in settings outside of the traditional office, such as urgent care clinics, retail, occupational health and home health settings. As settings of health care shift, we remain committed to serving these practitioners and providing them with the products and services they need.

- *Leverage our value-added products and services.* We continue to increase cross-selling efforts for key product lines utilizing a consultative selling process. In the dental business, we have significant cross-selling opportunities between our dental software users and our dental distribution customers. In the medical business, we have opportunities to expand our vaccine, injectables and other pharmaceuticals sales to health care practitioners, as well as cross-selling EHR systems and software when we sell our core products. Our strategy extends to providing health systems, integrated delivery networks and other large group and multi-site health care organizations, including physician clinics, these same value added products and services. As physicians and health systems closely align, we have increased access to opportunities for cross-marketing and selling our product and service portfolios.

- *Pursue strategic acquisitions and joint ventures.* Our acquisition strategy is focused on investments in companies that add new customers and sales teams, increase our geographic footprint (whether entering a new country, such as emerging markets, or building scale where we have already invested in businesses), and finally, those that enable us to access new products and technologies.

Markets Served

Demographic trends indicate that our markets are growing, as an aging U.S. population is increasingly using health care services. According to the U.S. Census Bureau's International Database, between 2021 and 2031, the 45 and older population is expected to grow by approximately 11%. Between 2021 and 2041, this age group is expected to grow by approximately 22%. This compares with expected total U.S. population growth rates of approximately 7% between 2021 and 2031 and approximately 12% between 2021 and 2041.

In the dental industry, there is predicted to be a rise in oral health care expenditures as the 45-and-older segment of the population increases. There is increasing demand for new technologies that allow dentists to increase productivity, and this is being driven in the U.S. by lower insurance reimbursement rates. At the same time, there is an expected increase in dental insurance coverage.

In the medical market, there continues to be a migration of procedures from acute-care settings to physicians' offices and home health settings, a trend that we believe provides additional opportunities for us. There also is the continuing use of vaccines, injectables and other pharmaceuticals in alternate-care settings. We believe we have established a leading position as a vaccine supplier to the office-based physician practitioner.

We support our dental and medical professionals through the many SKUs that we offer, as well as through important value-added services, including practice management software, electronic claims processing, financial services and continuing education, all designed to help maximize a practitioner's efficiency.

Additionally, we seek to expand our dental full-service model and medical offerings in countries where opportunities exist. We do this through both direct sales and by partnering with local distribution companies.

For information on revenues and long-lived assets by geographic area, see Note 3 – Segment and Geographic Data of "Notes to Consolidated Financial Statements."

Seasonality and Other Factors Affecting Our Business and Quarterly Results

We experience fluctuations in quarterly earnings. As a result, we may fail to meet or exceed the expectations of securities analysts and investors, which could cause our stock price to decline.

Our business is subject to seasonal and other quarterly fluctuations. Sales and profitability generally have been higher in the third and fourth quarters due to the timing of sales of seasonal products (including influenza vaccine) purchasing patterns of office-based health care practitioners for certain products (including equipment and software) and year-end promotions. Sales and profitability may also be impacted by the timing of certain annual and biennial dental tradeshows where equipment promotions are offered. In addition, some dental practices delay equipment purchases in the U.S. until year-end due to tax incentives. We expect our historical seasonality of sales to continue in the foreseeable future.

Governmental Regulations

We strive to be compliant with the applicable laws, regulations and guidance described below, and believe we have effective compliance programs and other controls in place to ensure substantial compliance. However, compliance is not guaranteed either now or in the future, as certain laws, regulations and guidance may be subject to varying and evolving interpretations that could affect our ability to comply, as well as future changes, additions and enforcement approaches, including political changes. President Biden's administration (the "Biden Administration") has indicated that it will be more aggressive in its pursuit of alleged violations of law, and it has revoked certain guidance that would have limited governmental use of informal agency guidance to pursue potential violations, as well as that it was more prepared to pursue individuals for corporate law violations, including an aggressive approach to anti-corruption activities. Changes to applicable laws, regulations and guidance described below, as well as related administrative or judicial interpretations, may require us to update or revise our operations, services, marketing practices and compliance programs and controls, and may impose additional and unforeseen costs on us, pose new or previously immaterial risks to us, or may otherwise have a material adverse effect on our business.

Government

Certain of our businesses involve the distribution, importation, exportation, marketing and sale of, and third party payment for, pharmaceuticals and medical devices, and in this regard, we are subject to extensive local, state, federal and foreign governmental laws and regulations, including as applicable to our wholesale distribution of pharmaceuticals and medical devices, and as part of our specialty home medical supply business that distributes and sells medical equipment and supplies directly to patients. The federal government and state governments have also increased enforcement activity in the health care sector, particularly in areas of fraud and abuse, anti-bribery and corruption, controlled substances handling, medical device regulations and data privacy and security standards.

Government and private insurance programs fund a large portion of the total cost of medical care, and there have been efforts to limit such private and government insurance programs, including efforts, thus far unsuccessful, to seek repeal of the entire United States Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act, each enacted in March 2010, (as amended, the "ACA"). In addition, activities to control medical costs, including laws and regulations lowering reimbursement rates for pharmaceuticals, medical devices and/or medical treatments or services, are ongoing. Many of these laws and regulations are subject to change and their evolving implementation may impact our operations and our financial performance.

Our businesses are also generally subject to numerous other laws and regulations that could impact our financial performance, including securities, antitrust, consumer protection, anti-bribery and anti-kickback, customer interaction transparency, data privacy, data security, government contracting, price gouging and other laws and regulations.

Failure to comply with laws, rules or regulations could have a material adverse effect on our business.

Operating, Security and Licensure Standards

Certain of our businesses are subject to local, state and federal governmental laws and regulations relating to the distribution of pharmaceuticals and medical devices and supplies. Among the United States federal laws applicable to us are the Controlled Substances Act, the Federal Food, Drug, and Cosmetic Act, as amended ("FDC Act"), and Section 361 of the Public Health Service Act, as well as laws regulating the billing of and reimbursement from government programs, such as Medicare and Medicaid, and from commercial payers. We are also subject to comparable foreign regulations.

The FDC Act, the Controlled Substances Act, their implementing regulations, and similar foreign laws generally regulate the introduction, manufacture, advertising, marketing and promotion, sampling, pricing and reimbursement, labeling, packaging, storage, handling, returning or recalling, reporting, and distribution of, and record keeping for, pharmaceuticals and medical devices shipped in interstate commerce, and states may similarly regulate such activities within the state. Furthermore, Section 361 of the Public Health Service Act, which provides authority to prevent the introduction, transmission or spread of communicable diseases, serves as the legal basis for the United States Food and Drug Administration's ("FDA") regulation of human cells, tissues and cellular and tissue-based products, also known as "HCT/P products."

The Federal Drug Quality and Security Act of 2013 brought about significant changes with respect to pharmaceutical supply chain requirements. Title II of this measure, known as the Drug Supply Chain Security Act ("DSCSA"), is being phased in over a period of ten years, and is intended to build a national electronic, interoperable system by November 27, 2023, that will identify and trace certain prescription drugs as they are distributed in the United States. The law's track and trace requirements applicable to manufacturers, wholesalers, repackagers and dispensers (e.g., pharmacies) of prescription drugs took effect in January 2015, and continues to be implemented. The DSCSA product tracing requirements replace the former FDA drug pedigree requirements and pre-empt certain state requirements that are inconsistent with, more stringent than, or in addition to, the DSCSA requirements.

The DSCSA also establishes certain requirements for the licensing and operation of prescription drug wholesalers and third-party logistics providers ("3PLs"), and includes the eventual creation of national wholesaler and 3PL licenses in cases where states do not license such entities. The DSCSA requires that wholesalers and 3PLs distribute drugs in accordance with certain standards regarding the recordkeeping, storage and handling of prescription drugs. The DSCSA requires wholesalers and 3PLs to submit annual reports to the FDA, which include information regarding each state where the wholesaler or 3PL is licensed, the name and address of each facility and contact information. According to FDA guidance, states are pre-empted from imposing any licensing requirements that are inconsistent with, less stringent than, directly related to, or covered by the standards established by federal law in this area. Current state licensing requirements concerning wholesalers will remain in effect until the FDA issues new regulations as directed by the DSCSA. In addition, with respect to our specialty home medical supply business, we are subject to certain state licensure laws (including state pharmacy laws), and also certain accreditation standards, including to qualify for reimbursement from Medicare and other third-party payers.

The Food and Drug Administration Amendments Act of 2007 and the Food and Drug Administration Safety and Innovation Act of 2012 amended the FDC Act to require the FDA to promulgate regulations to implement a unique device identification ("UDI") system. The UDI rule phased in the implementation of the UDI regulations, generally beginning with the highest-risk devices (i.e., Class III medical devices) and ending with the lowest-risk devices. Most compliance dates were reached as of September 24, 2018, with a final set of requirements for low risk devices being reached on September 24, 2022, which will complete the phase in. However, in May 2021, the FDA issued an enforcement policy stating that it does not intend to object to the use of legacy identification

numbers on device labels and packages for finished devices manufactured and labeled prior to September 24, 2023. The UDI regulations require "labelers" to include unique device identifiers ("UDIs"), with a content and format prescribed by the FDA and issued under a system operated by an FDA-accredited issuing agency, on the labels and packages of medical devices (including, but not limited to, certain software that qualifies as a medical device under FDA rules), and to directly mark certain devices with UDIs. The UDI regulations also require labelers to submit certain information concerning UDI-labeled devices to the FDA, much of which information is publicly available on an FDA database, the Global Unique Device Identification Database. The UDI regulations and subsequent FDA guidance regarding the UDI requirements provide for certain exceptions, alternatives and time extensions. For example, the UDI regulations include a general exception for Class I devices exempt from the Quality System Regulation (other than record-keeping requirements and complaint files). Regulated labelers include entities such as device manufacturers, repackagers, reprocessors and relabelers that cause a device's label to be applied or modified, with the intent that the device will be commercially distributed without any subsequent replacement or modification of the label and include certain of our businesses.

Under the Controlled Substances Act, as a distributor of controlled substances, we are required to obtain and renew annually registrations for our facilities from the United States Drug Enforcement Administration ("DEA") permitting us to handle controlled substances. We are also subject to other statutory and regulatory requirements relating to the storage, sale, marketing, handling, reporting, record-keeping and distribution of such drugs, in accordance with the Controlled Substances Act and its implementing regulations, and these requirements have been subject to heightened enforcement activity in recent times. We are subject to inspection by the DEA. Certain of our businesses are also required to register for permits and/or licenses with, and comply with operating and security standards of, the DEA, the FDA, the United States Department of Health and Human Services ("HHS"), and various state boards of pharmacy, state health departments and/or comparable state agencies as well as comparable foreign agencies, and certain accrediting bodies, depending on the type of operations and location of product distribution, manufacturing or sale. These businesses include those that distribute, manufacture and/or repackage prescription pharmaceuticals and/or medical devices and/or HCT/P products, or own pharmacy operations, or install, maintain or repair equipment.

In addition, Section 301 of the National Organ Transplant Act, and a number of comparable state laws, impose civil and/or criminal penalties for the transfer of certain human tissue (for example, human bone products) for valuable consideration, while generally permitting payments for the reasonable costs incurred in procuring, processing, storing and distributing that tissue. We are also subject to foreign government regulation of such products. The DEA, the FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers, seize or order the recall of products and impose significant criminal, civil and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers.

EU Regulation of Medicinal and Dental Products

European Union ("EU") member states regulate their own healthcare systems, as does EU law. The latter regulates certain matters, most notably medicinal products and medical devices. Medicinal products are defined, broadly, as substances or combinations of substances having certain functionalities and may not include medical devices. EU "regulations" apply in all Member States, whereas "directives" are implemented by the individual laws of member states.

On medicines for humans, we are regulated under Directive No. 2001/83/EC of 6 November 2001, as amended by Directive 2003/63/EC of 25 June 2003, and EU Regulation (EC) No. 726/2004 of 31 March 2004. These rules provide for the authorization of products, and regulate their manufacture, importation, marketing and distribution. It implements requirements which may be implemented without warning, as well as a national pharmacovigilance system under which marketing authorizations may be withdrawn, and includes potential sanctions for breaches of the rules, and on other bases such as harmfulness or inefficiency.

EU Regulation No. 1223/2009 of 30 November 2009 *on cosmetic products* requires that cosmetic products (which includes dental products) be safe for human health when used under normal or reasonably foreseeable conditions of use and comply with certain obligations which apply to manufacturer, importer and distributor. It includes market surveillance, and non-compliance may result in the recall or withdrawal of products, along with other sanctions.

In the EU, the EU Medical Device Regulation No. 2017/745 of 5 April 2017 ("EU MDR") covers a wide scope of our activities, from dental material to X-ray machines, and certain software. It was meant to become applicable three years after publication (i.e., May 26, 2020). However, on April 23, 2020, to allow European Economic Area ("EEA") national authorities, notified bodies, manufacturers and other actors to focus fully on urgent priorities related to the COVID-19 pandemic, the European Council and Parliament adopted Regulation 2020/561, postponing the date of application of the EU MDR by one year (to May 26, 2021).

The EU MDR significantly modifies and intensifies the regulatory compliance requirements for the medical device industry as a whole. Among other things, the EU MDR:

- strengthens the rules on placing devices on the market and reinforces surveillance once they are available;
- establishes explicit provisions on manufacturers' responsibilities for the follow-up of the quality, performance and safety of devices placed on the market;
- improves the traceability of medical devices throughout the supply chain to the end-user or patient through a unique identification number;
- sets up a central database to provide patients, healthcare professionals and the public with comprehensive information on products available in the EU;
- strengthens rules for the assessment of certain high-risk devices, such as implants, which may have to undergo an additional check by experts before they are placed on the market; and
- identifies importers and distributors and medical device products through registration in a database (EUDAMED not due until May 26, 2022 and after).

In particular, the EU MDR imposes stricter requirements for the confirmation that a product meets the regulatory requirements, including regarding a product's clinical evaluation and a company's quality systems, and for the distribution, marketing and sale of medical devices, including post-market surveillance. Medical devices that have been assessed and/or certified under the EU Medical Device Directive may continue to be placed on the market until 2024 (or until the expiry of their certificates, if applicable and earlier); however, requirements regarding the distribution, marketing and sale including quality systems and post-market surveillance have to be observed by manufacturers, importers and distributors as of the application date.

Other EU regulations that may apply under appropriate circumstances include EU Regulation No. 1907/2006 of 18 December 2006 *concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals*, which requires importers to register substances or mixtures that they import in the EU beyond certain quantities, and the EU Regulation No. 1272/2008 of 16 December 2008 on classification, labelling and packaging of substances and mixtures, which sets various obligations with respect to the labelling and packaging of concerned substances and mixtures.

Furthermore, compliance with legal requirements has required and may in the future require us to delay product release, sale or distribution, or institute voluntary recalls of, or other corrective action with respect, to products we sell, each of which could result in regulatory and enforcement actions, financial losses and potential reputational harm. Our customers are also subject to significant federal, state, local and foreign governmental regulation, which may affect our interactions with customers, including the design and functionality of our products.

Certain of our businesses are subject to various additional federal, state, local and foreign laws and regulations, including with respect to the sale, transportation, storage, handling and disposal of hazardous or potentially hazardous substances, and safe working conditions. In addition, certain of our businesses must operate in compliance with a variety of burdensome and complex billing and record-keeping requirements in order to substantiate claims for payment under federal, state and commercial healthcare reimbursement programs. One of these businesses was recently suspended by CMS from receiving payments from Medicare, although it is permitted to continue to perform and bill for Medicare services. The amounts billed are being deposited in an escrow account pending resolution of an audit. The Company has not recognized revenue for these services and has currently deferred slightly over $4 million in revenue.

Certain of our businesses also maintain contracts with governmental agencies and are subject to certain regulatory requirements specific to government contractors.

Antitrust and Consumer Protection

The federal government of the United States, most U.S. states and many foreign countries have antitrust laws that prohibit certain types of conduct deemed to be anti-competitive, as well as consumer protection laws that seek to protect consumers from improper business practices. At the U.S. federal level, the Federal Trade Commission oversees enforcement of these types of laws, and states have similar government agencies. Violations of antitrust or consumer protection laws may result in various sanctions, including criminal and civil penalties. Private plaintiffs may also bring civil lawsuits against us in the United States for alleged antitrust law violations, including claims for treble damages. EU law also regulates competition and provides for detailed rules protecting consumers. The Biden Administration has indicated increased antitrust enforcement and has been more aggressive in enforcement activities.

Health Care Fraud

Certain of our businesses are subject to federal and state (and similar foreign) health care fraud and abuse, referral and reimbursement laws and regulations with respect to their operations. Some of these laws, referred to as "false claims laws," prohibit the submission or causing the submission of false or fraudulent claims for reimbursement to federal, state and other health care payers and programs. Other laws, referred to as "anti-kickback laws," prohibit soliciting, offering, receiving or paying remuneration in order to induce the referral of a patient or ordering, purchasing, leasing or arranging for, or recommending ordering, purchasing or leasing of, items or services that are paid for by federal, state and other health care payers and programs. Certain additional state and federal laws, such as the federal Physician Self-Referral Law, commonly known as the "Stark Law," prohibit physicians and other health professionals from referring a patient to an entity with which the physician (or family member) has a financial relationship, for the furnishing of certain designated health services (for example, durable medical equipment and medical supplies), unless an exception applies. Violations of Anti-Kickback Statutes or the Stark Law may be enforced as violations of the federal False Claims Act.

The fraud and abuse laws and regulations have been subject to heightened enforcement activity over the past few years, and significant enforcement activity has been the result of "relators" who serve as whistleblowers by filing complaints in the name of the United States (and if applicable, particular states) under applicable false claims laws, and who may receive up to 30% of total government recoveries. Penalties under fraud and abuse laws may be severe, including treble damages and substantial civil penalties under the federal False Claims Act, as well as potential loss of licenses and the ability to participate in federal and state health care programs, criminal penalties, or imposition of a corporate compliance monitor which could have a material adverse effect on our business. Also, these measures may be interpreted or applied by a prosecutorial, regulatory or judicial authority in a manner that could require us to make changes in our operations or incur substantial defense and settlement expenses. Even unsuccessful challenges by regulatory authorities or private relators could result in reputational harm and the incurring of substantial costs. Most states have adopted similar state false claims laws, and these state laws have their own penalties, which may be in addition to federal False Claims Act penalties, as well as other fraud and abuse laws.

With respect to measures of this type, the United States government (among others) has expressed concerns about financial relationships between suppliers on the one hand and physicians and dentists on the other. As a result, we regularly review and revise our marketing practices as necessary to facilitate compliance.

We also are subject to certain United States and foreign laws and regulations concerning the conduct of our foreign operations, including the U.S. Foreign Corrupt Practices Act, the U.K. Bribery Act, German anti-corruption laws and other anti-bribery laws and laws pertaining to the accuracy of our internal books and records, which have been the focus of increasing enforcement activity globally in recent years.

While we believe that we are substantially compliant with applicable fraud and abuse laws and regulations, and have adequate compliance programs and controls in place to ensure substantial compliance, we cannot predict whether changes in applicable law, or interpretation of laws, or changes in our services or marketing practices in response to changes in applicable law or interpretation of laws, or failure to comply with applicable law, could have a material adverse effect on our business.

4Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Mirum Pharmaceuticals, Inc.

Physical Address: 950 Tower Lane, Suite 1050

City: Foster City State: CA Zip: 94404

Mailing Address (if different from physical address): 950 Tower Lane, Suite 1050

City: Foster City State: CA Zip: 94404

Telephone: 650-667-4085 Website: https://mirumpharma.com

Name of Designated Representative (DR): Jeffrey Murtha

Licensing Company Email: StateLicensing@mirumpharma.com DR Email: jeff.murtha@mirumpharma.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies	☒ Dangerous Drugs	☒ Manufacturer
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others: Prescription drugs	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others: Specialty pharmacies, specialty distributors,		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No Suppliers sold, dispensed or distributed w/i last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): Mirum Pharmaceuticals, Inc

Corporation Name: Mirum Pharmaceuticals, Inc.

Mailing Address: 950 Tower Lane, Suite 1050

City: Foster City State: CA Zip: 94404

Telephone: 850-490-9971 Email: StateLicensing@mirumpharma.com

Contact Person Name: Marisa Bookman

Date of SEC Registration: 11/20/18 | SEC Registration Number: 0001759425 | Stock Exchange Symbol: MIRM

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Mirum Pharmaceuticals, Inc.
Facility Name

Christopher Peetz
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

Sep 7, 2022
Date

Board Use Only	Date Received: 9.30.22	Amount: 1000.00 CK-116943

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 7869

NAME: MIRUM PHARMACEUTICALS INC

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

950 TOWER LN STE 1050
FOSTER CITY CA 94404
SAN MATEO COUNTY

ISSUANCE DATE

JULY 1, 2021

EXPIRATION DATE

JULY 1, 2023

CURRENT DATE / TIME

SEPTEMBER 15, 2022
11:12:22 AM

LICENSE RELATIONSHIPS

NAME: BAKER, SHVAWN MCPHERSON

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: DESIGNATED REPRESENTATIVE (WHOLESALER)

LICENSE NUMBER: 25967 **PRIMARY STATUS:** CLEAR

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Wholesale Drug Permit

1/01/2
1/01/2

LICENSE NO. WLS 7869

ISSUE DATE JULY 01, 2021

MIRUM PHARMACEUTICALS INC

950 TOWER LN STE 1050
FOSTER CITY CA 94404

The above is licensed with the State Board of Pharmacy as a Corporation.

CORPORATION
SHVAWN MCPHERSON BAKER — EXEMPTEE IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL JULY 01, 2022

RECEIPT NUMBER 00000000

This original license must be kept for the life of the license and posted in public view.

In accordance with section 4060 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is NONTRANSFERABLE and must be renewed annually on or before the indicated date. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, shareholder (more than 10 percent share change), designated representative-in-charge, manager or vice president of operations. If you are planning to change location or designated representative-in-charge, the approval must be in advance of the change.

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

----- POST IN PUBLIC VIEW -----

OPHWS1 09/30/19 WLS

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "MIRUM PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE SECOND DAY OF MAY, A.D. 2018, AT 9:06 O`CLOCK A.M.

RESTATED CERTIFICATE, FILED THE FIFTH DAY OF NOVEMBER, A.D. 2018, AT 10:55 O`CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE THIRD DAY OF JULY, A.D. 2019, AT 4:31 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE TWENTY-SECOND DAY OF JULY, A.D. 2019, AT 8 O`CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "MIRUM PHARMACEUTICALS, INC.".

Jeffrey W. Bullock, Secretary of State

6846982 8310

SR# 20220839776

Authentication: 202799421

Date: 03-01-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

Delaware

The First State

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MIRUM PHARMACEUTICALS, INC." WAS INCORPORATED ON THE SECOND DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.





6846982 8310

SR# 20220839776

Authentication: 202799421

Date: 03-01-22

You may verify this certificate online at corp.delaware.gov/authver.shtml



Description of Operations

Mirum Pharmaceuticals, Inc. is a VirtualManufacturer. Mirum Pharmaceuticals, Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to specialty pharmacies, specialty distributors, hospital pharmacies, retail pharmacies, and physician offices by their Third-Party Logistics Provider, Eversana Life Science Services , who is licensed to ship pharmaceutical products into your state. Sales records are stored at Eversana Life Science Services.

Contract Manufacturer Information:
We are using the following contract manufacturer to produce our product:

CMO name: AndersonBrecon Inc. dba PCI of Illinois
Address: 4545 Assembly Drive
City, State Zip: Rockford, IL 61109
FDA Establishment Number: 1421377

Contact Person: Jeannie Metzinger
Contact Number: 215-613-3603

AndersonBrecon (PCI) manufactures Mirum Pharmaceuticals, Inc.'s product and packages finished product. At no time does AndersonBrecon (PCI) own the product, contract with Mirum Pharmaceuticals, Inc.'s customers, invoice, nor sell a Mirum Pharmaceuticals, Inc. product. Mirum Pharmaceuticals, Inc.'s products are not Controlled Substances.

Labeler Code: 79378
NDC Code: 79378-0110-01

Third Party Logistic information:
For distribution into the commercial supply channels, Eversana Life Science Services acts as Mirum Pharmaceuticals, Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of Mirum Pharmaceuticals, Inc.'s product to specialty pharmacies, specialty distributors, hospital pharmacies, retail pharmacies, and physician offices throughout the United States. Eversana Life Science Services's address is:

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Current through September 15, 2022

You have searched Finished drug products

Search Results: *'Mirum'*

Back to Search Page () | Search Again ()

CSV | Excel

Display 50 records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	E M D
+ Livmarli	79378-110-01	9.5 mg/mL	SOLUTION	ORAL	NDA214662	Mirum Pharmaceuticals Inc.	79378-110	maralixibat chloride	MARALIXIBAT CHLORIDE	HUMAN PRESCRIPTION DRUG	09/29/2021	N//

Showing 1 to 1 of 1 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Company Information

Company Name: Mirum Pharmaceuticals, Inc.
Address: 950 Tower Lane, Suite 1050
City, State, Zip: Foster City, CA 94404
Phone: 650-667-4085
Website: https://mirumpharma.com
E-mail: sli@mirumpharma.com

FEIN: 83-1281555
State of Formation: DE
Date Incorporated: 05/02/2018
File Number: 6846982

Ownership Information

Mirum Pharmaceuticals, Inc., is a Publicly Traded company on the NASDAQ stock exchange under the symbol MIRM.

Officers

Christopher Peetz, President & CEO

Pam Vig, Ph.D., Head of Research and Development

Lara Longpre, Chief Development Officer

Ian Clements, Ph.D., Chief Financial Officer

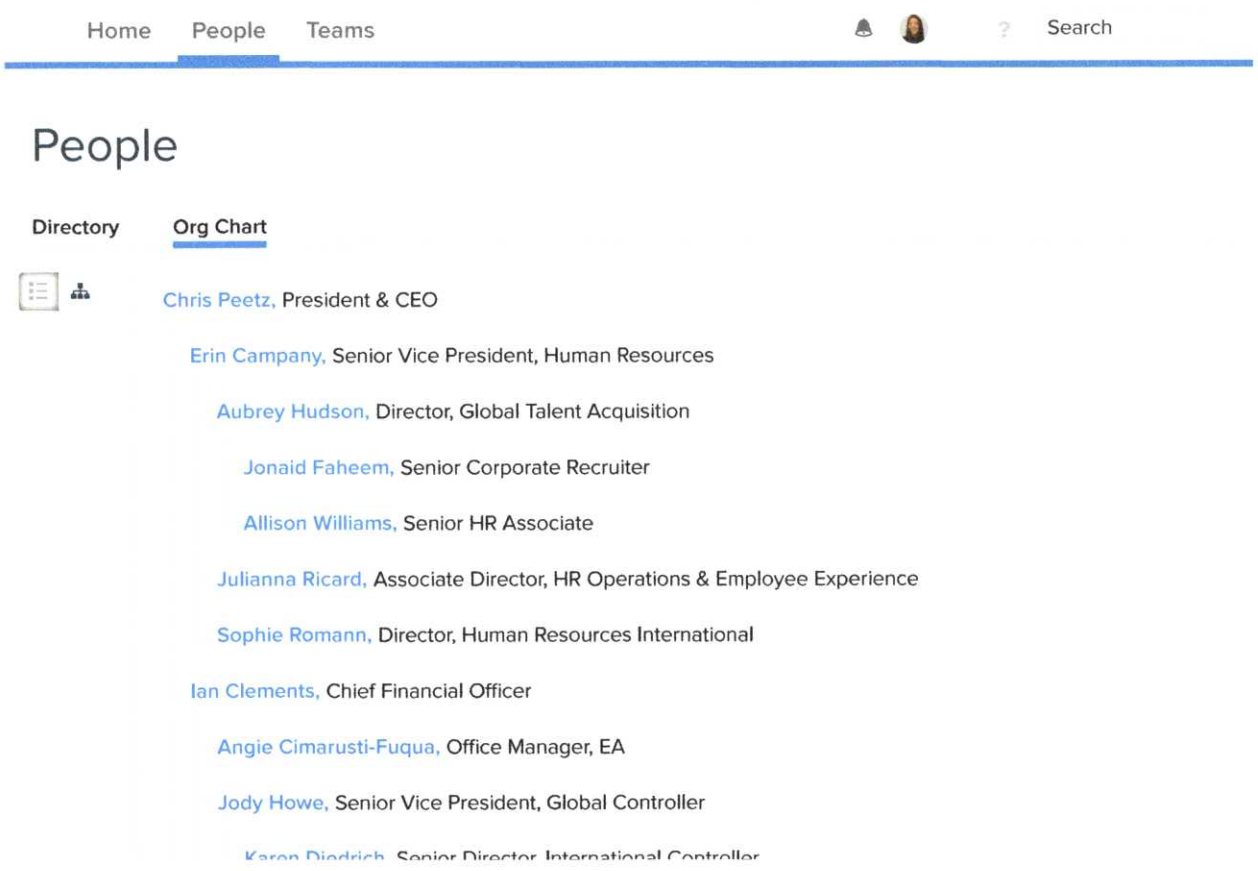
Peter Radovich, Chief Operating Officer



Eversana Life Science Services, LLC
4580 Mendenhall, Memphis, TN 38141
Melinda Smith, 901-696-6117

Mirum Pharmaceuticals, Inc. has 186 employees working on site during normal business hours.

Mirum Pharmaceuticals, Inc.'s hours of operation are 8:00 am – 5:00pm Monday through Friday.


Home
People
Teams
Search
People
Directory
Org Chart
Chris Peetz, President & CEO
Erin Campany, Senior Vice President, Human Resources
Aubrey Hudson, Director, Global Talent Acquisition
Jonaid Faheem, Senior Corporate Recruiter
Allison Williams, Senior HR Associate
Julianna Ricard, Associate Director, HR Operations & Employee Experience
Sophie Romann, Director, Human Resources International
Ian Clements, Chief Financial Officer
Angie Cimarusti-Fuqua, Office Manager, EA
Jody Howe, Senior Vice President, Global Controller

Karen Bleuhch, Senior Director, International Controller

Sam Kanyiri, Manager, International Accounting

Pradnya Kulkarni, Accounting Manager

Rohit Sarna, Senior Director, US Controller

Stela Bancheva, Associate Director, Accounting Operations

Aleks Degtyaryov, Manager, Accounting Operations

Tyler Dockery, AP Accountant

Jorge Morales, Accountant

Teren Scudder, Manager, Global Procure to Pay Accounting Operations

Mark Jones, Counsel

Roberto Aldovini, Senior Director, EU Legal & Compliance

Bambie Mazer, Senior Manager, Contracts Management

Addy Keenan, Manager, Contracts Management

Sam Li, Senior Director, IT/IS

Bruce Chung, Associate Director, IT Operations & Security

Chrislyn Dangca, Manager, IT Applications

Andrew McKibben, Vice President, Investor Relations and Finance

Tim Irving, Executive Director, FP&A

Angela Chu, Director, FP&A

Linda Schoelkmann, Director, European Business Operations

Erin Osborne, Executive Director, Corporate Affairs

Catherine Woodwell, Corporate Affairs Associate

Vinita P. Kumar, Senior Vice President, Quality

Youngson Kim, Associate Director, Commercial QC/QA – API & Bulk DP

Shannon LeMoullec, Director Quality Systems

Dipali Patel, Associate Director, Quality Systems

Brooke St. Pierre, Manager, Document Control, Quality Systems

Ho-Sum Wong, Associate Director, Quality Systems and Vendor Compliance

Melinda Russell, Director, Quality Compliance

Carlina Ospina, Senior Manager, QA, GxP Training

Eva Ruth, Director, GCP QA

Connie Wong, Senior Director, GMP Quality

Sam Amiri, Associate Director, GMP Quality Assurance

Edward Gleeson, Senior Manager, GMP Quality Assurance

Gregory Liang, Associate Director, GMP QA

Wayne Lyle, Associate Director, GMP Quality Assurance

Yann Müller, Associate Director, GMP QA

Wendy Smith, Associate Director, GMP QA

Lara Longpre, Chief Development Officer

Gina Forte, Senior Director, Program Leadership

Philipp Anstaett, Associate Director, International Program Management

Linh Do, Senior Manager, Program Management

Maya Rich, Program Manager

Will Garner, Executive Director, Biometrics

Raul Aguilar Schall, Director, Biostatistics

Marshall Baek, Director, Statistical Programming

Jennifer Kahng, Associate Director, Statistical Programming

Julie Gatti, Director, Data Management

Mamatha Adla, Senior Manager, Data Management

Furong Li, Manager, Biostatistics

Sherin Halfon, Vice President, New Program Leadership

Anne Marie McCormack, Director, Medical Writing

Karl Trass, Senior Vice President, Global Regulatory Affairs

Tracy Acker, Executive Director, Commercial RA & Labeling

Noor Araim, Senior Manager, Regulatory Affairs, Advertising/Promotion

Ken Cheng, Associate Director, CMC Regulatory Affairs

Sherry Condie, Associate Director, CMC Regulatory Affairs

Badr Fathi, Senior Director, Regulatory Affairs International

Kinneret Aviad Albiez, Associate Director, International Regulatory Affairs

Rishabh Jain, Director, Regulatory Affairs

April Ryles, Senior Manager, Regulatory Affairs

Matt Wall, Associate Director, Regulatory Project Management

Lalitha Kavuluri, Associate Director, Regulatory Information Management

Sharleen Xiong, Director, Regulatory Affairs

Anita Kurien, Manager, Regulatory Affairs

Arthur Van Leerberghe, Executive Director, Clinical Operations

Jayshree Krishnaswami, Director, Clinical Operations, VLX

Andy Chung, Senior Clinical Trial Associate

Clara Kebabian, Associate Director, Clinical Project Management

Divya Koleth, Senior Clinical Trial Associate

Andrew Lane, Associate Director, Clinical Project Management

Yoko Neddermann, Senior Clinical Research Associate

Sarah Ruwe, Associate Director, Clinical Project Management

Arianne Dela Pena, Clinical Research Associate

Susanne Weber Ronn, Director, Clinical Operations

Daniela Bufnila, Senior Clinical Trial Associate

Cristina Darie-Chirila, Senior Clinical Project Manager

Stacy Harrison, Associate Director, Clinical Project Management

Carollini Machado, Senior Clinical Trial Associate

Rajni Rallan, Clinical Project Manager

Sabine Sarrasin, Principal Clinical Research Associate

Luca Tellaroli Wepfer, Senior Clinical Trial Associate

Peter Radovich, Chief Operating Officer

Marisa Bookman, Vice President, Supply Chain

Chalise Jackson, Director, Clinical Supply Chain

Jacky Lumbreras, Senior Manager, Clinical Supply Chain

Laura Wheeler, Associate Director, Clinical Supply Chain

Michael Lazar, Director, Supply Chain Process & Compliance

Sarah Maitz, Associate Director, Ex-US Commercial Supply Chain

Michael Ehrman, Vice President, Sales and Marketing

Jennifer Au, Associate Director, Global Product Strategy

Kristen Baugher, Senior Associate, Caregiver Activation

Kitty Colletti, Area Director, West

- Eleena Barton, Regional Account Manager
- Bryan DePriest, Regional Account Manager
- Ryan Gillette, Regional Account Manager
- Tina Gryp, Regional Account Manager
- Jeff McCann, Regional Account Manager
- Diane Schaefer, Regional Account Manager

Mary Norton, Associate Director, US Marketing

Jake Socha, Associate Director, Training and Commercial Effectiveness

Lindsey Spelyng, Executive Director, US Marketing

Adam Zebari, Area Director, East

- Layla Blust, Regional Account Manager
- Amy Corson, Regional Account Manager
- Danielle Costello, Regional Account Manager
- Christine Fromm, Regional Account Manager
- Coy Pitts, Regional Account Manager

Tessa Quittner, Regional Account Manager

Laura Sohacki, Regional Account Manager

Shawn Gilbertson, Senior Director, Commercial Operations

Brian Binns, Director, Business Analytics & Forecasting

Sarah Eid, Senior Manager, Commercial Operations

Jennifer Hakim, Associate, Commercial Operations

Jean-Luc Girardet, Senior Vice President, CMC

Kieran Durkin, Senior Director, API Drug Substance Mfg.

Chris Ablan, Director, Drug Substance

Florina Voica, Director, Drug Substance

Satya Murthy, Senior Director, CMC and Analytical Development

Yi Gu, Associate Director, Analytical Development

Indrawati Joe, Senior Manager, Quality Control

Angela Lew, Associate Director, Analytical Development

Ying Yang, Associate Director, Analytical Development

Annette Rice, CMC Document Manager

Parag Ved, Director, Drug Product Manufacturing

Parth Patel, Senior Manager, Drug Product Development

Robin Howard, Vice President, Market Access and Insights

Ida Goldstein, Senior Director, Trade, Distribution & Patient Services

Justine Crescencio, Senior Manager, Patient Services

Amanda Law, Director, Market Insights

Jeff Murtha, Senior Director, US Payer Lead

Jody Legg, Senior Payer Account Lead

Matt Harju, Payer Account Lead

JJ Roth, Payer Account Lead

Dong Kim, Vice President, Corporate Development

Mark Gero, Associate Director, Corporate Development

Kartik Pappu, Senior Director, Corporate Development

Alexey Kutahov, Senior Vice President & General Manager, International

Marc Clausse, Vice President, International Partner Markets & Commercial Planning

Luu Truong, Director, Distribution Management

Roberto Florenzano, General Manager, Italy and South Europe

Patrick Kolb, General Manager, DACH

Lara Huss, Key Account Manager / Cholestatic Science Manager, Germany

Rebecca Schindler, Key Account Manager / Cholestatic Science Manager, Germany

Emmanuelle Nuris Souquet, General Manager, France & BeNeLux

Lucia Quadrado, Executive Director, International Market Access

Nadav Zadok, Director, Market Access

Paul Ross, Chief Compliance Officer

Beth Johannessen, Executive Director, Compliance

Pam Vig, Head of Research and Development

Elaine Chien, Vice President, Clinical Development and Medical Safety

Susan David-Feliciano, Senior Director, Medical Safety

Barbora Silva, Associate Director, Medical Safety Science

Srikar Guntaka, Medical Director (VLX)

MeeJ Kim, Director, Clinical Development

Wenting Lei, Director, Medical Safety Operations

Sri Devineni, Associate Director, Medical Safety Operations

Ann Warsi, Medical Director, Clinical Development

Andrea Goldstein, Vice President, Medical Affairs

Shvawn Baker, Director, Global Clinical Trial Liaisons

Sami Alam, Clinical Trial Liaison

Melissa Fraser, Associate Director, Medical Affairs and Project Management

Andrey Gurevich, Vice President, International Medical Affairs

Jean-Paul Lemelletier, Medical Affairs Lead, France and Benelux

Carolin Schön, Medical Affairs Lead, DACH

Francois Smuts, Associate Director, International Scientific Medical Affairs

Andrea Soglian, Medical Affairs Lead, Italy and South Europe

Matt Kent, Medical Information Manager

Pratik Parikh, National Field Director, MSL

Krystal Devine, Senior Medical Science Liaison, Rocky Mountains

Stacie Holland, Senior Medical Science Liaison, Midwest

Kimberly Hollar, Senior Medical Science Liaison, Southeast

April LaRow, Medical Science Liaison, Great Lakes/Ohio Valley

Trang Nguyen, Medical Science Liaison, East

Jolan Terner-Rosenthal, Senior Director, Publications

Tony Tokman, Senior Manager, Publications

Jennifer Totten, Director, Medical Affairs

Cory Kostrub, Vice President, Non-Clinical

Josephine Shelton, Associate Director, Non-Clinical

Douglas Mogul, Senior Director, Scientific Affairs and Engagement

Tiago Nunes, Executive Director, Clinical Development

Anita Dreyer, Associate Director, Clinical Development

Jilliann Elliott, Associate Medical Director

Anamaria Lascau, Associate Medical Director, Clinical Development

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): September 1, 2022

Mirum Pharmaceuticals, Inc.
(Exact name of Registrant as Specified in Its Charter)

Delaware	001-38981	83-1281555
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(IRS Employer Identification No.)

950 Tower Lane Suite 1050 Foster City, California	94404
(Address of Principal Executive Offices)	(Zip Code)

Registrant's Telephone Number, Including Area Code: 650 667-4085

N/A
(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common stock, par value $0.0001 per share	**MIRM**	**Nasdaq Global Market**

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☒

Item 5.02 Departure of Directors or Certain Officers; Election of Directors; Appointment of Certain Officers; Compensatory Arrangements of Certain Officers.

(b)

On September 1, 2022, Edward T. Mathers notified the board of directors (the "Board") of Mirum Pharmaceuticals, Inc. (the "Company") of his resignation as a director of the Company and as a member of the Compensation Committee of the Board, effective September 1, 2022. Mr. Mathers' resignation was not the result of any dispute or disagreement with the Company on any matter related to the Company's operations, policies or practices.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned thereunto duly authorized.

Mirum Pharmaceuticals, Inc.

Date: September 2, 2022

By: /s/ Christopher Peetz
Christopher Peetz
President and Chief Executive Officer

August 31, 2022

To Whom It May Concern:

Mirum Pharmaceuticals is a privately-held, California-based biopharmaceutical company dedicated to transforming the treatment of rare diseases. Mirum's approved medication is LIVMARLI® (maralixibat) oral solution which is approved in the U.S. for the treatment of cholestatic pruritus in patients with Alagille syndrome one year of age and older.

As a virtual manufacturer, Mirum Pharmaceuticals does not manufacture, distribute or store product at their California facility. At no time do contact manufacturers own Mirum Pharmaceuticals products, contract with Mirum Pharmaceuticals customers, invoice or sell Mirum Pharmaceuticals products. Mirum Pharmaceuticals products are not controlled substances. Accordingly, Mirum Pharmaceuticals is not required to maintain DEA registration.

I hope this narrative is helpful as you review Mirum Pharmaceutical's application. If you have a question regarding this information, please contact me at (850)-545-7749 or via email at christina.burnam@twolabs.com.

Thank you in advance for your consideration.

Christina Burnam
Licensing Analyst

4Z

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?	■ Nevada ☐ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler	* If making a change, provide current license number:	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: 3M Medical Solutions

Physical Address: 3175 W. Ali Baba Ln., Suite 806

City: Las Vegas State: NV Zip: 89118-1611

Mailing Address (if different from physical address): 6103 Farinon Dr., Attn: HCC/Katy

City: San Antonio State: TX Zip: 78249

Telephone: 702-795-1088 Website: https://www.mykci.com/

Name of Designated Representative (DR): n/a

Licensing Company Email: kalouthen@mmm.com DR Email: MDEG admin: amenchaca@mmm.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: HHA/WCC		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): 3M Company

Corporation Name: KCI USA, Inc dba 3M Medical Solutions

Mailing Address: 12930 W. Interstate 10

City: San Antonio State: TX Zip: 78249

Telephone: 210-255-6503 Email: Rmgomez@mmm.com

Contact Person Name: Rosa Gomez

Date of SEC Registration: 1946 | SEC Registration Number: I-3285 | Stock Exchange Symbol: MMM

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✔" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• **List of all Officers and Directors.**	✔	✔		
• **List the top four corporation shareholders and their percent ownership.**	✔			
• **List of all corporation shareholders and their percent ownership.**		✔		
• **List of all partners and their percent ownership.**			✔	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✔	✔	✔	✔
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✔	✔	✔
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✔	✔	✔
• **Copy of DEA certificate if handling controlled substances**	✔	✔	✔	✔
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✔			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✔	✔	✔	✔
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✔	✔	✔	✔
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✔	✔	✔	✔
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✔	✔	✔	✔
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf		✔	✔	✔
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✔	✔	✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

3M Medical Solutions

Facility Name

Rosa Gomez- VP, Medicare Enrollment

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

7/13/22

Date

Board Use Only	Date Received: _____	Amount: _____

ORGANIZATION HIERARCHY

Next in Charge Responsibilities Flows Top to Bottom

3M · KCI
United by purpose.

Name	Title
Michael Roman	Chairman and CEO
Mojdeh Poul	EVP Health Care
Sebastian Arana Araya	VP HCBG - USAC
Michael DelVacchio	Dir Medical Markets Center
Byron Clark	Field Service Leader
Courtney Luper	Reg Field Service Center Mgr
Ton Rutson	District Field Service Sup
Geraldo Figueroa	Associate Field Service Mgr
Alex Menchaca	Field Service Lead
Brian Hill	Field Service Traveler Rep
Saul Amaya	Field Service Rep II

Location

LAS VEGAS

Service Center #:

278

KCI USA, INC.

Members of the Board

Chad Smoley

OFFICERS

Ngocbich 'Bich' Le	President
Jon Einess	Secretary
Rodolfo Espinosa-Casaubon	Treasurer
Chad Smoley	Vice President, Finance
Amy Law	Vice President, Health Economics, Reimbursement & Government Affairs
Lee Wolff	VP, Corporate Controller
Brett Kraemer	Chief Compliance Officer
Steven L. Jackson	Vice President, Global Quality
Jera Sitton	Vice President, Medicare Operation
Rosa Gomez	Vice President, Medicare Enrollment
Karla Stoeckman	Assistant Secretary
Justin P. McGough	Assistant Treasurer

0% Ownership for all Officers

KCI USA, Inc. is a Delaware Corporation

KCI USA, Inc Corporate address for All officers:

P.O. Box 659508
San Antonio, TX 78265-9508

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational documents on file in this office for

KCI USA, INC.

Organizational Documents on File	Filing Date

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, KCI USA, INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 06/04/1991, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/25/2022

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202207252867793
You may verify this certificate online at http://www.nvsos.gov

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis Towers Watson Midwest, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A: Old Republic Insurance Company — 24147
INSURED 3M Company DBA 3M Medical Solutions 12930 W. Interstate 10 San Antonio, TX 78249	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** W23886555 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y		MWZY 315305	03/01/2020	03/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG [ ]	$ 10,000,000 $ 1,000,000 $ $ 10,000,000 $ 10,000,000 $ 10,000,000 $
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY	Y		MWTB 315303	03/01/2020	03/01/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) [ ]	$ 2,000,000 $ $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE [ ]	$ $ $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? Y/N [No] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		MWC309963-22	03/01/2022	03/01/2023	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 2,000,000 $ 2,000,000 $ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Effective May 1, 2020 coverage for KCI USA, Inc., DBA 3M Medical Solutions will be added to the 3M Company General Liability Policy and Automobile policy referenced effective May 1, 2020.

Re: KCI USA Inc. - 3175 W. Ali Baba Lane., Suite 806, Las Vegas, Nevada 89118-1611.
Certificate Holder is added as an Additional Insured excluding Workers' Compensation and Employers' Liability as required by written contract but limited to the operations of the Insured under said contract, and always subject to

CERTIFICATE HOLDER

National Suppliers Clearing House
P.O. Box 100142
Columbia, SC 29202-3142

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Kit J. Hou

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AGENCY CUSTOMER ID: _____

LOC #: _____

ACORD®

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Willis Towers Watson Midwest, Inc.	3M Company DBA 3M Medical Solutions 12930 W. Interstate 10 San Antonio, TX 78249
POLICY NUMBER See Page 1	
CARRIER: See Page 1 / NAIC CODE: See Page 1	EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

the policy terms, conditions and exclusions.

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SR ID: 22176442 BATCH: 2400624 CERT: W23886555

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG 3M MEDICAL SOLUTIONS MDEG License # (if applicable) MW 00771

Physical Address 3175 W. Ali Baba Ln. Ste. 806

City Las Vegas State NV Zip 89118

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-232-7890 Website 3m.com

Licensing Company Email kalouthen@mmm.com

Section 2: Personal Information

First Alex Middle _____ Last Menchaca

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Congaree St

City Las Vegas State NV Zip 89141

Telephone 702-232-7890 Email amenchaca@mmm.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
National University		6/14 - 6/19	
Address	**City**	**State**	**Zip**
9388 LIGHTWAVE AVE	La Jolla	CA	92123
Diploma/Degree obtained, if any			
BACHELOR'S BUSINESS ADMINISTRATION W/CONCENTRATION IN ACCOUNTANCY			
School Name		**From - To (MM/YY – MM/YY)**	
LIVE OAK HIGH SCHOOL		8/96 – 6/98	
Address	**City**	**State**	**Zip**
1505 E MAIN AVE	MORGAN HILL	CA	95037
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/02 - Present	[redacted] CONGAREE ST	LAS VEGAS	NV	89141

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name		From - To (MM/YY – MM/YY)	
KCI - 3M MEDICAL SOLUTIONS		05/04 - PRESENT	
Business Address	**City**	**State**	**Zip**
3175 W ALI BABA LN STE 806	LAS VEGAS	NV	89118
Phone	**Title**	**Number of Employed Hours**	
702-232-7890	SERVICE LEAD	MAY 2004 - PRESENT	
Description of Duties	Medical equipment - maintenance, cleaning, delivery, and retrieval; instruction of use, in-services, trouble shooting. Medical supplies - delivery, instructions for use.		

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Alex Menchaca
Original Signature (electronic, copies or stamps not accepted)

Aug 22, 2022
Date

I, Alex Menchaca, certify that as the MDEG Administrator for KCI - 3M Medical Solutions,

that I (initial that you have read and meet the following requirements):

1. AM Have a high school diploma or its equivalent;
2. AM Have
   a. At least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. AM Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. AM Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alex Menchaca

Print Name (First, Last)

Alex Menchaca

Original Signature (electronic, copies or stamps not accepted)

Aug 22, 2022

Date

Board Use Only	Date Received:

KCI USA, Inc. Ownership Percentages >5%			
Entity Name	***Address***	***US Taxpayer ID Number***	***% owned***
Medicaid full list, direct and indirect			
KCI Licensing, Inc.	12930 W. Interstate 10 San Antonio, Tx 78249	74-2928553	100%
KCI Holding Company, Inc.	12930 W. Interstate 10 San Antonio, Tx 78249	74-2804102	100%
Kinetic Concepts, Inc.	12930 W. Interstate 10 San Antonio, Tx 78249	74-1891727	100%
Chiron Holdings, Inc.	12930 W. Interstate 10 San Antonio, Tx 78249	45-2823202	100%
Acelity Inc. (previously named Chiron Topco, Inc.)	12930 W. Interstate 10 San Antonio, Tx 78249	45-3012782	100%
3M Company	Office of General Counsel 3M Center, Bldg. 220-9E-02 St.Paul, MN 55144	41-0417775	100%

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of the
Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): **October 11, 2019**

3M Company

(Exact name of registrant as specified in its Charter)

Delaware	**1-3285**	**41-0417775**
(State or other jurisdiction of incorporation)	(Commission File Number)	(I.R.S. Employer Identification No.)
3M Center, St. Paul, Minnesota (Address of Principal Executive Offices)		**55144-1000** (Zip Code)

Registrant's telephone number, including area code: **(651) 733-1110**

Not Applicable
(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (*see* General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities Registered pursuant to Section 12(b) of the Act:

Title of each class	**Trading Symbol(s)**	**Name of each exchange on which registered**
Common Stock, Par Value $.01 Per Share	MMM	New York Stock Exchange, Inc.
	MMM	Chicago Stock Exchange, Inc.
1.500% Notes due 2026	MMM26	New York Stock Exchange, Inc.
Floating Rate Notes due 2020		New York Stock Exchange, Inc.
0.375% Notes due 2022	MMM22A	New York Stock Exchange, Inc.
0.950% Notes due 2023	MMM23	New York Stock Exchange, Inc.
1.750% Notes due 2030	MMM30	New York Stock Exchange, Inc.

Note: The common stock of the Registrant is also traded on the SWX Swiss Exchange.

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (17 CFR §230.405) or Rule 12b-2 of the Securities Exchange Act of 1934 (17 CFR §240.12b-2).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 2.01. Completion of Acquisition or Disposition of Assets

On October 11, 2019 (the "Closing Date"), 3M Company, a Delaware corporation (the "Company"), completed the acquisition of Acelity, Inc., a Delaware corporation ("Acelity") from Acelity L.P. Inc., a Guernsey limited partnership ("Seller"). Pursuant to the Stock Purchase Agreement dated as of May 1, 2019, by and among Seller, Acelity and the Company (the "Stock Purchase Agreement"), the Company acquired all of the outstanding shares of the capital stock of Acelity for aggregate cash consideration of approximately $4.511 billion, subject to certain adjustments.

The foregoing description of the Stock Purchase Agreement and the transactions contemplated thereby does not purport to be complete and is qualified in its entirety by reference to the full text of the Stock Purchase Agreement, which was filed as Exhibit 2.1 to the Current Report on Form 8-K filed by the Company with the Securities and Exchange Commission on May 2, 2019, and is incorporated herein by reference.

Item 7.01. Regulation FD Disclosure

On October 11, 2019, the Company issued a press release announcing the completion of the acquisition of Acelity as contemplated by the Stock Purchase Agreement. A copy of that press release is being furnished herewith as Exhibit 99.1.

This information is being furnished under Item 7.01 and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liability of such section, nor shall this information be deemed incorporated in any filings made by the Company under the Securities Act of 1933, as amended (the "Securities Act"), or the Exchange Act, except as expressly set forth by specific reference in such a filing.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Press Release, dated October 11, 2019.
104	Cover Page Interactive Data File (the cover page XBRL tags are embedded in the Inline XBRL document).

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

Date: October 11, 2019

3M Company

By: /s/ Ivan K. Fong
Ivan K. Fong
Senior Vice President, General Counsel and Secretary

Exhibit 99.1

3M Completes Acquisition of Acelity, Inc.

Acquisition Expands Presence in Advanced and Surgical Wound Care

ST. PAUL, Minn. – October 11, 2019 – 3M (NYSE: MMM) today announced it has completed the acquisition of Acelity, Inc. and its KCI subsidiaries worldwide from a consortium comprised of funds advised by Apax Partners (the Apax Funds), together with controlled affiliates of the Canada Pension Plan Investment Board (CPPIB) and the Public Sector Pension Investment Board (PSP Investments) for a total enterprise value of approximately $6.7 billion, including assumption of debt and other adjustments. Acelity is a leading global medical technology company focused on advanced wound care and specialty surgical applications marketed under the KCI brand.

"This is an exciting day as we bring together two premier and innovative companies that are focused on delivering comprehensive health care solutions to enable better outcomes for patients," said 3M chairman and CEO Mike Roman. "We are excited to have the tremendous people of Acelity join the 3M team, and are confident in the value that this acquisition will deliver to our customers and our shareholders. This addition further accelerates 3M as a leader in advanced wound care, which is a significant and growing market segment."

3M's Medical Solutions business is focused on applying 3M technologies to deliver safe and effective solutions to improve clinical outcomes and healthcare economics. The business offers a range of integrated solutions that include advanced and acute wound care dressings and products, medical tapes, sterilization products, and patient prep and warming products. These solutions cross the entire continuum of care, enabling better outcomes, improving the patient experience, and delivering strong economic value in today's value-based care environment.

The Acelity business is well known for creating and growing new segments based on the ability to identify and address unmet clinical needs with KCI-branded products that advance the practice of medicine, beginning with the introduction of V.A.C.® Therapy - groundbreaking Negative Pressure Wound Therapy. Today, KCI product offerings also include advanced wound dressings and negative pressure surgical solutions. KCI's solutions contribute to better patient outcomes by enhancing wound healing. The business has annual revenue of approximately $1.5 billion with year-to-date organic growth of 5 percent through September 30, 2019.

3M will further discuss this transaction during its upcoming third quarter earnings call on October 24, 2019.

Forward-Looking Statements

This news release contains forward-looking information about 3M's financial results and estimates and business prospects that involve substantial risks and uncertainties. You can identify these statements by the use of words such as "anticipate," "estimate," "expect," "aim," "project," "intend," "plan," "believe," "will," "should," "could," "target," "forecast" and other words and terms of similar meaning in connection with any discussion of future operating or financial performance or business plans or prospects. Among the factors that could cause actual results to differ materially are the following: risks associated with failure to retain key management and employees of Acelity and its subsidiaries; issues or delays in the successful integration of Acelity's operations with those of 3M, including incurring or experiencing unanticipated costs and/or delays or difficulties, which could result in additional demands on 3M's resources, systems, procedures and controls, disruption of its ongoing business and diversion of management's attention from other business concerns; difficulties or delays in the successful transition from the information technology systems of Acelity to those of 3M as well as risks associated with other integration or transition of the operations, systems and personnel of Acelity; failure or inability to implement growth strategies in a timely manner; unfavorable reactions to the transactions from customers, competitors, suppliers and employees; the possibility that certain assumptions with respect to Acelity's business or the transactions could prove to be inaccurate; worldwide economic, political, regulatory, capital markets, and other external conditions and other factors beyond 3M's control, including natural and other disasters or climate change affecting the operations of 3M or its customers and suppliers; 3M's credit ratings and its cost of capital; changes in tax and other laws, regulations, rates and policies; competitive conditions and customer preferences; foreign currency exchange rates and fluctuations in those rates; the timing and market acceptance of new product offerings; the availability and cost of purchased components, compounds, raw materials and energy (including oil and natural gas and their derivatives) due to shortages, increased demand or supply interruptions (including those caused by natural and other disasters and other events); the impact of acquisitions, strategic alliances, divestitures, and other unusual events resulting from portfolio management actions and other evolving business strategies, and possible organizational restructuring; operational execution, including scenarios where 3M generates fewer productivity improvements than estimated; unanticipated problems or delays with the phased implementation of a global enterprise resource planning (ERP) system, or security breaches and other disruptions to 3M's information technology infrastructure; financial market risks that may affect 3M's funding obligations under defined benefit pension and postretirement plans; and legal proceedings, including significant developments that could occur in the legal and regulatory proceedings described in 3M's Annual Report on Form 10-K for the year ended Dec. 31, 2018, and any subsequent quarterly reports on Form 10-Q (the "Reports"). Changes in such assumptions or factors could produce significantly different results. A further description of these factors is located in the Reports under "Cautionary Note Concerning Factors That May Affect Future Results" and "Risk Factors" in Part I, Items 1 and 1A (Annual Report) and in Part I, Item 2 and Part II, Item 1A (Quarterly Reports). The information contained in this news release is as of the date indicated. 3M assumes no obligation to update any forward-looking statements contained in this news release as a result of new information or future events or developments.

About 3M

At 3M, we apply science in collaborative ways to improve lives daily. With $33 billion in sales, our 93,000 employees connect with customers all around the world. Learn more about 3M's creative solutions to the world's problems at www.3M.com or on Twitter @3M or @3MNews.

3M Investor Contacts:
Bruce Jermeland, 651-733-1807
or
Tony Riter, 651-733-1141

3M Media Contact:
Jennifer Ehrlich, 651-592-0132

Cynthia L. Choren
Vice President

Marsh USA Inc.
8000 Market Street
Suite 1800
St. Louis, MO 63101
314-342-2661
Cynthia.L.Choren@marsh.com
www.marsh.com

MARSH

May 11, 2022

Katy Louthen
3M Medical Solutions
6103 Farinon Drive, Bldg. V
San Antonio, TX 78249

Subject: Address Change Rider

Principal: KCI USA, Inc. DBA 3M Medical Solutions
Obligee: Centers for Medicare & Medicaid Services
Bond Description: DMEPOS Surety Bond
Bond Amount: $3,050,000.00
Bond Number: 190045472
Surety Name: Liberty Mutual Insurance Company
Transaction Effective Date: 6/09/2022

Dear Katy:

In response to Shelley Darst's request, I am pleased to enclose the rider for the above-referenced bond that is based on the information we received with the request. Since the rider doesn't require a signature on behalf of KCI USA, Inc, it is ready to be filed with the Obligee.

As always, the document should be re-checked for accuracy before filing with the Centers for Medicare & Medicaid Services.

If you have any questions, please feel free to contact me. Thank you for allowing Marsh to service your surety needs.

Sincerely,

Cindy

Cynthia L. Choren
Vice President

Enclosure

CHANGE RIDER

To be attached to and form a part of Bond No. 190045472

in the amount of $3,050,000.00 issued by Liberty Mutual Insurance Company

on behalf of KCI USA, Inc. DBA 3M Medical Solutions

in favor of Centers for Medicare & Medicaid Services

It is understood and agreed that the bond described above is hereby modified so as to

ADDRESS CHANGE

NPI: 1386631323 PTAN: 0445090128

From: 7020 Troy Hill Drive, Suite G, Elkridge, MD 21075-7054
To: 7020 Troy Hill Drive, Suite H - J, Elkridge, MD 21075-7054

(See Updated Schedule Attached)

It is further expressly understood and agreed that the aggregate liability of the Liberty Mutual Insurance Company under said bond to the obligee herein mentioned shall not exceed the amount stated above.

Nothing herein contained shall be held to vary, alter, waive, or extend any of the terms, agreements, conditions or limitations of the above-mentioned bond, other than as above stated.

Signed, sealed and dated this 11th day of May, 2022.

Rider Effective Date: June 9, 2022

Liberty Mutual Insurance Company

BY: Cynthia L. Choron
Cynthia L. Choron Attorney-in-Fact

LMS-14173 02/08

Revised 6-09-2022

Schedule

This Schedule amends and becomes part of Surety Bond No. **190045472.** Notwithstanding the Penal Sum set forth in this Bond, the Surety's liability for bond claims involving a particular Principal (and related National Provider Identifer ("NPI")) is limited by the applicable Limit of Liabilily set forth in the Schedule below. All other provisions of the Bond remain unchanged.

Principal (Legal Business Name)	Address	NPI #	Tax Identificaiton Number	NSC/PTAN	Limit of Liability
KCI USA, Inc.	2714 Commerce Sq, E. Bldg, IV Irondale, AL 35210-1550	1538156864	74-2152396	0445090001	$ 50,000.00
KCI USA, Inc.	11153 Calaska Clr. Anchorage, AK 99515-2919	1790750024	74-2152396	0445090167	$ 50,000.00
KCI USA, Inc.	23309 N 17th Dr., Suite 122 Phoenix, AZ 85027-6306	1073500161	74-2152396	0445090114	$ 50,000.00
KCI USA, Inc.	9722 Maumelle Blvd. North Little Rock, AR 72113-6737	1669469896	74-2152396	0445090050	$ 50,000.00
KCI USA, Inc.	606 S. Glenwood Pl. Burbank, CA 91506-2820	1720075906	74-2152396	0445090013	$ 50,000.00
KCI USA, Inc.	1155 E. North Ave., Ste. 105 Fresno, CA 93725-1947	1194712331	74-2152396	0445090102	$ 50,000.00
KCI USA, Inc.	720 N. Valley St., Suite K Anaheim, CA 92801-3830	1093702060	74-2152396	0445090112	$ 50,000.00
KCI USA, Inc.	3951 Performance Dr., Suite H Sacramento, CA 95838-3264	1366439358	74-2152396	0445090116	$ 50,000.00
KCI USA, Inc.	7925 Dunbrook Rd., Suite C San Diego, CA 92126-6306	1437146578	74-2152396	0445090090	$ 50,000.00
KCI USA, Inc.	2400 Merced St. San Leandro, CA 94577-4211	1013904119	74-2152396	0445090150	$ 50,000.00
KCI USA, Inc.	1500 W. Hampden Ave., Suite 5E Sheridan, CO 80110-2075	1346237591	74-2152396	0445090033	$ 50,000.00
KCI USA, Inc.	65 Louis Street, Suite F Newington, CT 06111-4598	1033106075	74-2152396	0445090126	$ 50,000.00
KCI USA, Inc.	7029 Commonwealth Ave., Suite 2 Jacksonville, FL 32220-2866	1649267857	74-2152396	0445090043	$ 50,000.00
KCI USA, Inc.	2101 NW 33rd St., Ste. 1100 Pompano Beach, FL 33069-5902	1780671529	74-2152396	0445090079	$ 50,000.00
KCI USA, Inc.	3506 Saint Valentine Way, Suite 3 Orlando, FL 32811-6525	1013904036	74-2152396	0445090078	$ 50,000.00
KCI USA, Inc.	1911 N US Highway 301, Suite 340 Tampa, FL 33619-2661	1215924238	74-2152396	0445090075	$ 50,000.00
KCI USA, Inc.	6325 Regency Pkwy, Ste 830 Norcross, GA 30071-2339	1225026545	74-2152396	0445090131	$ 50,000.00
KCI USA, Inc.	98-029 Hekaha St., Suite 17 Aiea, HI 96701-4917	1457348690	74-2152396	0445090103	$ 50,000.00
KCI USA, Inc.	6135 W. Corporal Ln. Boise, ID 83704-9317	1932196185	74-2152396	0445090042	$ 50,000.00
KCI USA, Inc.	1193 N. Ellsworth Ave. Villa Park, IL 60181-1040	1528055597	74-2152396	0445090030	$ 50,000.00
KCI USA, Inc.	6975 Corporate Circle Indianapolis, IN 46278-1957	1437146594	74-2152396	0445090027	$ 50,000.00
KCI USA, Inc.	2452 South Riverside Dr. Iowa City IA, 52246-5855	1174510390	74-2152396	0445090047	$ 50,000.00
KCI USA, Inc.	9852 Pflumm Rd. Lenexa, KS 66215-1208	1043207269	74-2152396	0445090025	$ 50,000.00
KCI USA, Inc.	1632 S. West St., Suite 4 Wichita KS 67213-1102	1619964962	74-2152396	0445090005	$ 50,000.00
KCI USA, Inc.	4227 Produce Rd. Louisville, KY 40218-3064	1073500138	74-2152396	0445090063	$ 50,000.00

Revised 6-09-2022

Principal (Legal Business Name)	Address	NPI #	Tax Identificaiton Number	NSC/PTAN	Limit of Liability
KCI USA, Inc.	660 Distributors Row, Ste D Harahan, LA 70123-3253	1487641445	74-2152396	0445090059	$ 50,000.00
KCI USA, Inc.	264 Merrow Rd, Ste. 2 Auburn, ME 04210-8995	1740277854	74-2152396	0445090117	$ 50,000.00
KCI USA, Inc.	7020 Troy Hill Dr., Suite H - J Elkridge, MD 21075-7054	1386631323	74-2152396	0445090128	$ 50,000.00
KCI USA, Inc.	14 Commerce Rd. Shrewsbury, MA 01545-4292	1942298252	74-2152396	0445090130	$ 50,000.00
KCI USA, Inc.	44245 Plymouth Oaks Blvd. Plymouth, MI 48170-2585	1740277029	74-2152396	0445090088	$ 50,000.00
KCI USA, Inc.	7217 University Ave., NE Fridley, MN 55432-3134	1346237542	74-2152396	0445090020	$ 50,000.00
KCI USA, Inc.	2338 Weldon Pkwy St. Louis, MO 63146-3208	1669469847	74-2152396	0445090012	$ 50,000.00
KCI USA, Inc.	670 King Park Dr., Suite 2 Billings, MT 59102-6257	1407843659	74-2152396	0445090037	$ 50,000.00
KCI USA, Inc.	5362 F St. Omaha, NE 68117-2804	1114914314	74-2152396	0445090017	$ 50,000.00
KCI USA, Inc.	3175 W. Ali Baba Ln., Suite 806 Las Vegas, NV 89118-1611	1801883053	74-2152396	0445090105	$ 50,000.00
KCI USA, Inc.	1380 Greg St., Suite 238 Sparks, NV 89431-6072	1255328282	74-2152396	0445090118	$ 50,000.00
KCI USA, Inc.	4 Candy Lane, Unit 2 Hudson, NH 03051-3062	1689662967	74-2152396	0445090133	$ 50,000.00
KCI USA, Inc.	192 Atlantic St. Hackensack, NJ 07601-3301	1275521569	74-2152396	0445090137	$ 50,000.00
KCI USA, Inc.	2615 River Rd., Ste 14 Cinnaminson, NJ 08077-1628	1801884952	74-2152396	0445090134	$ 50,000.00
KCI USA, Inc.	195 Central Ave., Suite P Farmingdale, NY 11735-6904	1104813104	74-2152396	0445090123	$ 50,000.00
KCI USA, Inc.	6132 Brookshire Blvd., Suite H Charlotte, NC 28216-2410	1124015086	74-2152396	0445090080	$ 50,000.00
KCI USA, Inc.	200 Trans Air Dr., Suite 500 Morrisville, NC 27560-7202	1033106216	74-2152396	0445090093	$ 50,000.00
KCI USA, Inc.	500 10th Street NE, Ste. 230 West Fargo, ND 58078-2233	1295722254	74-2152396	0445090039	$ 50,000.00
KCI USA, Inc.	6751 Engle Road, Suite K Middleburg Heights, OH 44130-7900	1649267774	74-2152396	0445090087	$ 50,000.00
KCI USA, Inc.	5762 Westbourne Ave. Columbus, OH 43213-1400	1619965761	74-2152396	0445090141	$ 50,000.00
KCI USA, Inc.	5924 NW, 2nd St., Ste 950 Oklahoma City, OK 73127-6531	1689661746	74-2152396	0445090058	$ 50,000.00
KCI USA, Inc.	11937 NE Sumner St., Unit H Portland, OR 97220-9014	1760479885	74-2152396	0445090120	$ 50,000.00
KCI USA, Inc.	357 Northgate Dr., Ste. 4 Warrendale, PA 15086-7548	1154318301	74-2152396	0445090108	$ 50,000.00
KCI USA, Inc.	118 Centerpoint Blvd. Pittston, PA 18640-6133	1366439366	74-2152396	0445090124	$ 50,000.00
KCI USA, Inc.	124 Old Mill Road, Ste. B Greenville, SC 29607-5337	1033106067	74-2152396	0445090083	$ 50,000.00
KCI USA, Inc.	1705 Base Pointe Way Louisville, TN 37777-4278	1871580027	74-2152396	0445090061	$ 50,000.00
KCI USA, Inc.	1679 Shelby Oaks Dr. N., Ste.6 Memphis, TN 38134-7417	1215924220	74-2152396	0445090068	$ 50,000.00
KCI USA, Inc.	2412 E. Randol Mill Rd. Arlington, TX 76011-6355	1720075781	74-2152396	0445090041	$ 50,000.00

Revised 6-09-2022

Principal (Legal Business Name)	Address	NPI #	Tax Identificaiton Number	NSC/PTAN	Limit of Liability
KCI USA, Inc.	2313 W. Sam Houston Pkwy. N., Suite 127 Houston, TX 77043-2039	1912994070	74-2152396	0445090046	$ 50,000.00
KCI USA, Inc.	5850 Farinon Drive San Antonio, TX 78249-3403	1629065875	74-2152396	0445090057	$ 50,000.00
KCI USA, Inc.	1765 S. 900 W., Ste 88 Salt Lake City, UT 84104-1713	1366439507	74-2152396	0445090028	$ 50,000.00
KCI USA, Inc.	56 W. Twin Oaks Ter., Ste. 8 South Burlington, VT 05403-7106	1316934565	74-2152396	0445090109	$ 50,000.00
KCI USA, Inc.	598 Roanoke St. Salem, VA 24153-3552	1093702284	74-2152396	0445090094	$ 50,000.00
KCI USA, Inc.	22757 72nd Ave. S., Suite E-100/101 Kent, WA 98032-2459	1184611311	74-2152396	0445090098	$ 50,000.00
KCI USA, Inc.	300 Roxalana Business Park Dunbar, WV 25064-2728	1093702219	74-2152396	0445090096	$ 50,000.00
KCI USA, Inc.	N8W22350 Johnson Dr., Ste. A6 Waukesha, WI 53186-1679	1700873916	74-2152396	0445090023	$ 50,000.00
				TOTAL	$ 3,050,000.00

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8204666

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Cynthia L. Choren

all of the city of St. Louis, state of Missouri each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 15th day of February, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 15th day of February, 2021, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 11th day of May, 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

1 to 2 of 2 Results for Establishment
Registration or Business Trade Name : *KCI USA*

Results per Page 10
New Search[6]

Establishment Name	▲[7] ▼[8]	Registration Number	Current Registration Yr
KCI USA, INC.[9]	TX/USA	3005178245	2022
• Negative Pressure Wound Therapy Powered Suction Pump[10]			Specification Developer; Complaint File Establishment
• Negative Pressure Wound Therapy Powered Suction Pump[11]			Specification Developer; Complaint File Establishment
• Negative Pressure Wound Therapy Powered Suction Pump[12]			Specification Developer; Complaint File Establishment
• Mesh, Surgical, Polymeric[13]			Specification Developer; Complaint File Establishment
• Negative Pressure Wound Therapy Powered Suction Pump[14]			Specification Developer; Complaint File Establishment
• Show all *60 Listings For KCI USA, INC.*[15] *TX/USA*			
KCI USA, INC.[16]	TX/USA	3009897021	2022
• Negative Pressure Wound Therapy Powered Suction Pump[17]			Manufacturer
• Negative Pressure Wound Therapy Powered Suction Pump[18]			Manufacturer
• Negative Pressure Wound Therapy Powered Suction Pump[19]			Manufacturer
• Mesh, Surgical, Polymeric[20]			Manufacturer
• Negative Pressure Wound Therapy Powered Suction Pump[21]			Manufacturer
• Show all *49 Listings For KCI USA, INC.*[22] *TX/USA*			

Can't find what you're looking for? Try a new search[23]

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6. ../cfrl/rl.cfm
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13. ./rl.cfm?lid=630144&lpcd=FTL
14. ./rl.cfm?lid=630146&lpcd=OMP
15. ./rl.cfm?start_search=1&showList=1&establishmentName=KCI%20USA@Num=&StateName=&CountryName=&OwnerOperatorNumber=&OwnerOperatorName=
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18. ./rl.cfm?lid=630131&lpcd=OMP
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Page Last Updated: 07/11/2022

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

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U.S. Department of Health & Human Services

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13. ./rl.cfm?lid=630144&lpcd=FTL
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4AA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	■ Nevada ☐ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Exel Inc. dba DHL Supply Chain (USA)

Physical Address: 1025 Sandhill Road

City: Reno State: NV Zip: 89521

Mailing Address (if different from physical address): 360 Westar Blvd, Dept 555

City: Westerville State: OH Zip: 43082

Telephone: (800) - 981 - 2491 Website: www.exel.com

Name of Designated Representative (DR): LuzAlejandra Limon

Licensing Company Email: DHL@IQVIA.com DR Email: alejandra.limon2@dhl.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	■ Others: OTC Drugs	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Manufacturers		■ Others: 3PL

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Please see the attached Letters and supporting documents.

Mark A. Swank

→ Original Signature (electronic, copies or stamps not accepted)

10/28/22

→ Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Sanofi
Address: 55 Corporate Drive City: Bridgewater State: NJ Zip: 08807
Name: Elanco
Address: 2500 Innovation Way City: Greenfield State: IN Zip: 46140
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: MA
Parent Company (if any): DPWN Holdings (USA), Inc.
Corporation/Organization Name: Exel Inc. dba DHL Supply Chain (USA)
Mailing Address: 360 Westar Blvd, Dept 555
City: Westerville State: OH Zip: 43082
Telephone: 614-865-8500 Email: regulatory@dhl.com
Contact Person Name: Mark A. Smolik

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Exel Inc. dba DHL Supply Chain (USA)

Facility Name

Mark A. Smolik

Print Name of Authorized Person Submitting Application

Mark A. Smolik

→ Original signature of Authorized Person (copies or stamps not accepted)

→ 8/17/22 Date

Board Use Only	Date Received: 8-29-22	Amount: 1000.00 CK-648791	9/15/22

DHL Supply Chain
Regulatory Affairs

360 Westar Boulevard, Westerville, OH 43082

October 14, 2022

RE: NV Wholesaler Initial Application

To whom it may concern,

Exel Inc. d/b/a DHL Supply Chain (USA) ("DHL") is submitting this letter in reference to the question on Wholesaler Initial Application regarding pending complaint, investigation, or disciplinary actions.

[Exel Inc. d/b/a DHL Supply Chain (USA) ("DHL") is a part of Deutsche Post DHL Group, the world's leading contract logistics provider, and has tens of thousands of employees across North America. At any given time, DHL is a named defendant in civil matters, including employment cases. Based on knowledge and belief of the respondent completing this application after reasonable inquiry, DHL is not involved in any pending criminal proceedings. Nor is DHL part of any pending malpractice claims, civil claims, or lawsuits in connection with drugs/devices.]

Attached are letters from the State Board for the following 2 items:

1. On March 27, 2019, DHL received a notice from the Colorado Board of Pharmacy indicating that the Board initiated disciplinary action against DHL in connection with DHL's failure to notify the Board of a change in its Designated Representative for the site located at 1635 Stone Ridge Drive, Stone Mountain, GA 30083-118. The matter was resolved with the Board as of April 29, 2019 and is now closed.

2. On August 10, 2022, DHL received a proposed Imposition of Civil Fine from the Board in connection with DHL's alleged failure to timely notify the Board of a change in its Designated Representative. DHL accepted the Imposition of Civil Fine in the amount of $500, which was a technical violation only and not related to the delivery of patient care. Although we did notify on time and at all times a DR was present at the facility, the method of notification was technically incorrect which led to the delay. The matter was resolved with the Board as of September 19, 2022.

Please be assured that DHL takes these matters very seriously and has implemented corrective actions to prevent similar issues from occurring in the future. If you have any concerns regarding the matters set forth in this notice, please do not hesitate to contact DHL Regulatory Affairs at regulatory@dhl.com.

Respectfully,

John Kropczynski, BSE, MBA

John Kropczynski

Director, Regulatory Affairs, America's

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE ALASKA BOARD OF PHARMACY

IMPOSITION OF CIVIL FINE
Case # 2022-000354

I, JONATHAN MENEZES, as an agent for Exel Inc. Dba DHL Supply Chain (USA), admit and agree the Alaska Board of Pharmacy (Board) has jurisdiction over the subject matter of Third-Party Logistics Provider License No. 156932, and over this Imposition of Civil Fine.

1. On June 30, 2021, we appointed a new Facility Manager. On March 21, 2022, the Board received our Change of Facility Manager form with the new Facility Manager notification; 264 days after the Facility Manager change occurred. **This is a violation of 12 AAC 52.697(c).**

We admit that as a result of these facts, grounds exist for possible denial of licensure or other disciplinary sanctions of my license pursuant to AS 08.01.75 and 12 AAC 52.697(c). We are agreeing to this Imposition of a Civil Fine of five hundred dollars ($500) in cash, certified check, or money order payable to the **"State of Alaska"** within ninety (90) days after this Imposition of Civil Fine is accepted by the Board.

We have the right to consult with an attorney, and a right to an administrative hearing on the facts in this case. We understand and agree by voluntarily signing this Imposition of Civil Fine, we are waiving our rights to counsel and to a hearing on this matter.

JONATHAN MENEZES
Name/Title, Respondent
SENIOR DIRECTOR

9/19/22
Date

SUBSCRIBED AND SWORN TO before me this 19th day of September, 2022, at Delaware County, Ohio, ~~Alaska~~.

SEAL

Allison E. Haedt
Notary Public ~~in and for Alaska~~.

CZP
EP

Allison E. Haedt
Notary Printed Name
My commission expires: N/A

NOTARIAL SEAL
STATE OF OHIO

Allison Haedt, Attorney At Law
NOTARY PUBLIC - STATE OF OHIO
My commission has no expiration date
Sec. 147.03 R.C.

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

FORM REVISED 5/01/2015

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE ALASKA BOARD OF PHARMACY

In the Matter of:)
)
Exel Inc.)
Dba DHL Supply Chain (USA))
)
Respondent)
Case No. 2022-000354

ORDER

The Alaska Board of Pharmacy (Board), having examined the Imposition of Civil Fine, Case No. 2022-000354, regarding license number 156932, for failure to timely notify the Board of a Facility Manager change, hereby adopts the Imposition of Civil Fine.

The Board has determined this is a technical violation of professional licensing statutes and regulations, therefore this matter can be resolved with a civil fine.

This Imposition of Civil Fine takes effect immediately upon signature of this Order in accordance with the approval of the Board.

DATED this 22nd day of September, 2022, at Anchorage, Alaska.

ALASKA BOARD OF PHARMACY

By: Justin Ruffridge
Board Chair

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

DHL Supply Chain

570 Polaris Parkway
Westerville, OH 43082

April 30, 2019

RE: Exel Inc. d/b/a DHL Supply Chain (USA) ("DHL") – Notice of Colorado State Board of Pharmacy Discipline Action

To whom it may concern,

On March 27, 2019, DHL received a notice from the Colorado State Board of Pharmacy (the "Board") indicating that the Board initiated disciplinary action against DHL in connection with DHL's failure to timely notify the Board of a change in its designated representative for the site located at 1635 Stone Ridge Drive, Stone Mountain, GA 30083-118. The matter was resolved with the Board as of April 29, 2019 and is now closed.

Please be assured that DHL takes these matters very seriously and has implemented corrective actions to prevent similar issues from occurring in the future. If you have any questions or concerns regarding the matters set forth in this notice please do not hesitate to contact DHL Regulatory Affairs at Regulatory@dhl.com.

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2019-844

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE OUT-OF-STATE PRESCRIPTION DRUG WHOLESALER REGISTRATION IN THE STATE OF COLORADO OF EXEL INC., DBA DHL SUPPLY CHAIN (USA), REGISTRATION NO. WHO 8288,

Respondent Outlet.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Exel Inc., dba DHL Supply Chain (USA)("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2019-844, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Outlet, its registration as an out-of-state prescription drug wholesaler, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2018).

2. Respondent Outlet was originally registered in the State of Colorado on or about November 19, 2010, being issued registration #WHO 8288, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Outlet's address of record with the Board and current location is 1635 Stone Ridge Drive, Stone Mountain, Georgia.

4. Respondent Outlet admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent Outlet failed to timely submit to the Board an application detailing a change in designated representative and fee. In this case, 320 days transpired between March 9, 2018, the date the previous designated representative ceased the position, and January 23, 2019, the date the application and fee were received.

6. On or about February 4, 2019, the Board initiated a complaint against Respondent Outlet because of the delay of 320 days in submitting an application detailing a change in designated representative and fee.

7. Respondent Outlet's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

12-42.5-303. Wholesaler license requirements.

(3)(a) An applicant for a wholesaler license shall provide to the board the following information, and any other information deemed appropriate by the board on a form provided by the board:

(I) The name, full business address, and telephone number of the applicant;

(II) The trade and business names used by the applicant;

(III) The addresses, telephone numbers, and names of the contact persons for all facilities used by the applicant for the storage, handling, and distribution of prescription drugs;

(IV) The type of ownership or operation of the applicant;

(V) The names of the owner and the operator of the applicant, including:
(A) The name of each partner if the applicant is a partnership;
(B) The name and title of each officer and director, the name of the corporation, and the state of incorporation, if the applicant is a corporation;
(C) The name of the limited liability company, if the applicant is a limited liability company, and the name of the parent company, if any, and the state of incorporation or formation of both; or

(D) The name of the sole proprietor and the business entity if the applicant is a sole proprietorship;

(VI) A list of the licenses and permits issued to the applicant by any other state that authorizes the applicant to purchase or possess prescription drugs; and

(VII) The name of the applicant's designated representative for the facility, the fingerprints of the designated representative, and a personal information statement for the designated representative that includes information as required by the board, including but not limited to the information in subsection (5) of this section.

(b) A licensee shall complete and return a form approved by the board at each renewal period. The board may suspend or revoke the license of a wholesaler if the board determines that the wholesaler no longer qualifies for a license.

* * *

Pharmacy Board Rules and Regulations

15.01.14 Change of name, location, or ownership, or designated representative.

c. Any change in the designated representative of a wholesaler shall be reported to the Board on a form supplied by the Board within thirty calendar days of such change. The incoming designated representative must undergo the required background check.

TERMS OF DISCIPLINE

8. **Fine with Surcharge.** Pursuant to section 12-42.5-124(5)(a)(I), C.R.S., Respondent Outlet shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent Outlet understands and acknowledges that, pursuant to section24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 15% of this fine. Respondent Outlet shall therefore pay a total amount of **One Thousand One Hundred Fifty Dollars and No Cents ($1,150.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Outlet submits this signed Final Agency Order to the Board.

9. **Compliance.** Respondent Outlet shall submit all future applications and appropriate fees to the Board detailing changes in designated representative within the required time frame specified by Board rule or statute in effect at the time of such designated representative change.

10. Other Requirements. Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:

    a. promptly pay all Respondent Outlet's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

11. Advisements and Waivers. Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Outlet acknowledges its understanding that it has the following rights:

    a. to have formal notice of hearing and charges served upon it;

    b. to respond to said formal notice of charges;

    c. to have a formal disciplinary hearing pursuant to sections 12-42.5-123 and 12-42.5-124, C.R.S.; and

    d. to appeal this Final Agency Order.

    Respondent Outlet freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent Outlet to the sanctions imposed herein.

12. Acknowledgments. The undersigned Authorized Representative of Respondent Outlet has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Outlet understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Outlet is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further acknowledges that it is not entering into this Final Agency Order under any duress.

13. Violations. Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Outlet's registration. The pendency of any suspension

or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Outlet to comply with all terms and conditions of this Final Agency Order.

14. Integration and Severability. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

15. Public Record. Upon execution by all parties, this Stipulation and Final Agency Order shall be a public record, maintained in the custody of the Board.

16. Effective Date. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Outlet at Respondent Outlet's address of record with the Board, or (b) service by electronic means on Respondent Outlet at Respondent Outlet's electronic address of record. Respondent Outlet hereby consents to service by electronic means if Respondent Outlet has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Outlet

Mark A. Smaltz Dated: 4/18/19
Authorized Representative

Vice President, General Counsel and Secretary
Name / Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 29 day of April, 2019.

State Board of Pharmacy

BY: _____
Dmitry Kunin
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 29th day of April 2019, addressed as follows:

By electronic mail:

Exel Inc. dba DHL Supply Chain USA
1635 Stone Ridge Dr
Stone Mountain, GA 30083-1118

Email: renewals@licenselogix.com; and andrew.post@dhl.com

Linda Stanko
Agent of the Board

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

February 04, 2019

Exel Inc. dba DHL Supply Chain (USA)
Attn: Designated Representative
1635 Stone Ridge Dr
Stone Mountain, GA 30083-1118

Also sent via email: renewals@licenselogix.com

RE: Case 2019-844

Dear Designated Representative:

The Colorado State Board of Pharmacy ("Board") has received the attached complaint regarding the conduct of the Board-registered out-of-state prescription drug wholesaler detailed above. The Board is investigating this complaint. It is being sent to you as the designated representative of the above listed out-of-state prescription drug wholesaler. The first step in the process is to obtain your response to the allegations raised in the complaint. At this point, no assumption has been made about the truth or validity of any information provided to the Board.

Please send a written response within thirty (30) days of the date of this letter as indicated above. An earlier response may expedite the Board's review of this matter. To facilitate an efficient and timely review, please type your response. If this is not possible, please legibly print your response.

We encourage you to respond electronically. If you do, please submit the response to dora_pharmacyboard@state.co.us. Please scan and attach any relevant documents. Address all correspondence to the Board.

Also, please be sure that any copies submitted with your response are legible. Be sure to include the case number listed above on all correspondences and address your response to my attention.

It is the policy of the Division of Professions and Occupations to copy your attorney (if you are represented) on all correspondences in order to assure that your attorney is aware of the developments in your case. If you are represented by an attorney in this matter, please provide the Board in writing with your attorney's contact information. If the Board already has your attorney's contact information, your attorney name

should be identified below as a carbon copy of "cc," indicating that a copy of this letter was sent to that attorney. If at any time it appears that the Board does not have the correct information regarding your legal representation, please update the Board and provide your attorney with a copy of all correspondences from the Board.

We strongly encourage you to begin preparing your response to the complaint as soon as possible, as extensions to the thirty day response time will not be granted except in very limited circumstances. Additionally, if you choose to be represented by an attorney, please contact him or her immediately. A delay in doing so will not be grounds for an extension.

Following receipt of your response, the Board will review the complaint and your response thereto. The Board will then determine what further action, if any, is warranted. Please note you will be advised in writing of the Board's disposition of this complaint.

Thank you for your cooperation and prompt attention to this matter. If you have any questions, please contact me at dora_pharmacyboard@state.co.us or (303) 894-7800.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Lana Hyatte
Program Specialist

Enclosures: Q&A Brochure
Complaint

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

Management Branch
Office of Enforcement - Pharmacy Inspections

MEMORANDUM			
Board/Program:	State Board of Pharmacy	Specialist:	Lana Hyatte
Case Number:	2019-844	Date of Memorandum:	02/01/2019
RESPONDENT INFORMATION			
Name:	Exel Inc. dba DHL Supply Chain (USA)		
License Type:	WHO	Number:	8288

SUMMARY

On 01/23/19, the Colorado State Board of Pharmacy ("Board") received an application from Exel Inc. dba DHL Supply Chain (USA), detailing a change of designated representative along with fee **(Attachment 1)**. This application indicates that on 03/09/18, Thomas Flynn ceased being the designated representative. Consequently, **320 days** elapsed between the 03/09/18 date that Mr. Flynn ceased being the designated representative and the 01/23/19 date the application and fee were received.

Board Rule 15.01.14 (c) states that within thirty calendar days any changes in information shall be submitted to the Board. Within the thirty days after termination of the former designated representative's employment, an application to transfer the registration to the new representative and paid transfer fee must be submitted. CRS 12-42.5-123(1)(c)(I)(II)(III) provides that the Board may suspend, revoke, refuse to renew, or otherwise discipline any registration issued by it, after a hearing, upon proof that the registrant has violated any lawful rules of the Board or any state or federal laws pertaining to drugs.

Accordingly, per standard procedure, please initiate a complaint against the registration of this Wholesaler Out-of-State drug outlet using this memo and a copy of the 01/23/19 application.

ATTACHMENTS	EXHIBITS
1. Application	1.

Reviewer's Initials

PAID
35 cash
1607825

DPO 920
JHN23'19/002492

Division of Professions and Occupations
Office of Licensing—Pharmacy
1560 Broadway, Suite 1350
Denver, CO 80202
(303) 894-7800 / Fax (303) 894-7693
www.dora.colorado.gov/professions

Application for Registration OUT-OF-STATE WHOLESALER / DISTRIBUTOR OF PRESCRIPTION DRUGS and/or CONTROLLED SUBSTANCES

New Registration or Ownership Transfer: **$450**
Change Location: **$125**
Change Name or Change Designated Representative: **$35**
Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and made payable to State of Colorado

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

If additional pages are attached to respond to requested information in any part of the application, please indicate the number of the item to which you are responding.

PART 1.

Select from the following and submit the appropriate fee for each selection:

☐ **I am submitting an application for NEW Out-of-State Wholesaler registration.** $450
- *Enclose fee with your application and continue to Part 2.*

—OR—

☐ **I am reporting a TRANSFER OF OWNERSHIP for a current registration.** $450
Previous owner name: _____
Effective date of new ownership: _____

☒ **I am reporting a change in existing registration as follows:** (select all that apply)

☐ **CHANGE OF LOCATION** $125
Previous location: _____
Effective date of relocation: _____

☐ **CHANGE OF BUSINESS NAME** $35
Colorado registration number: _____
Previous business name: _____
New business name: _____
Effective date of new name: _____

☒ **CHANGE OF DESIGNATED REPRESENTATIVE** $35
Colorado registration number: WHO.0008288
New Designated Representative Name: James Patrick Kennedy
New Designated Representative Social Security No: 259-49-9617
Previous Designated Representative Name: Thomas Flynn
Effective date of change: 3/9/2018
Designated Representative Affidavit (page 5): _____

Total Fee: $ 35

PART 2.

1. Colorado Registration Number: WHO.0008288 *If this is a new registration, leave blank.*
2. Business Name: _____
   List all trade names or DBA names used by business: _____
3. Wholesaler business license number in the state of residence: _____

DESIGNATED REPRESENTATIVE AFFIDAVIT

Facility Name: Exel Inc. dba DHL Supply Chain (USA)

Address: 1635 Stone Ridge Drive, Stone Mountain, GA 30083

I, James Patrick Kennedy, certify the following:

1. I am the designated representative for the above-referenced facility.
2. The information contained in the application and this document is correct including, but not limited to, the responses to the Background Questions in Part 3.
3. I am familiar with the requirements of the Federal Food, Drug and Cosmetic Act and its supporting regulations.
4. I am at least twenty-one years of age.
5. I have at least three years of full-time employment history with a pharmacy or a wholesaler in a capacity related to the dispensing and distribution of and the record keeping related to prescription drugs.
6. I am employed by the applicant or facility in a full-time managerial position.
7. I am actively involved in and aware of the actual daily operation of the wholesaler.
8. I am physically present at the facility during regular business hours, except when the absence of the designated representative is authorized, including but not limited to, sick leave and vacation leave.
9. I do not serve as the designated representative for more than one wholesaler.
10. I do not have any convictions under federal, state, or local law relating to wholesale or retail prescription drug distribution or a controlled substance.
11. I do not have any felony, civil, or misdemeanor convictions pursuant to federal, state, or local law. (This includes deferred judgments or deferred sentences.)
12. I agree to notify the Board in writing when I cease to be the designated representative of this facility.
13. I certify that the applicant wholesaler will not distribute any new drug into Colorado not authorized to move into interstate commerce under appropriate federal law.
14. I attest that, pursuant to § 12-42.5-304, C.R.S., I have submitted my fingerprints to the Colorado Bureau of Investigation (CBI) for the purpose of conducting a state and national fingerprint-based criminal history record check utilizing records of the CBI and the Federal Bureau of Investigation (FBI). The Board, which makes the determination of suitability for licensing, will provide the applicant the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. Procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in Title 28, C.F.R. 16.34. The Board will not deny the license based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record, or has declined to do so. Direct all challenges to your record to the FBI's Criminal Justice Information Services Division, Attention: Correspondence Group, 1000 Custer Hollow Rd., Clarksburg, WV 26306.

Per § 12-4-104(13)(a), C.R.S., any applicant who, under oath, supplies false information to an agency in an application for a license, commits perjury in the second degree as defined in § 18-8-503, C.R.S.. In accordance with §§ 18-8-503 and C.R.S. 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law.

Signature: J P K Date: 1-7-19

If the wholesaler is changing designated representatives, indicate the name of the previous designated representative and the date this individual ceased to be the designated representative for this wholesaler.

Previous Designated Representative: Thomas Flynn

Date Ceased to be Designated Representative: 3/9/2018

James Patrick Kennedy
Peachtree Corners, Georgia 30092
[redacted]

SUMMARY

A meticulous and highly reliable supply chain professional with extensive experience in inventory management, international logistics, regulatory compliance, process improvement, metrics and analysis, team development and mentoring, safety control, warehousing, vendor and governmental relations, and SAP training. Excels at finding new ways to streamline efforts and collaborate more effectively as a means of lowering costs and increasing overall accuracy. A driven producer who provides the proper logistics and internal support a company requires to achieve key business objectives.

EXPERIENCE

January 2018-Present
Field Quality Assurance Specialist

- Conduct internal audits and lead communication with government officials in regulatory audits
- Export controlled drugs including preparing documentation and Drug Enforcement Administration expert permit submission
- Review and revise standard operating procedures
- Train new and existing employees on Standard Operating Procedures and Work Instructions
- Provide guidance on regulatory compliance with FDA and DEA regulations

January 2017-October 2017 Hospira, a Pfizer company, Stone Mountain, Georgia
Warehouse Manager

- Provided leadership and motivation during company transition
- Analyzed metrics resulting in improvement of accuracy and productivity
- Counseled employees on errors and perform reviews
- Chaired the distribution center safety committee
- Retained all International Logistics Specialist responsibilities

November 2011-January 2017 Hospira, a Pfizer company, Stone Mountain, Georgia
International Logistics Specialist

- Executed highly regulated and refrigerated product shipments in 2015 with zero product loss
- Implemented and led employee group meetings for 4 areas of warehouse focused on improving accuracy and productivity. Parcel order shipping errors(less than 150 lbs) were reduced by 62% and "less than full case" errors were reduced by 44%
- Researched and implemented carrier changes for Puerto Rico shipments resulting in cost savings of over 30 %.
- Successfully communicated with the Drug Enforcement Administration over 5 years strengthening relationship and developing rapport
- Obtained a high level of SAP comprehension resulting in becoming the on-site SAP trainer and problem solver
- Assumed responsibilities of Information Security Officer in March 2016

May 2010-November 2011 Hospira Inc., Stone Mountain, Georgia
Controlled Drug Vault Supervisor

- Supervised eight vault employees
- Created Microsoft Excel based daily inventory spreadsheet resulting in the elimination of human count errors and reduction of inventory reconciliation time

- Improved process of checking DEA issued form 222 for customer orders allowing for reduction in misplaced 222 forms and ability for employees to be cross-trained
- Managed daily operations in all aspects of shipping, receiving, and product inventories
- Redesigned warehouse racking and labeling configurations to reduce product searches by 90%

September 2005-May 2010 Hospira Inc., Stone Mountain, Georgia

ARCOS Specialist/Warehouse Supervisor- ARCOS is the Automation of Reports and Consolidated Order System. This system monitors the sales of controlled substances and is reported by pharmaceutical companies to the Drug Enforcement Administration

- Verified ARCOS entries and provided quarterly reporting to the Drug Enforcement Administration
- Supervised 15 employees
- Restructured local fleet(truck/trailer) operations at the distribution center transforming failing operation into an asset; cost savings and efficiencies led to transportation department growth of 100%
- Developed new process for daily controlled drug inventories resulting in $35,000 in annual cost savings and increased accuracy

SKILLS AND ACCOMPLISHMENTS

- Proficient in Microsoft Office
- Display a high comprehension of distribution operations and SAP
- Rang the opening bell at the New York Stock Exchange with the CEO and members of the Senior Leadership Team of Hospira, Inc. in May 2014
- 10+ years managing and leading employees
- During nationwide controlled drug shortage, received 1 of 2 inter company supply chain awards given for outstanding leadership

TRAINING

- International Air Transport Association(IATA) regulations
- US Department of Transportation(DOT) regulations
- Resource Conservation and Recovery Act(RCRA) hazardous waste regulations
- General Drug Enforcement Administration(DEA), DEA Automation of Reports and Consolidated Order System(ARCOS), and DEA controlled drug exporting regulations
- Good Manufacturing Practices(GMP) compliance and Corrective Action/Preventative Action(CAPA) within GMP
- Automated Commercial Environment(ACE) system within US Customs and Border Protection
- Participated in off-campus training in communication, managing and supervising people, writing skills, finance, accounting, time management, and advanced Microsoft Excel techniques

EDUCATION

BA Economics
University of Georgia - Athens, Georgia (December 1998)

Exel Inc. dba DHL Supply Chain (USA)

Business Description

Exel Inc. dba DHL Supply Chain (USA) has been at the forefront of innovative supply chain solutions for the life sciences and healthcare industries for 20 years. As a trusted global partner we create agile, highly responsive supply chains capable of transporting critical, sensitive and valuable products, even to the world's most rugged and remote locations.

Our extensive experience of supplying logistical solutions to the life sciences and healthcare sector has enabled us to develop specific expertise in the following areas: Vaccines, Generic Pharmaceuticals, Controlled Substances, Over The Counter (OTC) Medication, and Animal Health. For each of these areas we have experts working with our customers to optimize their supply chains.

A connected global footprint and industry expertise
With over 120 sites in 40 countries and 4,500 dedicated healthcare staff, serving 250 life sciences and healthcare customers worldwide, we're always there to offer a safe pair of hands. We have the scale and experience to implement healthcare logistics solutions across the world.

Quality and regulatory compliance
For our customers, deep sector expertise is vital to track, comprehend, and comply with essential and increasing rules and regulations for the storage, transportation and delivery of pharmaceuticals, medical equipment and patient-specific treatments.

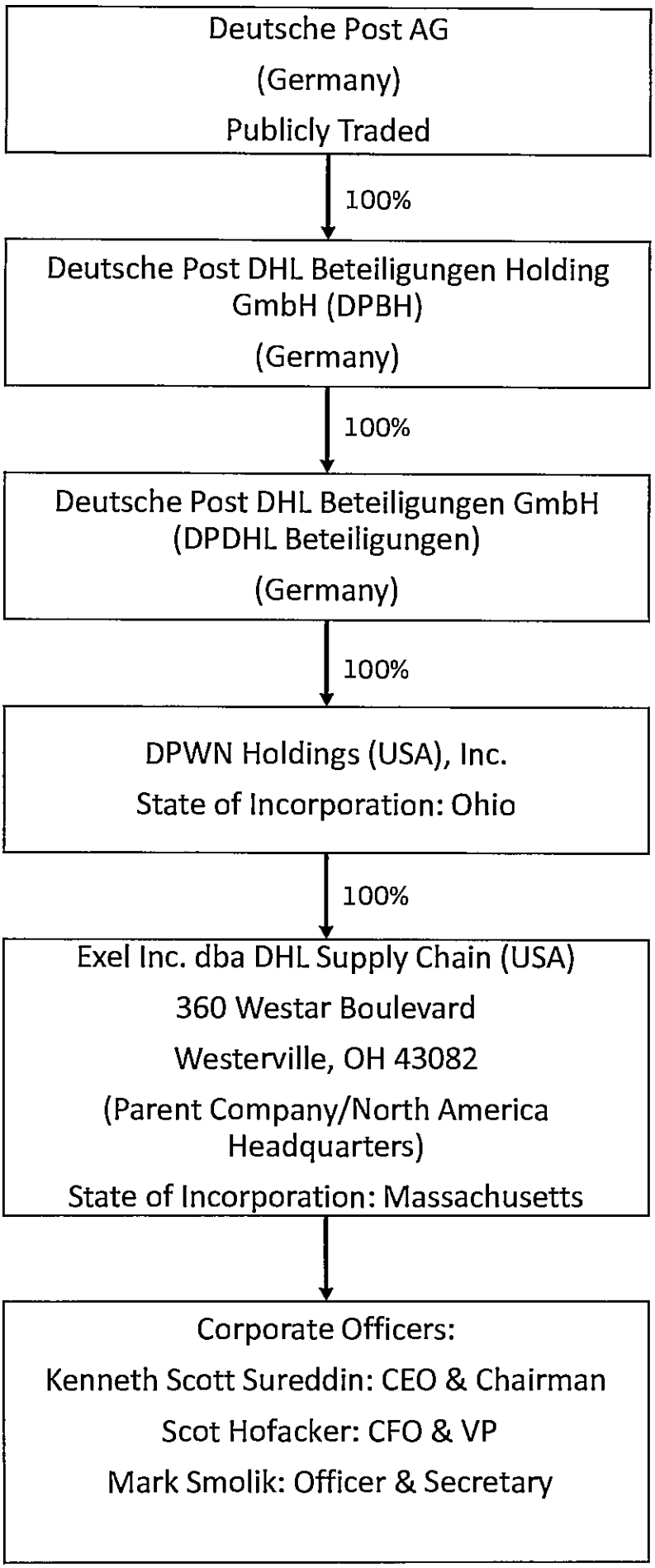
With our Global Quality Assurance group of over 100 individuals driving operational consistency and governance we're always up to date with the latest changes in local and international regulations. Our global network provides highly controlled environments and we ensure full GxP (Good Practice) compliance from origin to destination.

Health, safety and security
We help to achieve high standards on health, safety and security through extensive training and timely monitoring. We offer consulting on global safety regulations and conduct regular inspections and process audits of our facilities.

Exel Inc.
d/b/a DHL Supply Chain (USA) 360 Westar Blvd
Westerville, OH 43082
State of Incorporation: Massachusetts Date of Incorporation: 1983
Fed Id: 04-2801160

Title	*Name of Officer	Address	Telephone
Chairman & CEO	Kenneth Scott Sureddin	360 Westar Blvd, Westerville, OH 43082	614-865-8500
VP & CFO	Scot Kevin Hofacker	360 Westar Blvd, Westerville, OH 43082	614-865-8500
Officer & Secretary	Mark Andrew Smolik	360 Westar Blvd, Westerville, OH 43082	614-865-8500

No percentages owned


Deutsche Post AG
(Germany)
Publicly Traded
100%
Deutsche Post DHL Beteiligungen Holding GmbH (DPBH)
(Germany)
100%
Deutsche Post DHL Beteiligungen GmbH (DPDHL Beteiligungen)
(Germany)
100%
DPWN Holdings (USA), Inc.
State of Incorporation: Ohio
100%
Exel Inc. dba DHL Supply Chain (USA)
360 Westar Boulevard
Westerville, OH 43082
(Parent Company/North America Headquarters)
State of Incorporation: Massachusetts
Corporate Officers:
Kenneth Scott Sureddin: CEO & Chairman
Scot Hofacker: CFO & VP
Mark Smolik: Officer & Secretary

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

Date: January 07, 2022

To Whom It May Concern :

I hereby certify that according to the records of this office,

EXEL INC.

is a domestic corporation organized on **June 01, 1983** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

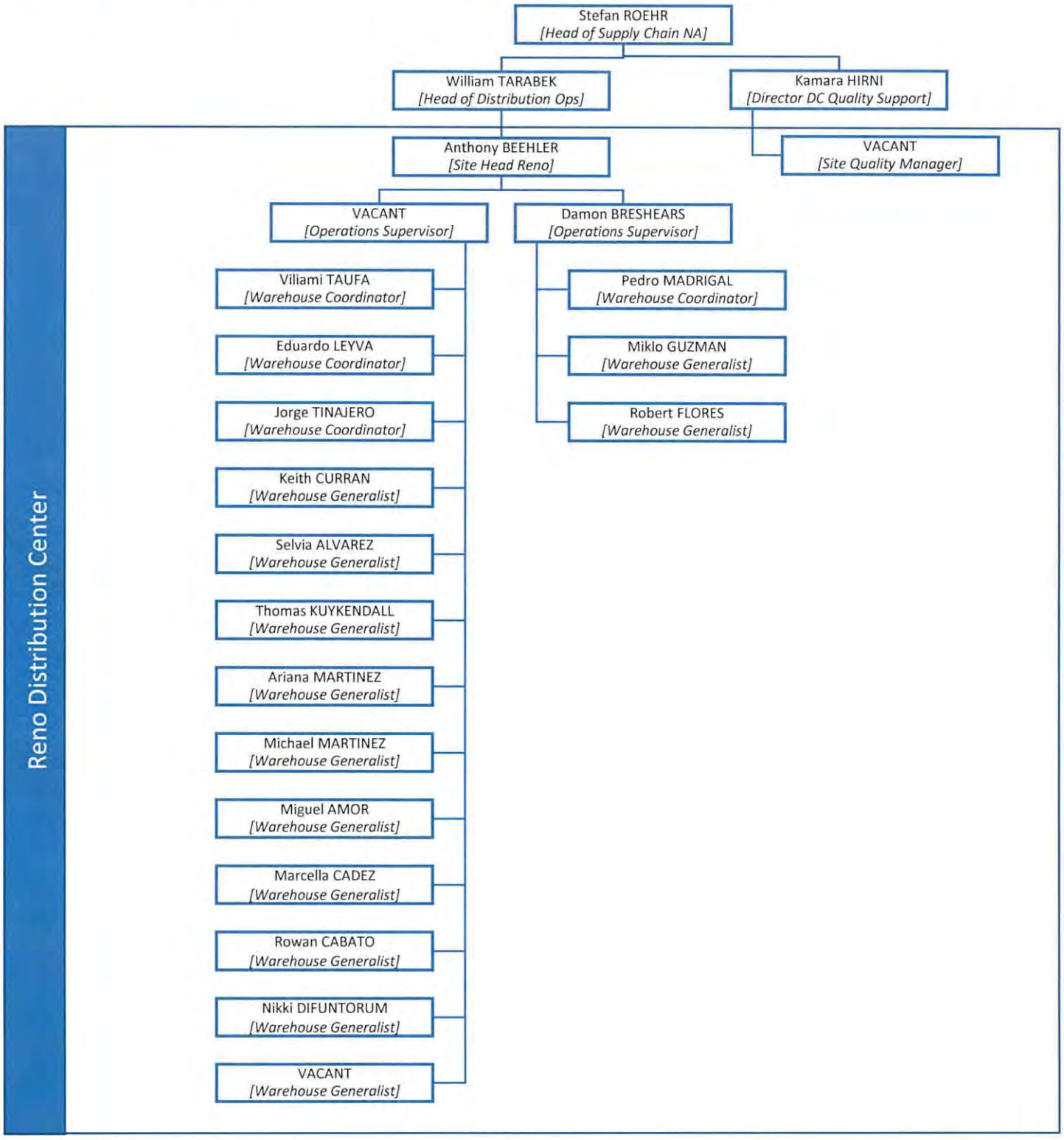
Certificate Number: 22010143980

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: tad

17-Aug-2022

Reno DC Organizational Chart



Site Head Approved By:	Date:
Quality Head Approved By:	Date:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Exel Inc. dba DHL Supply Chain (USA)

Physical Address: 1025 Sandhill Road

City: Reno State: NV Zip: 89521

Mailing Address (if different from physical address): 360 Westar Blvd, Dept 555

City: Westerville State: OH Zip: 43082

Telephone: (800) 981-2491 Website: www.exel.com

Licensing Company Email: DHL@IQVIA.com

Section 2: Personal Information

First: LuzAlejandra Middle: Martinez Last: Limon

Alias(es, nicknames, name changes, etc.): Alex Limon, Alejandra Limon

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] Sandhill Road

City: Reno State: NV Zip: 89521

Telephone: (800) 981-2491 Email: alejandra.limon2@dhl.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials: AL

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
University of Nevada Reno			08/2008 – 12/2012
Address	**City**	**State**	**Zip**
1664 N. Virginia Street	Reno	NV	89557
Diploma/Degree obtained, if any			
B.A Criminal Justice			
School Name			**From - To (MM/YY – MM/YY)**
Sparks High School			08/2004 – 08/2008
Address	**City**	**State**	**Zip**
820 15th Street	Sparks	NV	89431
Diploma/Degree obtained, if any			
HS Diploma			
School Name			**From - To (MM/YY – MM/YY)**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name			**From - To (MM/YY – MM/YY)**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name			**From - To (MM/YY – MM/YY**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/21-Present	[redacted] Coyote Call Trail	Sparks	NV	89436
09/17-05/21	[redacted] Drybrush Ct.	Reno	NV	89506
11/14-09/17	[redacted] Fieldcrest Drive	Sparks	NV	89434

Applicant's initials AL

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)
Exel Inc. dba DHL Supply Chain (USA)		07/22 - Present
Business Address	**City**	**State / Zip**
1025 Sandhill Road	Reno	NV 89521
Phone	**Title**	**Number of Employed Hours**
(800) 981-2491	Quality Assurance Specialist	

Description of Duties: Assisting with quality functions during start up process. Auditing facility to meet requirements. Developing processes for site. Maintaining quality system.

Business Name		From - To (MM/YY – MM/YY)
Fosdick Corp.		09/20-07/22
Business Address	**City**	**State / Zip**
8730 Military Rd	Reno	NV 89506
Phone	**Title**	**Number of Employed Hours**
775-971-9104	Inventory Supply Chain	

Description of Duties: Inventory Management. Physical Inventories. Reporting to customers and corporate. Locating product.

Business Name		From - To (MM/YY – MM/YY)
Exel Inc. dba DHL Supply Chain (USA)		04/13-09/20
Business Address	**City**	**State / Zip**
1802 Brierley Way	Sparks	NV 89434
Phone	**Title**	**Number of Employed Hours**
717-901-1159	Quality Assurance Specialist	

Description of Duties

Assessed testing requirements and documentation to determine compliance, Developed, conducted, and evaluated application audits and testing processes, Documented and reported audit findings.

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**

Description of Duties

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**

Description of Duties

Continue on next page if additional space is needed.

Applicant's Initials AL

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	☐	☑
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	☐	☐
3. Have you ever had a civil or criminal record expunged or sealed by a court order?	☐	☑
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	☐	☑
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	☐	☑
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	☐	☑
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?	☐	☑
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.	☐	☑
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).	☐	☑
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑

I, LuzAlejandra Limon, **certify that as the designated representative for**

Exel Inc. dba DHL Supply Chain (USA),

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

LuzAlejandra Limon

Print Name (First, Last)

→ Original Signature (electronic, copies or stamps not accepted)

08/25/2022

→ Date

Applicant's initials AL

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

LuzAlejandra Limon

Print Name (First, Last)

→ Original Signature (electronic, copies or stamps not accepted)

→ Date 08/25/2022

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Washoe

I, Luz Alejandra Martinez Limon, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

→ **Original Signature**

→ **Date** 08/25/2022

State of Nevada, County of Washoe

Subscribed and Sworn to before me this 25th day of August, 2022

→

Notary Public Signature

JARED FORBES
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 19-2453-02 - Expires November 25, 2023

(Seal)

Applicant's initials AL



NEVADA

DRIVER LICENSE

NOT FOR REAL ID PURPOSES

4d DL NO. [redacted]
3 DOB [redacted]
1 LIMON
2 LUZALEJANDRA MARTINEZ
[redacted] COYOTE CALL TRL
SPARKS, NV 89436-3762

9 CLASS C
12 REST B
9a END NONE

4a ISS
06/29/2022
4b EXP
05/13/2030

15 SEX F
16 HGT 5'-01"
17 WGT 160 lbs
18 EYES BRO
19 HAIR BRO
[redacted]

5 DD 00012174307072573676O

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 016075066

Application/License No. _____

EXEL, INC. DBA DHL SUPPLY CHAIN (USA) (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 570 Polaris Parkway, Dept. 555 Westerville, OH 43082 (Address of Applicant/Principal), as PRINCIPAL, and LIBERTY MUTUAL INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of MA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 4/15/2017 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 17th day of April, 2017.

APPLICANT/PRINCIPAL
EXEL, INC. DBA DHL SUPPLY CHAIN (USA)

_____
Authorized Representative

SURETY COMPANY
LIBERTY MUTUAL INSURANCE COMPANY

Claudette Alexander Hunt
Surety Company's Representative

Claudette Alexander Hunt, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

_____
Witness Jeannie Reinoso

_____
Witness Camille M. Cruz

Countersigned by:

n/a
Nevada Resident Agent

RIDER

To be attached to and form part of:

Bond Number 016075066

dated April 15, 2017

issued by the LIBERTY MUTUAL INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of EXEL, INC. DBA DHL SUPPLY CHAIN (USA)
(Principal)

and in favor of THE STATE OF NEVADA
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The following site locations to be added:

- North Star Forest Park GA - 2500 Southpoint Dr., Forest Park, GA 30297
- North Star Reno located - 1025 Sandhill Road, Reno, NV 89521

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 22nd day of August, 2022.

Signed, Sealed & Dated this 22nd day of August, 2022.

EXEL, INC. DBA DHL SUPPLY CHAIN (USA)
(Principal)

By: Mark A. Smalik

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By:
Pedro Gonzalez Jr., Attorney-in-Fact

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8207389-016018**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Claudette Alexander Hunt, Pedro Gonzalez, Jr.

all of the city of Miami state of FL each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 24th day of February, 2022.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 24th day of February, 2022 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 22nd day of August, 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

4BB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

☒ Nevada

☐ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☒ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Genoa Healthcare LLC

Physical Address: 401 South Maryland Parkway, Room P

City: Las Vegas State: NV Zip: 89101

Mailing Address (if different from physical address): 11000 Optum Circle, Mail Stop MN103-0300

City: Eden Prairie State: MN Zip: 55344

Telephone: Pending Toll Free # (NAC 639.708, NRS 639.23286): 1-800-519-1139

Fax: Pending Contact Email: genpharmlic@optum.com

Website: www.genoahealthcare.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Angelica Gabriel ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 18103 ✓

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Retail/Community	☒ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	☒ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Angelica Gabriel	NV Pharmacist Registration #: 18103
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: PA

Parent Company (if any): Specialize Pharmaceutical, Inc

Corporation/Organization Name: _____

Mailing Address: 707 S Grady Way, Suite 700

City: Renton State: WA Zip: 98057

Telephone: 253-218-0830 Email: genpharmlic@optum.com

Contact Person Name: Joseph Douglas

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chief Exceutive Officer (title) for Genoa Healthcare LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Joseph Douglas

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

8/17/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Joseph Douglas hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Chief Exceutive Officer (title) for Genoa Healthcare LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 17 day of August, 2022

Notary Public

Amy M Halliday
Notary Public
Minnesota
My Commission Expires January 31, 2026

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Angelica Gabriel Pharmacist Registration #: 18103

Pharmacy Name: Genoa Healthcare LLC

Initial each statement below to indicate you have read and agree with the following:

AG I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

AG I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

AG I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

AG I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

AG I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

8/4/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joseph Douglas

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

8/17/22

Date

Board Use Only	Date Received: 8-22-22	Amount: 500.00 CK-11549832

genoa healthcare®

Officers and Director of the Board
FEIN: 27-0556097

Name	Title	Business Address and Phone	% Interest
Joseph Scott Douglas	CEO, President, Manager	707 S Grady Way Suite 700 Renton WA 98057 253-218-0830	0
Christopher Joseph Stidman (CA only)	Manager	11000 Optum Circle, MN100 Eden Prairie, MN 55344	0
Karen Elizabeth Bohmer (fka Karen Peterson)	Secretary	9900 Bren Road East Minnetonka, MN 55343 952-936-1300	0
Timothy Joseph Langdon	Assistant Secretary	9900 Bren Road East Minnetonka, MN 55343 952-936-1300	0
Heather Anastasia Lang	Assistant Secretary	9900 Bren Road East Minnetonka, MN 55343 952-936-1300	0
Peter Marshall Gill	Treasurer	9900 Bren Road East Minnetonka, MN 55343 952-936-1300	0

Officers have 0% ownership in Genoa Healthcare, LLC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Genoa Healthcare LLC

Physical Address 401 South Maryland Parkway, Room P

City Las Vegas State NV Zip 89101

Mailing Address (if different from physical address) 11000 Optum Circle, Mail Stop MN103-0300

City Eden Prairie State MN Zip 55344

Telephone 253-218-0830 Website www.genoahealthcare.com

Licensing Company Email genpharmlic@optum.com

Section 2: Personal Information

First Joseph Middle Scott Last Douglas

Alias(es, nicknames, name changes, etc.) N/a

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]S Grady Way, Suite [redacted]

City Renton State WA Zip 98057

Telephone 253-218-0830 Email jdouglas@genoahealthcare.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Florida		08/88-05/91	
Address	**City**	**State**	**Zip**
201 Criser Hall	Gainesville	FL	32611
Diploma/Degree obtained, if any			
BS Pharmacy			
School Name		**From - To (MM/YY – MM/YY)**	
Daytona Beach Community College		08/85 - 05/88	
Address	**City**	**State**	**Zip**
1200 W International Speedway Blvd	Daytonna Beach	FL	32114
Diploma/Degree obtained, if any			
AA			
School Name		**From - To (MM/YY – MM/YY)**	
Spruce High School		08/81 - 05/84	
Address	**City**	**State**	**Zip**
801 Taylor Road	Port Orange	FL	32127
Diploma/Degree obtained, if any			
High School			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/06 - Present	[redacted] Nish Road	Crystal Lake	IL	60012
09/14 - 06/18	[redacted] D'Baglio Way	Yorda Linda	CA	92887
06/13 - 09/14	[redacted] Yorba Linda Blvd [redacted]	Yorda Linda	CA	92886
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Genoa Healthcare LLC			12/19 - Present
Business Address	**City**	**State**	**Zip**
707 S Grady Way, Suite 700	Renton	WA	98057
Phone	**Title**		
253-218-0830	CEO, President, Manager		
Description of Duties			
Manager the company to run effective to reach the goals and profitable for sharefolder			

Business Name			From - To (MM/YY – MM/YY)
Shields Health Solutions (Stoughton)			06/18 - 12/19
Business Address	**City**	**State**	**Zip**
100 Technology Center Drive	Stoughton	MA	02072
Phone	**Title**		
781-566-5066	Regional Vice President		
Description of Duties			
Led Operations for the Midwest and Southwest			

Business Name			From - To (MM/YY – MM/YY)
Kaiser Permanente (Downey)			06/13 - 11/17
Business Address	**City**	**State**	**Zip**
12254 Bellflower Blvd	Downey	CA	90242
Phone	**Title**		
	VP Outpatient Pharmacy Programs and Services		
Description of Duties			
Led all outpatients pharmacy operations, including mail orders, call centers, speciality pharmacy, informatics and procurement			

Business Name			From - To (MM/YY – MM/YY)
Walgreens			05/85 - 12/13
Business Address	**City**	**State**	**Zip**
200 Wilmot Road	Deerfield	IL	60015
Phone	**Title**		
800-925-4733	Various		
Description of Duties			
Had various positions from pharmacy managers to store manager to vice president			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
N/a				
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/a

Original Signature (electronic, copies or stamps not accepted)

8/17/22
Date

Applicant's initials

Department of the Treasury
Internal Revenue Service
Cincinnati, OH 45999

In reply refer to: 0241655988
Dec 06, 2017 LTR 147C
25-1868213

SPECIALIZED PHARMACEUTICALS INC
QOL MEDS
% MAKENZIE ZUERN
18300 CASCADE AVE S STE 251
TUKWILA WA 98188-4746 519

Taxpayer Identification Number: 25-1868213

Form(s):

Dear Taxpayer:

Thank you for your telephone inquiry of December 6th, 2017.

Your Employer Identification Number (EIN) is 25-1868213. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 7:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

MS. SMITH
0196558
Customer Service Representative

Specialized Pharmaceuticals, Inc.

FEIN: 25-1868213

Address: 707 S. Grady Way, Suite 700, Renton, WA 98057 **Telephone Number:** (253) 218-0830

Parent of Genoa Healthcare LLC **100% Ownership**



Genoa Healthcare LLC

FEIN: 27-0556097

Address: 707 S. Grady Way, Suite 700, Renton, WA 98057 **Telephone Number:** (253) 218-0830

Subsidiary of Specialized Pharmaceuticals, Inc. **0% Ownership**

Department of the Treasury
Internal Revenue Service
Cincinnati, OH 45999

In reply refer to: 0241688056
Jun 04, 2018 LTR 147C
27-0556097

GENOA HEALTHCARE LLC
707 S GRADY WAY STE 700
RENTON, WA 98057

Taxpayer Identification Number: 27-0556097

Form(s):

Dear Taxpayer:

Thank you for your telephone inquiry of June 4th, 2018.

Your Employer Identification Number (EIN) is 27-0556097. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 7:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

Ms. Dozier
1003363621
Contact Representative

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

06/04/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

Genoa Healthcare LLC

I, Robert Torres, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Creation Filing filed on Jul 15, 2009 - Pages (2)
Amendment filed on Dec 5, 2013 - Pages (2)
Survivor filed on Dec 5, 2013 - Pages (4)
Change of Address filed on Dec 4, 2014 - Pages (2)
Amendment filed on Jan 13, 2015 - Pages (2)
Survivor filed on Apr 30, 2015 - Pages (3)
Amendment filed on Jul 24, 2017 - Pages (1)
Amendment filed on Dec 14, 2017 Effective Dec 15, 2017 - Pages (2)
Merger filed on Feb 27, 2018 Effective Feb 28, 2018 - Pages (17)

which appear of record in this department.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Robert Torres

Acting Secretary of the Commonwealth

Certification Number: TSC180504100450-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify

Entity #: 3893748
Date Filed: 07/15/2008
Pedro A. Cortés
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Entity Number

Certificate of Organization
Domestic Limited Liability Company
(15 Pa.C.S. § 8913)

Name
Address — CT COUNTER
City State Zip Code
761078 50 PD

Document will be returned to the name and address you enter to the left. ⇐

Fee: $125

Commonwealth of Pennsylvania
CERTIFICATE OF ORGANIZATION 3 Page(s)
T0919847054

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company *(designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation)*:
QoL meds, LLC

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street	City	State	Zip	County
4900 Perry Highway, Building 2	Pittsburgh	Pennsylvania	15229	Allegheny

(b) Name of Commercial Registered Office Provider — County

3. The name and address, including street and number, if any, of each organizer is *(all organizers must sign on page 2)*:

Name	Address
Lisa M. Jarus	401 Liberty Avenue, 22nd Floor, Three Gateway Center Pittsburgh, PA 15222-1005

2008 JUL 15 AM 8:15

(CLIENT WORK334977#000 1335941:1)

DSCR:15-8913-2

4. *Strike out if inapplicable term*
~~A member's interest in the company is to be evidenced by a certificate of membership interest.~~

5. *Strike out if inapplicable:*
Management of the company is vested in a manager or managers.

6. The specified effective date, if any is: upon filing
month date year hour, if any

7. ~~*Strike out if inapplicable:* The company is a restricted professional company organized to render the following restricted professional service(s):~~

8. The term for which the Company is to exist is perpetual.

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this

15th day of July, 2009.

Lisa M. Jaras

Lisa M. Jaras, Sole Organizer

Entity #: 3803743
Date Filed: 12/05/2013
Carol Aichele
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Certificate of Amendment-Domestic
(15 Pa.C.S.)

___ Limited Partnership (§ 8512)
_x_ Limited Liability Company (§ 8931)

Name:
910469-015 KLA
Corporation Service Company

Commonwealth of Pennsylvania
LIMITED LIABILITY AMENDMENT 3 Page(s)
T133401911

Fee: $70

In compliance with the requirements of the applicable provisions (relating to certificate of amendment), the undersigned, desiring to amend its Certificate of Limited Partnership/Organization, hereby certifies that:

1. The name of the limited partnership/limited liability company is:
QoL meds, LLC

2. The date of filing of the original Certificate of Limited Partnership/Organization: 07/16/2008

3. *Check, and if appropriate complete, one of the following:*

_x_ The amendment adopted by the limited partnership/limited liability company, set forth in full, is as follows:
Article 4 is hereby added as follows: "A member's interest in the company is to be evidenced by a certificate of membership interest."

___ The amendment adopted by the limited partnership/limited liability company is set forth in full in Exhibit A attached hereto and made a part hereof.

4. *Check, and if appropriate complete, one of the following:*

_x_ The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.

___ The amendment shall be effective on: _____ (Date) at _____ (Hour)

FILED
DEC 05 2013

DSCB:15-8572/8951-2

5. *Check if the amendment restates the Certificate of Limited Partnership/Organization:*

___ The restated Certificate of Limited Partnership/Organization supersedes the original Certificate of Limited Partnership/Organization and all previous amendments thereto.

IN TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate of Amendment to be executed this

15th day of December, 2018.

QoL meds, LLC

Name of Limited Partnership/Limited Liability Company

Signature

President / CEO

Title

Entity #: 3693748
Date Filed: 12/05/2013
Carol Aichele
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Certificate of Merger or Consolidation
Limited Liability Company
(15 Pa. C.S. § 8958)

Name

910469-010 KSA
Corporation Service Company

Commonwealth of Pennsylvania
ARTICLES MERGER/CONSOLIDATION-ALL TYPES 6 Page(s)

T123A011010

Fee: $150 plus $40 additional for each party
in addition to two

In compliance with the requirements of the 15 Pa.C.S. § 8958 (relating to articles of merger or consolidation), the undersigned limited liability company(s), desiring to effect a merger or consolidation, hereby state that:

1. The name of the limited liability company surviving the merger or consolidation is:
CoL meds, LLC

2. *Check and complete one of the following:*

X The surviving limited liability company is a domestic limited liability company and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
4900 Perry Hwy., Bldg. 2, 3rd Floor	Pittsburgh	PA	15229	Allegheny

(b) Name of Commercial Registered Office Provider — County

c/o:

___ The surviving limited liability company is a qualified foreign limited liability company formed under the laws of _____ and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street — City — State — Zip — County

(b) Name of Commercial Registered Office Provider — County

c/o:

___ The surviving limited liability company is a nonqualified foreign limited liability company formed under the laws of _____ and the address of its principal office under the laws of such domiciliary jurisdiction is:

Number and Street — City — State — Zip

Date of Delivery

DEC 05 2013

DSCB:15-8913-2

3. The name and the address of the current registered office in this Commonwealth or name of its commercial registered office provider and the county of venue of each other domestic limited liability company and qualified foreign limited liability company which is a party to the plan of merger or consolidation are as follows:

Name	Registered Office Address	Commercial Registered Office Provider	County
Ciel. Merger Sub, LLC	(DE not qualified in PA)		

4. *Check, and if appropriate complete, one of the following:*

X The plan of merger or consolidation shall be effective upon filing these Articles of Merger in the Department of State.

___ The plan of merger or consolidation shall be effective on: _____ at _____
Date Hour

5. The manner in which the plan of merger or consolidation was adopted by each domestic limited liability company is as follows:

Name of Limited Liability Company	Manner of Adoption
Ciel. media, LLC	Adopted by the members and managers pursuant to 15 Pa.C.S. § 8957(g)

6. *Strike out this paragraph if no foreign limited liability company is a party to the merger or consolidation:* The plan was authorized, adopted or approved, as the case may be, by the foreign limited liability company (or each of the foreign limited liability companies) party to the plan in accordance with the laws of the jurisdiction in which it is organized.

7. *Check, and if appropriate complete, one of the following:*

___ The plan of merger or consolidation is set forth in full in Exhibit A attached hereto and made a part hereof.

X Pursuant to 15 Pa.C.S. § 8958 (b) (relating to omission of certain provisions of plan of merger or consolidation) the provisions, if any, of the plan of merger or consolidation that amend or constitute the operative Certificate of Organization of the surviving limited liability company as in effect subsequent to the effective date of the plan are set forth in full in Exhibit A attached hereto and made a part hereof. The full text of the plan of merger or consolidation is on file at the principal place of business of the surviving limited liability company, the address of which is:

Number and street	City	State	Zip	County
4900 Perry Hwy., Bldg. 2, 3rd Floor	Pittsburgh	PA	15229	Allegheny

DSCB: 15-8938-3

IN TESTIMONY WHEREOF, the undersigned limited liability company has caused this Certificate of Merger or Consolidation to be signed by a duly authorized member or manager thereof this

5th day of December, 2013

QOL MEDS, LLC

Name of Limited Liability Company

Signature

Chief Executive Officer

Title

QOL MERGER SUB, LLC

Name of Limited Liability Company

Signature

President

Title

DSCB: 15-8958-3

IN TESTIMONY WHEREOF, the undersigned limited liability company has caused this Certificate of Merger or Consolidation to be signed by a duly authorized member or manager thereof this

5th day of December, 2013

QOL MEDS, LLC

Name of Limited Liability Company

Signature

Chief Executive Officer

Title

QOL MERGER SUB, LLC

Name of Limited Liability Company

Signature

President

Title

Entity #: 3893749
Date Filed: 12/04/2014
Carol Aichele
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement or Certificate of Change of Registered Office (15 Pa.C.S.) for (check one):

___ Domestic Business Corporation (§ 1507)
___ Foreign Business Corporation (§ 4144)
___ Domestic Nonprofit Corporation (§ 5507)
___ Foreign Nonprofit Corporation (§ 6144)
___ Domestic Limited Partnership (§ 8506)
X Domestic Limited Liability Company (§ 8906)

Name: CT - COUNTER

Address:

City: 9364128 State: SOPA Zip: 50

Document will be returned to the name and address you enter to the left.

Commonwealth of Pennsylvania
DOMESTIC - CHANGE OF REGISTERED OFFICE 2 Page(s)

T1496341059

Fee: $5

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to change of registered office), the undersigned corporation, limited partnership or limited liability company, desiring to effect a change of registered office, hereby states that:

1. The name is:
QoL meds, LLC

2. Current address as registered with the Department of State. *Complete part (a) or (b) – not both:*

(a) The address of its current registered office in this Commonwealth is:

Number and Street	City	State	Zip	County
4900 Petry Highway Building8	Pittsburgh	PA	15229	Allegheny

(b) The name of its current commercial registered office provider and the county of venue is:

c/o:

Name of Commercial Registered Office Provider	County

3. New address. *Complete part (a) or (b) – not both:*

(a) The address in this Commonwealth to which the registered office of the corporation, limited partnership or limited liability company is to be changed is:

Number and Street	City	State	Zip	County

(b) The registered office of the corporation, limited partnership or limited liability company shall be provided by:

c/o: C T Corporation System

Name of Commercial Registered Office Provider	County
	Dauphin

Revised 8/2013

2014 DEC -4 AM 11:34
PA. DEPT. OF STATE

DSCB:15-1507/4144/5307/5144/8506/8906-2

4. *For corporations only:*

Such change was authorized by the Board of Directors of the corporation.

IN TESTIMONY WHEREOF, the undersigned has caused this Statement or Certificate of Change of Registered Office to be signed by a duly authorized officer, general partner, member or manager thereof this

3 day of December, 2014.

Qol Media LLC

Name of Corporation/Limited Partnership/
Limited Liability Company

Signature

Manager

Title

Entity #: 3993749
Date Filed: 01/13/2015
Carol Aichele
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Certificate of Amendment-Domestic

(15 Pa.C.S.)

___ Limited Partnership (§ 8512)
_x_ Limited Liability Company (§ 8951)

Name: CT - COUNTER
Address:
City: 94606 State: CA Zip Code: 3

Document will be returned to the name and address you enter to the left.

Commonwealth of Pennsylvania
LIMITED LIABILITY AMENDMENT 3 Page(s)

Fee: $70

In compliance with the requirements of the applicable provisions (relating to certificate of amendment), the undersigned, desiring to amend its Certificate of Limited Partnership/Organization, hereby certifies that:

1. The name of the limited partnership/limited liability company is:
QoL meds, LLC

2. The date of filing of the original Certificate of Limited Partnership/Organization: July 15, 2009

3. *Check, and if appropriate complete, one of the following:*

_x_ The amendment adopted by the limited partnership/limited liability company, set forth in full, is as follows:
The name of the limited liability company be changed to: Genoa, a QoL Healthcare Company, LLC

___ The amendment adopted by the limited partnership/limited liability company is set forth in full in Exhibit A attached hereto and made a part hereof.

4. *Check, and if appropriate complete, one of the following:*

_x_ The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.

___ The amendment shall be effective on: _____ (Date) at _____ (Hour).

2015 JAN 13 PM 9:30
PA. DEPT. OF STATE

DSCB:15-8512/8951-2

5. *Check if the amendment restates the Certificate of Limited Partnership/Organization:*

___ The restated Certificate of Limited Partnership/Organization supersedes the original Certificate of Limited Partnership/Organization and all previous amendments thereto.

IN TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate of Amendment to be executed this

7th day of January, 2015.

Genoa, a QoL Healthcare Company, LLC
Name of Limited Partnership/Limited Liability Company

Signature

Assistant Secretary
Title

Entity #: 3639746
Date Filed: 04/30/2015
Pedro A. Cortés
Acting Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Certificate of Merger or Consolidation
Limited Liability Company
(15 Pa. C.S. § 8958)

Name: CT - COUNTER
Address:
City: 95331616 State: PA Zip Code: 19

Commonwealth of Pennsylvania
CERTIFICATE OF MERGER 4 Page(s)

T1512267914

Fee: $150 plus $40 additional for each party in addition to two

In compliance with the requirements of the 15 Pa.C.S. § 8958 (relating to articles of merger or consolidation), the undersigned limited liability company(s), desiring to effect a merger or consolidation, hereby state that:

1. The name of the limited liability company surviving the merger or consolidation is:
Genoa, a QoL Healthcare Company, LLC

2. *Check and complete one of the following:*

☑ The surviving limited liability company is a domestic limited liability company and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street | City | State | Zip | County

(b) Name of Commercial Registered Office Provider: c/o: CT Corporation System | County: Dauphin

☐ The *surviving limited liability company* is a *qualified foreign limited liability company formed under* the laws of _____ and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street | City | State | Zip | County

(b) Name of Commercial Registered Office Provider: c/o: | County

☐ The surviving limited liability company is a nonqualified foreign limited liability company formed under the laws of _____ and the address of its principal office under the laws of such domiciliary jurisdiction is:

Number and Street | City | State | Zip

2015 APR 30 AM 10: 48
PA. DEPT. OF STATE

DSCB:15-8958-2

3. The name and the address of the current registered office in this Commonwealth or name of its commercial registered office provider and the county of venue of each other domestic limited liability company and qualified foreign limited liability company which is a party to the plan of merger or consolidation are as follows:

Name	Registered Office Address	Commercial Registered Office Provider	County
Genoa Holding Company, Inc.		(DE not qualified in PA)	

4. *Check, and if appropriate complete, one of the following:*

☑ The plan of merger or consolidation shall be effective upon filing these Articles of Merger in the Department of State.

☐ The plan of merger or consolidation shall be effective on: _____ at _____
Date Hour

5. The manner in which the plan of merger or consolidation was adopted by each domestic limited liability company is as follows:

Name of Limited Liability Company	Manner of Adoption
Genoa-a QoL Healthcare Company, LLC	Adopted by the members and managers pursuant to 15 Pa.C.S. § 8932(b)

6. *Strike out this paragraph if no foreign limited liability company is a party to the merger or consolidation:*

7. *Check, and if appropriate complete, one of the following:*

☐ The plan of merger or consolidation is set forth in full in Exhibit A attached hereto and made a part hereof.

☑ Pursuant to 15 Pa.C.S. § 8938 (b) (relating to omission of certain provisions of plan of merger or consolidation) the provisions, if any, of the plan of merger or consolidation that amend or constitute the operative Certificate of Organization of the surviving limited liability company as in effect subsequent to the effective date of the plan are set forth in full in Exhibit A attached hereto and made a part hereof. The full text of the plan of merger or consolidation is on file at the principal place of business of the surviving limited liability company, the address of which is:

Number and street	City	State	Zip	County
18300 Cascade Ave S #251	Tukwila	WA	98188	King

DSCH: 15-53584

IN TESTIMONY WHEREOF, the undersigned Limited Liability Company has caused this Certificate of Merger or Consolidation to be signed by a duly authorized member or manager thereof this

30 day of April, 2015.

[redacted] LLC

[redacted]

By:

[redacted] CEO & Secretary

Title

[redacted]

Name of Limited Liability Company

Signature

[redacted]

Title

Entity# : 3893748
Date Filed : 07/24/2017
Pedro A. Cortés
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

☐ Return document by mail to:
Corporation Service Company
Name
Order No. 731516/062
Address
City State Zip Code
☑ Return document by email to: eml.cas.certificate-lobal.com

Change of Registered Office
nsrp-IE-4577/5507/8625/8825
[redacted]
TCD170725DP0548

Read all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov/.

Fee: $5 The type of domestic association (check only one):

☐ Business Corporation ☑ Limited Liability Company ☐ Limited Liability Limited Partnership
☐ Nonprofit Corporation ☐ Limited Partnership

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 1507/5507/8625/8825 (relating to change of registered office), the undersigned domestic corporation, limited liability company, limited partnership or limited liability limited partnership, desiring to effect a change of registered office, hereby states that:

1. The name of the association is: Genoa, a QoL Healthcare Company, LLC

2. The current registered office address as on file with the Department of State. *Complete part (a) OR (b) – not both:*

(a) _____
Number and street City State Zip County

(b) c/o: CT CORPORATION SYSTEM Dauphin
Name of Commercial Registered Office Provider County

3. New address. *Complete part (a) OR (b) – not both:*

(a) The address in this Commonwealth to which the registered office of the corporation, limited partnership, limited liability limited partnership or limited liability company is to be changed is:

_____
Number and street City State Zip County

(b) The registered office of the corporation, limited partnership, limited liability partnership, limited liability limited partnership or limited liability company shall be provided by:

c/o: Corporation Service Company Dauphin
Name of Commercial Registered Office Provider County

4. *For corporations only:* Such change was authorized by the Board of Directors of the corporation.

IN TESTIMONY WHEREOF, the undersigned has caused this Statement or Certificate of Change of Registered Office to be signed by a duly authorized officer, general partner, member or manager thereof this 18th day of July, 20 17.

Genoa, a QoL Healthcare Company, LLC
Name of Corporation/Limited Partnership/
Limited Liability Limited Partnership/Limited Liability Company

Signature

Jill Climi, Attorney in Fact
Title

2017 JUL 24 PM 2:02
DEPT. OF STATE

Entity# : 3893746
Date Filed : 12/14/2017
Effective Date : 12/15/2017
Robert Torres
Acting Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

☐ Return document by mail to:
CSC order #9543160-5 (64
Name

CSC
(or)Return document by email to: cscpa@cscglobal.com

Certificate of Amendment - Domestic Limited Partnership/Limited Liability Company

TC0171214.BE244

Read all instructions prior to completing. This form may be submitted online at https://www.pa.gov/agencies/dos.html.

Fee: $70

Check one: ☐ Limited Partnership (§ 8622) ☒ Limited Liability Company (§ 8922)

In compliance with the requirements of the applicable provisions (relating to Amendment or Restatement of Certificate), the undersigned, desiring to amend or restate its Certificate of Limited Partnership/Certificate of Organization, hereby certifies that:

1. The name of the limited partnership/limited liability company is: Genoa, a QoL Healthcare Company, LLC

2. The date of filing of the original Certificate of Limited Partnership/Certificate of Organization is:

07/15/2009
Date (MM/DD/YYYY)

3. The current registered office address as on file with the Department of State. *Complete part (a) OR (b) – not both:*

(a) _____
Number and street City State Zip County

(b) c/o: Corporation Service Company Dauphin
Name of Commercial Registered Office Provider County

4. *Check, and if appropriate complete, one of the following:*

☒ The amendment adopted by the limited partnership/limited liability company, set forth in full, is as follows:

Name of the limited liability company: Genoa Healthcare LLC

☐ The amendment adopted by the limited partnership/limited liability company is set forth in full in Exhibit A attached hereto and made a part hereof.

5. Effective date of amendment *(check, and if appropriate complete, one of the following):*

☐ The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.
☒ The amendment shall be effective on: 12/15/2017 at _____
Date (MM/DD/YYYY) Hour (if any)

2017 DEC 14 AM 9:40
PA. DEPT. OF STATE

DSCB:15-8622/8822-2

6. *Check if the amendment restates the Certificate of Limited Partnership/Certificate of Organization:*

☐ The restated Certificate of Limited Partnership/Certificate of Organization supersedes the original Certificate of Limited Partnership/Certificate of Organization and all previous amendments thereto.

IN TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate of Amendment to be executed by a duly authorized person thereof this 13th day of December, 2017.

Genca, a QoL Healthcare Company, LLC
Name of Limited Partnership/Limited Liability Company

Signature

Member
Title

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger - Addendum

DSCB:15-335AD
(7/1/2015)

335Ad

This form is used to identify additional merging parties and must be submitted with the Statement of Merger form (DSCB:15-335).

B. For the merging association(s) that are not surviving the merger (continued):

1. The name of the merging association is: Advanced Care Pharmacy EM LLC

2. The jurisdiction of formation of the merging association: MI

3. The type of association is (check only one):

☐ Business Corporation	☐ Limited Partnership	☐ Business Trust
☐ Nonprofit Corporation	☐ Limited Liability (General) Partnership	☐ Professional Association
☒ Limited Liability Company	☐ Limited Liability Limited Partnership	☐ Other

4. Check and complete one of the following addresses.

☐ **If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State.**
Complete part (a) OR (b) – not both:

(a) _____
Number and street | City | State | Zip | County

(b) c/o: _____
Name of Commercial Registered Office Provider | County

☐ **If the merging association is a domestic association that is *not* a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:**

_____
Number and street | City | State | Zip | County

☒ **If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:**

Suite 251 18300 Cascade Avenue S. Tukwila, WA 98188
Number and street | City | State | Zip

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Merger-Addendum to be signed by an authorized officer thereof this 28th day of February, 2018.

Advanced Care Pharmacy EM LLC
Name of Merging Association

Authorized Representative
Title

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger - Addendum

DSCB:15-335AD
(7/1/2015)

335Ad

This form is used to identify additional merging parties and must be submitted with the Statement of Merger form (DSCB:15-335).

B. For the merging association(s) that are not surviving the merger (continued):

1. The name of the merging association is: Advanced Care Pharmacy NEGC LLC

2. The jurisdiction of formation of the merging association: MI

3. The type of association is (check only one):

☐ Business Corporation	☐ Limited Partnership	☐ Business Trust
☐ Nonprofit Corporation	☐ Limited Liability (General) Partnership	☐ Professional Association
☒ Limited Liability Company	☐ Limited Liability Limited Partnership	☐ Other _____

4. Check and complete one of the following addresses.

☐ **If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State.**
Complete part (a) OR (b) -- not both:

(a) _____ (Number and street) _____ (City) _____ (State) _____ (Zip) _____ (County)

(b) c/o: _____ (Name of Commercial Registered Office Provider) _____ (County)

☐ **If the merging association is a domestic association that is *not* a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:**

_____ (Number and street) _____ (City) _____ (State) _____ (Zip) _____ (County)

☒ **If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:**

Suite 251 18300 Cascade Avenue S. Tukwila, WA 98188
(Number and street) (City) (State) (Zip)

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Merger-Addendum to be signed by an authorized officer thereof this 28th day of February, 2018.

Advanced Care Pharmacy NEGC LLC
Name of Merging Association

Signature

Authorized Representative
Title

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger - Addendum

DSCB:15-335AD
(7/1/2015)

335Ad

This form is used to identify additional merging parties and must be submitted with the Statement of Merger form (DSCB:15-335).

B. For the merging association(s) that are not surviving the merger (continued):

1. The name of the merging association is: Advanced Care Pharmacy Services - Genesee LLC

2. The jurisdiction of formation of the merging association: MI

3. The type of association is (check only one):

☐ Business Corporation	☐ Limited Partnership	☐ Business Trust
☐ Nonprofit Corporation	☐ Limited Liability (General) Partnership	☐ Professional Association
☒ Limited Liability Company	☐ Limited Liability Limited Partnership	☐ Other

4. Check and complete one of the following addresses.

☐ If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State.
Complete part (a) OR (b) – not both:

(a) _____
Number and street | City | State | Zip | County

(b) c/o: _____
Name of Commercial Registered Office Provider | County

☐ If the merging association is a domestic association that is *not* a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:

_____
Number and street | City | State | Zip | County

☒ If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:

Suite 251 18300 Cascade Avenue S. Tukwila, WA 98188
Number and street | City | State | Zip

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Merger-Addendum to be signed by an authorized officer thereof this 28th day of February, 2018.

Advanced Care Pharmacy Services - Genesee LLC
Name of Merging Association

Signature

Authorized Representative
Title

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger - Addendum
DSCB:15-335AD
(7/1/2015)

335Ad

This form is used to identify additional merging parties and must be submitted with the Statement of Merger form (DSCB:15-335).

B. For the merging association(s) that are not surviving the merger (continued):

1. The name of the merging association is: Advanced Care Pharmacy Services - Port Huron LLC

2. The jurisdiction of formation of the merging association: MI

3. The type of association is (check only one):
   - ☐ Business Corporation
   - ☐ Nonprofit Corporation
   - ☒ Limited Liability Company
   - ☐ Limited Partnership
   - ☐ Limited Liability (General) Partnership
   - ☐ Limited Liability Limited Partnership
   - ☐ Business Trust
   - ☐ Professional Association
   - ☐ Other _____

4. Check and complete one of the following addresses.

If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State.
Complete part (a) OR (b) – not both:

☐ (a) _____
Number and street | City | State | Zip | County

(b) c/o: _____
Name of Commercial Registered Office Provider | County

☐ **If the merging association is a domestic association that is *not* a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:**

_____
Number and street | City | State | Zip | County

☒ **If the merging association is a non-registered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:**

Suite 251 18300 Cascade Avenue S. Tukwila, WA 98188
Number and street | City | State | Zip

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Merger-Addendum to be signed by an authorized officer thereof this 28th day of February, 2018.

Advanced Care Pharmacy Services - Port Huron LLC
Name of Merging Association

Signature

Authorized Representative
Title

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger - Addendum
DSCB:15-335AD
(7/1/2015)

335Ad

This form is used to identify additional merging parties and must be submitted with the Statement of Merger form (DSCB:15-335).

B. For the merging association(s) that are not surviving the merger (continued):

1. The name of the merging association is: Advanced Care Pharmacy Services - Saginaw, LLC

2. The jurisdiction of formation of the merging association: MI

3. The type of association is (check only one):
☐ Business Corporation ☐ Limited Partnership ☐ Business Trust
☐ Nonprofit Corporation ☐ Limited Liability (General) Partnership ☐ Professional Association
☒ Limited Liability Company ☐ Limited Liability Limited Partnership ☐ Other

4. Check and complete one of the following addresses.

☐ **If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State.**
Complete part (a) OR (b) – not both:

(a) _____
Number and street City State Zip County

(b) c/o: _____
Name of Commercial Registered Office Provider County

☐ **If the merging association is a domestic association that is *not* a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:**

_____
Number and street City State Zip County

☒ **If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:**

Suite 251 18300 Cascade Avenue S. Tukwila, WA 98188
Number and street City State Zip

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Merger-Addendum to be signed by an authorized officer thereof this 28th day of February, 2018.

Advanced Care Pharmacy Services - Saginaw, LLC
Name of Merging Association

Signature

Authorized Representative
Title

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger - Addendum

DSCB:15-335AD
(7/1/2015)

335Ad

This form is used to identify additional merging parties and must be submitted with the Statement of Merger form (DSCB:15-335).

B. For the merging association(s) that are not surviving the merger (continued):

1. The name of the merging association is: Group Med Inc.

2. The jurisdiction of formation of the merging association: MI

3. The type of association is (check only one):

☒ Business Corporation	☐ Limited Partnership	☐ Business Trust
☐ Nonprofit Corporation	☐ Limited Liability (General) Partnership	☐ Professional Association
☐ Limited Liability Company	☐ Limited Liability Limited Partnership	☐ Other

4. Check and complete one of the following addresses.

☐ **If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State.**
Complete part (a) OR (b) – not both:

(a) _____
Number and street | City | State | Zip | County

(b) c/o: _____
Name of Commercial Registered Office Provider | County

☐ **If the merging association is a domestic association that is *not* a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:**

_____
Number and street | City | State | Zip | County

☒ **If the merging association is a non-registered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:**

Suite 251 18300 Cascade Avenue S. Tukwila, WA 98188
Number and street | City | State | Zip

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Merger-Addendum to be signed by an authorized officer thereof this 26th day of February, 2018.

Group Med Inc.
Name of Merging Association

Signature

Authorized Representative
Title

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger - Addendum

DSCB:15-335AD
(7/1/2015)

335Ad

This form is used to identify additional merging parties and must be submitted with the Statement of Merger form (DSCB:15-335).

B. For the merging association(s) that are not surviving the merger (continued):

1. The name of the merging association is: HDI Pharmacy Services Inc.

2. The jurisdiction of formation of the merging association: MI

3. The type of association is (check only one):

☒ Business Corporation	☐ Limited Partnership	☐ Business Trust
☐ Nonprofit Corporation	☐ Limited Liability (General) Partnership	☐ Professional Association
☐ Limited Liability Company	☐ Limited Liability Limited Partnership	☐ Other _____

4. Check and complete one of the following addresses.

☐ **If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State.**
Complete part (a) OR (b) – not both:

(a) _____
Number and street | City | State | Zip | County

(b) c/o: _____
Name of Commercial Registered Office Provider | County

☐ **If the merging association is a domestic association that is *not* a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:**

_____
Number and street | City | State | Zip | County

☒ **If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:**

Suite 251 18300 Cascade Avenue S. Tukwila, WA 98188
Number and street | City | State | Zip

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Merger-Addendum to be signed by an authorized officer thereof this 28th day of February, 2018.

HDI Pharmacy Services Inc.
Name of Merging Association

Signature

Authorized Representative
Title

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger - Addendum

DSCB:15-335AD
(7/1/2015)

335Ad

This form is used to identify additional merging parties and must be submitted with the Statement of Merger form (DSCB:15-335).

B. For the merging association(s) that are not surviving the merger (continued):

1. The name of the merging association is: Tricare Pharmacy Inc.

2. The jurisdiction of formation of the merging association: MI

3. The type of association is (check only one):

☒ Business Corporation	☐ Limited Partnership	☐ Business Trust
☐ Nonprofit Corporation	☐ Limited Liability (General) Partnership	☐ Professional Association
☐ Limited Liability Company	☐ Limited Liability Limited Partnership	☐ Other

4. Check and complete one of the following addresses.

If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State.
Complete part (a) OR (b) – not both:

☐ (a) _____
Number and street | City | State | Zip | County

(b) c/o: _____
Name of Commercial Registered Office Provider | County

☐ **If the merging association is a domestic association that is *not* a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:**

_____
Number and street | City | State | Zip | County

☒ **If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:**

Suite 251 16300 Cascade Avenue S. Tukwila, WA 98188
Number and street | City | State | Zip

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Merger-Addendum to be signed by an authorized officer thereof this 26th day of February, 2018.

Tricare Pharmacy Inc.
Name of Merging Association

Signature

Authorized Representative
Title

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger - Addendum

DSCB:15-335AD
(7/1/2015)

335Ad

This form is used to identify additional merging parties and must be submitted with the Statement of Merger form (DSCB:15-335).

B. For the merging association(s) that are not surviving the merger (continued):

1. The name of the merging association is: Drace Holdings LLC

2. The jurisdiction of formation of the merging association: MI

3. The type of association is (check only one):

☐ Business Corporation	☐ Limited Partnership	☐ Business Trust
☐ Nonprofit Corporation	☐ Limited Liability (General) Partnership	☐ Professional Association
☒ Limited Liability Company	☐ Limited Liability Limited Partnership	☐ Other

4. Check and complete one of the following addresses.

☐ **If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State.** ***Complete part (a) OR (b) – not both:***

(a) _____
Number and street | City | State | Zip | County

(b) c/o: _____
Name of Commercial Registered Office Provider | County

☐ **If the merging association is a domestic association that is *not* a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:**

_____
Number and street | City | State | Zip | County

☒ **If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:**

Suite 251 18300 Cascade Avenue S. Tukwila, WA 98188
Number and street | City | State | Zip

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Merger-Addendum to be signed by an authorized officer thereof this 28th **day of** February, 2018.

Drace Holdings LLC
Name of Merging Association

Signature

Authorized Representative
Title

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger - Addendum

DSCB:15-335AD
(7/1/2015)

335Ad

This form is used to identify additional merging parties and must be submitted with the Statement of Merger form (DSCB:15-335).

B. For the merging association(s) that are not surviving the merger (continued):

1. The name of the merging association is: Advanced Care Pharmacy Services LLC

2. The jurisdiction of formation of the merging association: MI

3. The type of association is (check only one):

☐ Business Corporation	☐ Limited Partnership	☐ Business Trust
☐ Nonprofit Corporation	☐ Limited Liability (General) Partnership	☐ Professional Association
☒ Limited Liability Company	☐ Limited Liability Limited Partnership	☐ Other _____

4. Check and complete one of the following addresses.

☐ **If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State.**
Complete part (a) OR (b) – not both:

(a) _____
Number and street | City | State | Zip | County

(b) c/o: _____
Name of Commercial Registered Office Provider | County

☐ **If the merging association is a domestic association that is *not* a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:**

_____
Number and street | City | State | Zip | County

☒ **If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:**

Suite 251 16300 Cascade Avenue S. Tukwila, WA 98188
Number and street | City | State | Zip

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Merger-Addendum to be signed by an authorized officer thereof this 28th day of February, 2018.

Advanced Care Pharmacy Services LLC
Name of Merging Association

Signature

Authorized Representative
Title

Entity# : 3893748
Date Filed : 02/27/2018
Effective Date : 02/28/2018
Robert Torres
Acting Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

☐ Return document by mail to:
CSC corlec #3832299-10 UBH
Name

CSC
(a)Return document by email to: cscpa@cscglobal.com

Statement of Merger
DSCB:15-335
(7/1/2015)

TC0180227UZ1294

Read all instructions prior to

Fee: $70 plus $40 for *each* association that is a party to the merger
The minimum amount to be submitted with this filing is $150

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 335 (relating to Statement of merger), the undersigned, desiring to effect a merger, hereby states that:

A. For the surviving association:

1. The name of the surviving association is: Genoa Healthcare LLC

2. The jurisdiction of formation of the surviving association: Pennsylvania

3. The type of association of the surviving association is (check only one):

- ☐ Business Corporation
- ☐ Nonprofit Corporation
- ☑ Limited Liability Company
- ☐ Limited Partnership
- ☐ Limited Liability (General) Partnership
- ☐ Limited Liability Limited Partnership
- ☐ Business Trust
- ☐ Professional Association
- ☐ Other

2018 FEB 27 PM 1:23
PA. DEPT. OF STATE

DSCB:15-335-2

4. The surviving association is a (check only one box, provide address and follow instructions for attachments):

☑ Domestic (Pennsylvania) filing entity already in existence on Department of State records
If applicable, attach to this Statement any amendment to its public organic record approved as part of the plan of merger.

☐ NEW domestic (Pennsylvania) filing entity (includes limited liability limited partnership)
Attach to this Statement the public organic record of the new entity.

☐ Foreign filing association or foreign limited liability partnership already registered with the Department.
If applicable, attach to this Statement any amendment to or transfer of its foreign registration approved as part of the plan of merger.

☐ Foreign filing association or foreign limited liability partnership simultaneously seeking registration with the Department of State
Attach to this Statement a completed form DSCB:15-412 (Foreign Registration Statement) with applicable fee and attachments.

Its current registered office address. *Complete part (a) OR (b) – not both:*

(a) _____ _____ _____ _____ _____
Number and street City State Zip County

(b) c/o: CORPORATION SERVICE COMPANY Dauphin
Name of Commercial Registered Office Provider County

☐ NEW domestic (Pennsylvania) limited liability partnership or electing partnership
Attach completed DSCB:15-8201 (Statement of Registration) or DSCB:15-8701A (Statement of Election)

☐ Domestic association that is not a domestic filing association
Attach to this Statement tax clearance certificates.

The address, including street and number, if any, of its principal office:

_____ _____ _____ _____ _____
Number and street City State Zip County

☐ Foreign association that is not, and will not, be registered with the Department of State
Attach to this Statement tax clearance certificates.

The address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:

_____ _____ _____ _____
Number and street City State Zip

DSCB:15-335-3

B. For the merging association(s) that are not surviving the merger:

1. The name of the merging association is: Advanced Care Pharmacy Services - Saginaw LLC

2. The jurisdiction of formation of the merging association: MI

3. The type of association is (check only one):

☐ Business Corporation	☐ Limited Partnership	☐ Business Trust
☐ Nonprofit Corporation	☐ Limited Liability (General) Partnership	☐ Professional Association
☑ Limited Liability Company	☐ Limited Liability Limited Partnership	☐ Other

4. Check and complete one of the following addresses.

☐ **If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State.**
Complete part (a) OR (b) – not both:

(a) _____
Number and street | City | State | Zip | County

(b) c/o: _____
Name of Commercial Registered Office Provider | County

☐ **If the merging association is a domestic association that is *not* a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:**

_____
Number and street | City | State | Zip | County

☑ **If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:**

Suite 251 18300 Cascade Avenue S. Tukwila, WA 98188
Number and street | City | State | Zip

**Use Statement of Merger – Addendum (DSCB:15-335AD)
for additional merging parties that are not surviving the merger.**

DSCB:15-335-4

C. Effective date of statement of merger (check, and if appropriate complete, one of the following):
- ☐ This Statement of Merger shall be effective upon filing in the Department of State.
- ☑ This Statement of Merger shall be effective on: 02/28/2018 (Date (MM/DD/YYYY)) at _____ (Hour (if any))

D. Approval of merger by merging associations (check all applicable statement(s)):
- ☑ For domestic entities – The merger was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter C (relating to merger).
- ☑ For foreign associations – The merger was approved in accordance with the laws of the jurisdiction of formation.
- ☐ For domestic associations that are not domestic entities – The merger was approved by the interest holders of the merging association in the manner required by its organic law.

E. Attachments (see instructions for required and optional attachments).

IN TESTIMONY WHEREOF, the undersigned merging associations have caused this Statement of Merger to be signed by duly authorized officers thereof this 28th day of February, 2018.

Genoa Healthcare LLC	Advanced Care Pharmacy Services - Sacramento LLC
Name of Merging Association	Name of Merging Association
[signature] (Signature)	[signature] (Signature)
Authorized Representative (Title)	Authorized Representative (Title)

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger - Addendum

DSCB:15-335AD
(7/1/2015)

335Ad

This form is used to identify additional merging parties and must be submitted with the Statement of Merger form (DSCB:15-335).

B. For the merging association(s) that are not surviving the merger (continued):

1. The name of the merging association is: ACPS - Detroit LLC

2. The jurisdiction of formation of the merging association: MI

3. The type of association is (check only one):

☐ Business Corporation	☐ Limited Partnership	☐ Business Trust
☐ Nonprofit Corporation	☐ Limited Liability (General) Partnership	☐ Professional Association
☒ Limited Liability Company	☐ Limited Liability Limited Partnership	☐ Other

4. Check and complete one of the following addresses.

If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State.
Complete part (a) OR (b) – not both:

☐ (a) _____
Number and street | City | State | Zip | County

(b) c/o: _____
Name of Commercial Registered Office Provider | County

If the merging association is a domestic association that is *not* a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:

☐ _____
Number and street | City | State | Zip | County

If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:

☒ Suite 251 18300 Cascade Avenue S. Tukwila, WA 98188
Number and street | City | State | Zip

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Merger-Addendum to be signed by an authorized officer thereof this 26th day of February, 2018.

ACPS - Detroit LLC
Name of Merging Association

Signature

Authorized Representative
Title

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger - Addendum

DSCB:15-335AD
(7/1/2015)

335Ad

This form is used to identify additional merging parties and must be submitted with the Statement of Merger form (DSCB:15-335).

B. For the merging association(s) that are not surviving the merger (continued):

1. The name of the merging association is: ACPS - New Center LLC

2. The jurisdiction of formation of the merging association: MI

3. The type of association is (check only one):

☐ Business Corporation	☐ Limited Partnership	☐ Business Trust
☐ Nonprofit Corporation	☐ Limited Liability (General) Partnership	☐ Professional Association
☒ Limited Liability Company	☐ Limited Liability Limited Partnership	☐ Other

4. Check and complete one of the following addresses.

☐ **If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State.**
Complete part (a) OR (b) – not both:

(a) _____
Number and street | City | State | Zip | County

(b) c/o: _____
Name of Commercial Registered Office Provider | County

☐ **If the merging association is a domestic association that is *not* a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:**

_____
Number and street | City | State | Zip | County

☒ **If the merging association is a non-registered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:**

Suite 251 18300 Cascade Avenue S. Tukwila, WA 98188
Number and street | City | State | Zip

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Merger-Addendum to be signed by an authorized officer thereof this 28th day of February, 2018.

ACPS - New Center LLC
Name of Merging Association

Signature

Authorized Representative
Title

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger - Addendum

DSCB:15-335AD
(7/1/2015)

335Ad

This form is used to identify additional merging parties and must be submitted with the Statement of Merger form (DSCB:15-335).

B. For the merging association(s) that are not surviving the merger (continued):

1. The name of the merging association is: ACPS - Waterford LLC

2. The jurisdiction of formation of the merging association: MI

3. The type of association is (check only one):

☐ Business Corporation	☐ Limited Partnership	☐ Business Trust
☐ Nonprofit Corporation	☐ Limited Liability (General) Partnership	☐ Professional Association
☒ Limited Liability Company	☐ Limited Liability Limited Partnership	☐ Other

4. Check and complete one of the following addresses.

☐ **If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State.**
Complete part (a) OR (b) – not both:

(a) _____
Number and street | City | State | Zip | County

(b) c/o: _____
Name of Commercial Registered Office Provider | County

☐ **If the merging association is a domestic association that is *not* a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:**

_____
Number and street | City | State | Zip | County

☒ **If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:**

Suite 251 16900 Cascade Avenue S. Tukwila, WA 98188
Number and street | City | State | Zip

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Merger-Addendum to be signed by an authorized officer thereof this 28th **day of** February, 2018.

ACPS - Waterford LLC
Name of Merging Association

Signature

Authorized Representative
Title

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

05/04/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

Specialized Pharmaceuticals, Inc.

I, Robert Torres, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Creation Filing filed on May 26, 2000 - Pages (2)
Amendment filed on Oct 7, 2004 - Pages (2)
Merger filed on Apr 29, 2005 - Pages (6)
Amendment filed on Dec 5, 2006 - Pages (2)
Change of Address filed on Jul 19, 2007 - Pages (2)
Amendment filed on Nov 2, 2007 - Pages (3)
Amendment filed on Dec 3, 2007 - Pages (12)
Amendment filed on Mar 1, 2010 - Pages (3)
Survivor filed on Dec 5, 2013 - Pages (7)
Change of Address filed on Dec 4, 2014 - Pages (2)
Amendment filed on Jul 24, 2017 - Pages (1)

which appear of record in this department.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Robert Torres

Acting Secretary of the Commonwealth

Certification Number: TSC180504100430-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify

200042 - 338

BRB 15-1306 (Rev. 91)
P 15 PA.C.S. CORPORATION (FOR PROFIT)

Microfilm Number _____ Filed with the Department of State on MAY 26 2000

Entity Number 2746023

Secretary of the Commonwealth

ARTICLES OF INCORPORATION-FOR PROFIT
OF
Specialized Pharmaceuticals, Inc.
Name of Corporation
A TYPE OF CORPORATION INDICATED BELOW

Indicate type of domestic corporation:

✓ Business stock (15 Pa C.S. § 1306) ___ Management (15 Pa C.S. § 2702)

___ Business nonstock (15 Pa C.S. § 2102) ___ Professional (15 Pa C.S. § 2903)

___ Business statutory close (15 Pa C.S. § 2303) ___ Insurance (15 Pa C.S. § 3101)

___ Cooperative (15 Pa C.S. § 7102)

BSCB 15-1306/2102/2303/2702/2903/3101/7102A (Rev 91)

In compliance with the requirements of the applicable provisions of 15 Pa C.S. (relating to corporations and unincorporated associations) the undersigned, desiring to incorporate a corporation for profit hereby, state(s) that:

1. The name of the corporation is Specialized Pharmaceuticals, Inc.

2. The (a) address of this corporation's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is

(a) 303 Perry Highway Pittsburgh PA 15229 Allegheny
Number and Street City State Zip County

(b) c/o: _____ _____
Name of Commercial Registered Office Provider County

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

3. The corporation is incorporated under the provisions of the Business Corporation Law of 1988.

4. The aggregate number of shares authorized is 10,000 (other provisions, if any, attach 8 1/2 x 11 sheet)

5. The name and address, including number and street, if any, of each incorporator is:

Name	Address
Richard Iassana	6000 Perry Highway Tsh, PA 15229

6. The specified effective date, if any, is: 6 - 1 - 00
month day year hour, if any

MAY 26 2000

200042 339

DSCB:15-1306/2102/2303/2702/2903/3101/7102A (Rev 91)-2

7. Additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet.

8. Statutory close corporation only: Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a "public offering" within the meaning of the Securities Act of 1933 (15 U.S.C. § 77a et seq.).

9. Cooperative corporations only: (Complete and strike out inapplicable term) The common bond of membership among its members/shareholders is. _____

IN TESTIMONY WHEREOF, the incorporator(s) has (have) signed these Articles of Incorporation this 24th day of May, 2000

(Signature)

(Signature)

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Articles of Amendment-Domestic Corporation
(15 Pa.C.S.)

Entity Number
2944023

_X_ Business Corporation (§ 1915)
___ Nonprofit Corporation (§ 5915)

Name: JENNIFER MARKS
Address: PENNCORP SERVICEGROUP, INC.
600 NORTH SECOND STREET
City: PO BOX 1210 State: HARRISBURG PA Zip Code: 17108-1210

Document will be returned to the name and address you enter to the left.

Fee: $70

Filed in the Department of State on OCT 07 2004

Secretary of the Commonwealth

In compliance with the requirements of the applicable provisions (relating to articles of amendment), the undersigned, desiring to amend its articles, hereby states that:

1. The name of the corporation is:
Specialized Pharmaceuticals, Inc.

2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
803 Perry Highway	Pittsburgh	Pennsylvania	15229	Allegheny

(b) Name of Commercial Registered Office Provider — County
c/o

3. The statute by or under which it was incorporated: Pennsylvania Business Corporation Law of 1988

4. The date of its incorporation: May 26, 2000

5 *Check, and if appropriate complete, one of the following:*

_X_ The amendment shall be effective upon filing these Articles of Amendment in the Department of State.

___ The amendment shall be effective on: ____ Date ____ at ____ Hour

2004 OCT -7 PM 2:29

DSCB:15-1915 5915-2

200409 5- 137

6. *Check one of the following:*

_X_ The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).

____ The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).

7. *Check, and if appropriate, complete one of the following:*

_X_ The amendment adopted by the corporation, set forth in full, is as follows

"RESOLVED, that the proper officers of this corporation be and they hereby are authorized and directed to file the prescribed form of Articles of Amendment with the Office of the Secretary of the Commonwealth of Pennsylvania, amending Article Four (4) thereof to be and read as follows and that upon the filing of said Articles of Amendment it is hereby directed that such Articles of Amendment be inserted in the corporation's minute book as a part of the corporation's permanent records:

4. The aggregate number of shares authorized is 20,000."

8. *Check if the amendment restates the Articles:*

____ The restated Articles of Incorporation supersede the original articles and all amendments thereto.

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this

1st day of October, 2004

SPECIALIZED PHARMACEUTICALS, INC.
Name of Corporation

Signature

Richard Sassano, President
Title

2005045-1367

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Articles Certificate of Merger

(15 Pa.C.S.)

Entity Number 2443923

X Domestic Business Corporation (§ 1926)
___ Domestic Nonprofit Corporation (§ 5926)
___ Limited Partnership (§ 8547)

Name: BELINDA SCHORY
Address: PENNCORP SERVICEGROUP, INC
600 NORTH SECOND ST.
City: PO BOX 1210 Zip Code: HARRISBURG, PA 17108-1210

Document will be returned to the name and address you enter to the left.

Fee: $150 plus $40 additional for each Party in additional to two

Filed in the Department of State on APR 29 2005

Pedro C. Cortes

Secretary of the Commonwealth

In compliance with the requirements of the applicable provisions relating to articles of merger or consolidation, the undersigned, desiring to effect a merger, hereby state that:

1. The name of the corporation limited partnership surviving the merger is:
Specialized Pharmaceuticals, Inc.

2. *Check and complete one of the following:*

X The surviving corporation limited partnership is a domestic business nonprofit corporation limited partnership and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department:

(a) Number and Street	City	State	Zip	County
803 Perry Highway	Pittsburgh	Pennsylvania	15229	Allegheny

(b) Name of Commercial Registered Office Provider: c o

County:

___ The surviving corporation limited partnership is a qualified foreign business nonprofit corporation limited partnership incorporated formed under the laws of ____ and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department:

(a) Number and Street	City	State	Zip	County

(b) Name of Commercial Registered Office Provider: c o

County:

___ The surviving corporation limited partnership is a nonqualified foreign business nonprofit corporation limited partnership incorporated formed under the laws of ____ and the address of its principal office under the laws of such jurisdiction is:

Number and Street	City	State	Zip

DSCB:15-1926 5926 8547-2

2005045-1368

3. The name and the address of the registered office in this Commonwealth or name of its commercial registered office provider and the county of venue of each other domestic business nonprofit corporation limited partnership and qualified foreign business nonprofit corporation limited partnership which is a party to the plan of merger are as follows:

Name	Registered Office Address	County
Qol Meds of Florida, Inc.	Florida Business Corporation Not Qualified in Pennsylvania	

4. *Check and if appropriate complete one of the following*

_X_ The plan of merger shall be effective upon filing these Articles Certificate of Merger in the Department of State

___ The plan of merger shall be effective on _____ _____
Date Hour

5. The manner in which the plan of merger was adopted by each domestic corporation limited partnership is as follows:

Name	Manner of Adoption
Specialized Pharmaceuticals, Inc	Written Consent of Shareholders & Board of Directors pursuant to 15 Pa.C.S. § 1924(a)

6. *Strike out this paragraph if no foreign corporation limited partnership is a party to the merger*
The plan was authorized, adopted or approved, as the case may be, by the foreign business nonprofit corporation limited partnership (or each of the foreign business nonprofit corporations limited partnerships) party to the plan in accordance with the laws of the jurisdiction in which it is incorporated organized.

7. *Check and if appropriate complete one of the following*

_X_ The plan of merger is set forth in full in Exhibit A attached hereto and made a part hereof.

___ Pursuant to 15 Pa.C.S. § 1901 § 354(b) relating to omission of certain provisions from filed plans) the provisions, if any, of the plan of merger that amend or constitute the operative provisions of the Articles of Incorporation Certificate of Limited Partnership of the surviving corporation limited partnership as in effect subsequent to the effective date of the plan are set forth in full in Exhibit A attached hereto and made a part hereof. The full text of the plan of merger is on file at the principal place of business of the surviving corporation limited partnership, the address of which is:

Number and Street	City	State	Zip	County

2005045-1369

DSCB: 15-1926 5926 8547-3

IN TESTIMONY WHEREOF, the undersigned corporation limited partnership has caused these Articles Certificate of Merger to be signed by a duly authorized officer thereof this

28th day of April, 2005.

SPECIALIZED PHARMACEUTICALS, INC.
Name of Corporation Limited Partnership

Signature

Richard Sassano, President
Title

IN TESTIMONY WHEREOF, the undersigned corporation limited partnership has caused these Articles Certificate of Merger to be signed by a duly authorized officer thereof this

28th day of April, 2005

QGL MEDS OF FLORIDA, INC.
Name of Corporation Limited Partnership

Signature

Richard Sassano, President
Title

2005045-1370

EXHIBIT "A"
AGREEMENT AND PLAN OF MERGER

THIS AGREEMENT AND PLAN OF MERGER (this "Agreement") is made and entered into effective as of the 28th day of April, 2005, by and between SPECIALIZED PHARMACEUTICALS, INC., a Pennsylvania corporation (hereinafter referred to as "SPI") and QOL MEDS OF FLORIDA, INC., a Florida corporation (hereinafter referred to as "QoL").

WITNESSETH:

WHEREAS, SPI is a business corporation duly organized and validly existing under the laws of the Commonwealth of Pennsylvania, having been incorporated on May 26, 2000, and having authority to issue 20,000 shares of common stock, of which 11,125 shares are issued and outstanding; and

WHEREAS, QoL is a business corporation duly organized and validly existing under the laws of the State of Florida, having been incorporated on June 11, 2003, and having authority to issue 20,000 shares of common stock, of which 8,500 shares are issued and outstanding; and

WHEREAS, it is now the desire of SPI and QoL to merge their rights, privileges, franchises, permits and properties into one corporation in accordance with the terms and conditions hereinafter set forth, which corporation shall be hereinafter sometimes referred to as the "Surviving Corporation" and which corporation shall be the same corporation as SPI.

NOW, THEREFORE, in consideration of the mutual covenants contained herein and intending to be legally bound hereby, the parties hereto agree as follows:

1. Effective Date. The merger provided for by this Agreement shall become effective upon the filing of the Articles of Merger with the Pennsylvania Department of State and Florida Department of State (hereinafter referred to as the "Effective Date").

2. Merger. Upon the Effective Date, QoL shall be merged into SPI, and the separate existence of QoL shall cease. SPI shall continue its corporate existence under the laws of the Commonwealth of Pennsylvania.

3. Articles of Incorporation. The Articles of Incorporation of the Surviving Corporation shall be the Articles of Incorporation of SPI.

4. Registered Office. The principal and registered office of the Surviving Corporation in the Commonwealth of Pennsylvania shall be 803 Perry Highway, Pittsburgh, Pennsylvania 15229.

5. Bylaws. The Bylaws of the Surviving Corporation shall be the Bylaws of SPI as they exist as of the date hereof.

2005045-1371

6. Directors and Officers. As of the Effective Date, the directors and officers of the Surviving Corporation shall be as follows:

Officers:		Directors:
President	Richard Sassano	Richard Sassano
Secretary/Treasurer	Richard Sassano	Robert Aul
		Michael Huffer

The directors and officers of the Surviving Corporation will continue to serve as such until their successors are duly elected and qualified.

Status of Shares of Stock.

On the Effective Date, by virtue of the Merger:

(a) All of the outstanding stock of QoL, including treasury stock, shall be canceled and the outstanding shares shall be exchanged for common stock of the Surviving Corporation ("Surviving Corporation Common Stock") as follows:

Richard Sassano - 3,000 shares
Daniel Sassano - 375 shares
Jeffrey Schneider - 375 shares
Keith Schneider - 375 shares

Such shares of Surviving Corporation Common Stock shall be delivered by Surviving Corporation to each respective shareholder of QoL on or after the Effective Date only upon surrender of the certificates representing the shares of QoL stock owned by such shareholder.

(b) Immediately upon the Merger's becoming effective, the equity interest of the shareholders of QoL as shareholders of QoL shall and be extinguished and their sole right shall be to receive the consideration as set forth above unless statutory dissenters rights have been preserved.

(c) Each outstanding share of Surviving Corporation Common Stock shall remain outstanding.

8. Effect of Merger. Upon this merger becoming effective:

(a) The Surviving Corporation shall possess all the rights, privileges, powers, licenses and franchises and shall be subject to all the restrictions, disabilities, obligations and duties of QoL;

(b) The Surviving Corporation shall be vested with all property, real, personal or mixed, and all debts due to QoL on whatever account, as well as all other choses in action relating to said corporation; and

(c) All property, rights, privileges, powers, licenses and franchises of QoL shall be the property of the Surviving Corporation; provided, however, that all rights of creditors and all liens upon any such property shall be preserved unimpaired, limited in lien to the property affected by such liens immediately prior to the Effective Date; and provided further, that all debts, obligations, liabilities and duties of QoL shall, as of the Effective Date, attached to and be assumed by the Surviving Corporation as if such debts, liabilities, obligations and duties had been incurred or contracted by it.

9. Shareholder Approval. Upon approval and execution of this Agreement and Plan of Merger by the Board of Directors and the shareholders of SPI and QoL, the Articles of Merger shall be duly executed on behalf of both corporations and said Articles shall be filed with the Department of State of the Commonwealth of Pennsylvania and the Department of State of the State of Florida.

10. Delivery of Documents. QoL agrees, as and when requested by the Surviving Corporation, to execute and deliver, or cause to be executed and delivered all documents, and to take or cause to be taken all actions as the Surviving Corporation may deem necessary or desirable in order to vest in the Surviving Corporation title to and possession of any property of QoL acquired or to be acquired by reason of this merger, and otherwise to carry out the intent and purposes hereof, and the proper officers and directors of QoL until the Effective Date, and the proper officers and directors of the Surviving Corporation after the Effective Date, are fully authorized in the name of QoL to take any and all such actions.

IN WITNESS WHEREOF, the parties have executed this Agreement and Plan of Merger as of the date and year first above written.

SPECIALIZED PHARMACEUTICALS, INC.

By: _____
Its: President

QoL MEDS OF FLORIDA, INC.

By: _____
Its: President

12-05-2006 02:27pm From-HOUSTON HARBAUGH 4122814419 T-

Entity #: 2944023
Date Filed: 12/05/2006
Pedro A. Cortés
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Articles of Amendment-Domestic Corporation
(15 Pa.C.S.)

Entity Number
2944023

_X_ Business Corporation (§ 1915)
____ Nonprofit Corporation (§ 5915)

Name: PENNCORP SERVICEGROUP, INC.
Address: ~~600 NORTH SECOND STREET~~ PO BOX 1210
City: ~~HARRISBURG, PA 17108-1210~~ 16788

Document will be returned to the name and address you enter to the left.

Fee: $70

Commonwealth of Pennsylvania
ARTICLES OF AMENDMENT-BUSINESS 3 Page(s)
T0624060014

In compliance with the requirements of the applicable provisions (relating to articles of amendment), the undersigned, desiring to amend its articles, hereby states that:

1. The name of the corporation is:
Specialized Pharmaceuticals, Inc.

2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
803 Perry Highway	Pittsburgh	Pennsylvania	15229	Allegheny

(b) Name of Commercial Registered Office Provider — County
c/o

3. The statute by or under which it was incorporated: Pennsylvania Business Corporation Law of 1988

4. The date of its incorporation: May 26, 2000

5. *Check, and if appropriate complete, one of the following:*

_X_ The amendment shall be effective upon filing these Articles of Amendment in the Department of State.

____ The amendment shall be effective on: ____ Date at ____ Hour

2006 DEC -5 PM 4:15

DSCB:15-1915/5915-2

6. *Check one of the following:*

X The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).

___ The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).

7. *Check, and if appropriate, complete one of the following:*

X The amendment adopted by the corporation, set forth in full, is as follows

"RESOLVED, that the proper officers of this corporation be and they hereby are authorized and directed to file the prescribed form of Articles of Amendment with the Office of the Secretary of the Commonwealth of Pennsylvania, amending Article 4 of the corporation's Articles of Incorporation to be and read as follows and that upon the filing of said Articles of Amendment with the Secretary of State, it is hereby directed that a date-stamped copy thereof be inserted in the corporation's minute book as a part of the corporation's permanent records:

'4. The aggregate number of shares authorized is 40,000.'"

8. *Check if the amendment restates the Articles:*

___ The restated Articles of Incorporation supersede the original articles and all amendments thereto.

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this

24th day of October, 2006.

SPECIALIZED PHARMACEUTICALS, INC.
Name of Corporation

Signature

Richard Satuna, President
Title

Entity #: 2944023
Date Filed: 07/19/2007
Pedro A. Cortés
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Statement of Change of Registered Office (15 Pa.C.S.)

- [x] Domestic Business Corporation (§ 1507)
- [ ] Foreign Business Corporation (§ 4144)
- [ ] Domestic Nonprofit Corporation (§ 5507)
- [ ] Foreign Nonprofit Corporation (§ 5144)
- [ ] Domestic Limited Partnership (§ 8506)

Name
Richard Rizzo

Address
4900 Perry Highway Bldg 2 3rd Floor

City: Pittsburgh | State: PA | Zip Code: 15229

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Commonwealth of Pennsylvania
DOMESTIC - CHANGE OF REGISTERED OFFICE 2 Page(s)

TU7201 60097

Fee: $70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations), the undersigned corporation or limited partnership, desiring to effect a change of registered office, hereby states that:

1. The name is:
Specialized Pharmaceuticals, Inc

2. The (a) address of its initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and street	City	State	Zip	County
7440 McKnight Road	Pittsburgh	PA	15237	Allegheny

(b) Name of Commercial Registered Office Provider — County

c/o:

3. *Complete part (a) or (b):*

(a) The address to which the registered office of the corporation or limited partnership in this Commonwealth is to be changed is:

Number and street	City	State	Zip	County
4900 Perry Highway Bldg 2 3rd Floor	Pittsburgh	PA	15229	Allegheny

(b) The registered office of the corporation or limited partnership shall be provided by:

c/o:
Name of Commercial Registered Office Provider — County

PA DEPT. OF STATE

JUL 19 2007

DSCB:15-1507/4144/5507/6144/8506-2

4. *Strike out if a limited partnership:*

Such change was authorized by the Board of Directors of the corporation.

IN TESTIMONY WHEREOF, the undersigned has caused this Application for Registration to be signed by a duly authorized officer thereof this

13th day of July 2007

Specialized Pharmaceuticals, Inc

Name of Corporation/Limited Partnership

Signature

President/CEO

Title

11-02-2007 12:01pm From-HOUSTON HARBAUGH 4122814499 T-928

Entity #: 2944023
Date Filed: 11/02/2007
Pedro A. Cortés
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Articles of Amendment-Domestic Corporation
(15 Pa.C.S.)

Entity Number: 2944023

X Business Corporation (§ 1915)
___ Nonprofit Corporation (§ 5915)

Name: BELINDA SCHORY
Address: PENNCORP SERVICES GROUP, INC
600 NORTH SECOND ST.
City: PO BOX 1210 Zip Code: HARRISBURG, PA 17108-1210

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Fee: $70

Commonwealth of Pennsylvania
ARTICLES OF AMENDMENT-BUSINESS 4 Page(s)

T072047193

In compliance with the requirements of the applicable provisions (relating to articles of amendment), the undersigned, desiring to amend its articles, hereby states that:

1. The name of the corporation is:
Specialized Pharmaceuticals, Inc.

2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
4900 Perry Highway, Building 2	Pittsburgh	Pennsylvania	15229	Allegheny

(b) Name of Commercial Registered Office Provider: c/o

County:

3. The statute by or under which it was incorporated: Pennsylvania Business Corporation Law of 1988

4. The date of its incorporation: May 26, 2000

5. *Check, and if appropriate complete, one of the following:*

X The amendment shall be effective upon filing these Articles of Amendment in the Department of State.

___ The amendment shall be effective on: _____ at _____
Date Hour

PA DEPT. OF STATE
2007 NOV -2 PM 12:39

DSCB:15-1915/5915-2

6. *Check one of the following:*

X The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).

___ The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).

7. *Check, and if appropriate, complete one of the following:*

___ The amendment adopted by the corporation, set forth in full, is as follows:

X The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof.

8. *Check if the amendment restates the Articles:*

___ The restated Articles of Incorporation supersede the original articles and all amendments thereto.

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this

31st day of October, 2007.

SPECIALIZED PHARMACEUTICALS, INC.

Name of Corporation

Signature

President

Title

EXHIBIT "A"

TO ARTICLES OF AMENDMENT OF
ARTICLES OF INCORPORATION

OF

SPECIALIZED PHARMACEUTICALS, INC.

"RESOLVED, that Article 4 of the Articles of Incorporation of this corporation shall be amended to be and read as follows:

"4. The corporation shall have authority to issue twelve million (12,000,000) shares of stock, of which ten million (10,000,000) shares shall be common stock, at no par value per share, and two million (2,000,000) shares shall be preferred stock, at no par value per share. The Board of Directors may issue, in one or more classes or series, shares of preferred stock, with full, limited, multiple, fractional or no voting rights, and with such designations, preferences, qualifications, privileges, limitations, restrictions, options, conversion rights or other special or relative rights as shall be fixed from time to time by the Board of Directors.

Except as otherwise provided in any resolution or resolutions of the Board of Directors providing for the issuance of any particular class or series of preferred stock, the number of shares of stock of any such class or series so set forth in such resolution or resolutions may be increased or decreased (but not below the number of shares of such class or series then outstanding) by a resolution or resolutions adopted by the Board of Directors.

Except as otherwise provided in any resolution or resolutions of the Board of Directors providing for the issuance of any particular class or series of preferred stock, preferred stock redeemed or otherwise acquired by the corporation shall assume the status of authorized but unissued preferred stock, shall be unclassified as to class or series and may thereafter, subject to the provisions of this Article 4 and to any restrictions contained in any resolution or resolutions of the Board of Directors providing for the issue of any such class or series of preferred stock, be reissued in the same manner as other authorized but unissued preferred stock."

12-03-2007 11:40am From-HOUSTON HARBAUGH 4122814498 T-

Entity #: 2944023
Date Filed: 12/03/2007
Pedro A. Cortés
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Entity Number
2944023

Statement with Respect to Shares
Domestic Business Corporation
(15 Pa.C.S. § 1522)

Name: BELINDA SCHORY
Address: ~~PENNCORP SERVICEGROUP, INC.~~ 600 NORTH SECOND ST. 2B-122
City: ~~PO BOX 1210~~ Zip Code: ~~HARRISBURG PA 17108-1210~~

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Fee: $70

Commonwealth of Pennsylvania
STATEMENT WITH RESPECT TO SHARES 12 Page(s)

T07333347029

In compliance with the requirements of 15 Pa.C.S. § 1522(b) (relating to statement with respect to shares), the undersigned corporation, desiring to state the designation and voting rights, preferences, limitations, and special rights, if any, of a class or series of its shares, hereby states that:

1. The name of the corporation is:
Specialized Pharmaceuticals, Inc.

2. *Check and complete one of the following:*

____ The resolution amending the Articles under 15 Pa.C.S. § 1522(b) (relating to divisions and determinations by the board), set forth in full, is as follows:

_X_ The resolution amending the Articles under 15 Pa.C.S. § 1522(b) is set forth in full in Exhibit A attached hereto and made a part hereof.

3. The aggregate number of shares of such class or series established and designated by (a) such resolution, (b) all prior statements, if any, filed under 15 Pa.C.S. § 1522 or corresponding provisions of prior law with respect thereto, and (c) any other provision of the Articles is two million (2,000,000) shares of preferred stock, at no par value per share, of which ninety thousand (90,000) shares are hereby designated as Series A Preferred Stock, to have the designation, rights, preferences, powers, restrictions and limitations as set forth in the attached resolution.

DSCB:15-1522(b)-2003 (Revised)

DEC -3 2007 12:40

DSCR:15-1522-2

4. The resolution was adopted by the Board of Directors or an authorized committee thereon on: November 16, 2007

5. *Check, and if appropriate complete, one of the following:*

X The resolution shall be effective upon the filing of this statement with respect to shares in the Department of State.

____ The resolution shall be effective on: _____ at _____
Date Hour

IN TESTIMONY WHEREOF, the undersigned corporation has caused this statement to be signed by a duly authorized officer thereof this

27th day of November, 2007.

SPECIALIZED PHARMACEUTICALS, INC.
Name of Corporation

Signature

President
Title

EXHIBIT "A"
CERTIFICATE OF DESIGNATION OF SERIES A PREFERRED STOCK

(No Par Value)

OF

SPECIALIZED PHARMACEUTICALS, INC.

The undersigned duly authorized officer Specialized Pharmaceuticals, Inc., a corporation organized and existing under the laws of the Commonwealth of Pennsylvania (the "Company"), in accordance with the provisions of Section 1522 of the Business Corporation Law of 1988 of the Commonwealth of Pennsylvania, as amended, DOES HEREBY CERTIFY:

WHERRAS the Articles of Incorporation of the Company authorized preferred stock consisting of Two Million (2,000,000) shares, no par value, issuable from time to time in one or more series; and

WHERRAS, the Board of Directors of the Company is authorized, subject to limitations prescribed by law and by the provisions of Article 4 of the Company's Articles of Incorporation, as amended, to establish and fix the number of shares to be included in any series of preferred stock and the designation, rights, preferences, powers, restrictions and limitations of the shares of such series; and

WHERRAS, at a meeting of its members held on November 16, 2007, the Board of Directors established and fixed the number of shares to be included in a new series of preferred stock and the designation, rights, preferences and limitations of the shares of such new series as follows:

NOW, THEREFORE, BE IT RESOLVED that pursuant to Article 4 of the Company's Articles of Incorporation, as amended, there is hereby established a new series of Ninety Thousand (90,000) shares of preferred stock of the Company (the "Series A Preferred") to have the designation, rights, preferences, powers, restrictions and limitations as follows:

1. Dividends.

The holders of the Series A Preferred shall be entitled to receive, out of funds legally available therefore, non-cumulative dividends, when and as declared by the Board of Directors, in preference to any dividend on the common stock at a rate of eight percent (8%) per year of the Original Purchase Price as hereinafter defined.

2. Liquidation, Dissolution or Winding Up.

(a) In the event of any voluntary or involuntary liquidation, dissolution or winding up of the Company, the holders of shares of Series A Preferred then outstanding shall be entitled to be paid out of the assets of the Company available for distribution to its shareholders, after and subject to the payment in full of all amounts required to be distributed to the holders of any other class or series of stock of the Company ranking on liquidation prior and in preference to the Series A Preferred (collectively referred to as "Senior Preferred Stock"), but before any payment shall be made to the holders of the common stock or any inferior preferred stock (the "Junior Stock") by reason of their ownership thereof, an amount equal to Sixty-Six and 67/100 Dollars ($66.67) (the "Original Purchase Price") per share of Series A Preferred plus any declared but unpaid dividends. If upon any such liquidation, dissolution or winding up of the Company the remaining assets of the Company available for distribution to its shareholders shall be insufficient to pay the holders of shares of Series

A Preferred the full amount to which they shall be entitled, the holders of shares of Series A Preferred and any class or series of stock (the "Preferred Stock") ranking on liquidation on a parity with the Series A Preferred shall share ratably in any distribution of the remaining assets and funds of the Company in proportion to the respective amounts which would otherwise be payable in respect of the shares held by them upon such distribution if all amounts payable on or with respect to such shares were paid in full.

(b) After the payment of all preferential amounts required to be upon the dissolution, liquidation, or winding up of the Company, all of the remaining assets and funds of the Company available for distribution to its shareholders shall be distributed ratably among the holders of the Series A Preferred, such other series of Preferred Stock as are constituted as similarly participating, and the common stock, with each share of Series A Preferred being deemed, for such purpose, to be equal to the number of shares of common stock, including fractions of a share, into which such share of Series A Preferred is convertible immediately prior to the close of business on the business day fixed for such distribution.

(c) A consolidation or merger of the Company with or into any other corporation or other entity or person, or any other corporate reorganization, or a sale, lease or other disposition of all or substantially all of the assets of the Company shall not be considered a liquidation under this Section.

3. Voting.

(a) General Rights. Except as otherwise required by law, each holder of Series A Preferred shall not be entitled to vote on any matter except as follows. The vote or written consent by the holders of at least fifty-one percent (51%) of the then outstanding shares of the Series A Preferred, voting separately as a class, shall be require to: (i) authorize or issue additional shares of Series A Preferred, (ii) authorize or issue any other equity security senior to or on a parity with the Series A Preferred as to liquidation preferences, conversion rights, voting rights, dividend rights or otherwise, (iii) sell, assign, lease or otherwise dispose of or voluntarily part with the control of (whether in one transaction or in a series of transactions) all, or substantially all, of the Company's assets (whether now owned or hereinafter acquired) or sell, assign or otherwise dispose of (whether in one transaction or in a series of transactions) any of the Company's's accounts receivable (whether now in existence or hereinafter created) at a discount or with recourse, to any person, or permit any subsidiary to do any of the foregoing, except for sales or other dispositions of assets in the ordinary course of business and except that (A) any subsidiary may merge into or consolidate with or transfer assets to any other subsidiary and (B) any subsidiary may merge into or transfer assets to the Company, (iv) take action that fundamentally alters the principal business of the Company as now conducted or as proposed to be conducted, or (v) authorize any consolidation or merger of the Company with or into any other corporation or other entity or person, or any other corporate reorganization, in which the shareholders of the Company immediately prior to such consolidation, merger or reorganization, own less than 50% of the Company's voting power immediately after such consolidation, merger or reorganization, or any transaction or series of related transactions by the Company in which in excess of fifty percent (50%) of the Company's voting power is transferred.

(b) Election of Board of Directors. The holders of the Series A Preferred, voting together as a class, shall be entitled to elect one (1) member of the Company's Board of Directors. The holders of the common stock shall be entitled to elect all remaining members of the Board of Directors.

4. Optional Conversion.

The holders of the Series A Preferred shall have conversion rights as follows (the "Conversion Rights"):

(a) Right to Convert. Each share of Series A Preferred shall be convertible, at the option of the holder thereof, at any time and from time to time, into such number of fully paid and nonassessable shares of common stock as is determined by dividing the Original Purchase Price by the Conversion Price (as defined below) in

effect at the time of conversion. The Conversion Price at which shares of common stock shall be deliverable upon conversion of Series A Preferred without the payment of additional consideration by the holder thereof (the "Conversion Price") shall initially be the Original Purchase Price per share. Such initial Conversion Price, and the rate at which shares of Series A Preferred may be converted into shares of common stock, shall be subject to adjustment as provided below.

In the event of a liquidation of the Company, the Conversion Rights shall terminate at the close of business on the first full day preceding the date fixed for the payment of any amounts distributable on liquidation to the holders of Series A Preferred.

(b) Fractional Shares. No fractional shares of common stock shall be issued upon conversion of the Series A Preferred. In lieu of fractional shares, the Company shall pay cash equal to such fraction multiplied by the then effective Conversion Price.

(c) Mechanics of Conversion.

(i) In order to convert shares of Series A Preferred into shares of common stock, the holder shall surrender the certificate or certificates for such shares of Series A Preferred at the office of the transfer agent (or at the principal office of the Company if the Company serves as its own transfer agent), together with written notice that such holder elects to convert all or any number of the shares represented by such certificate or certificates. Such notice shall state such holder's name or the names of the nominees in which such holder wishes the certificate or certificates for shares of common stock to be issued. If required by the Company, certificates surrendered for conversion shall be endorsed or accompanied by a written instrument or instruments of transfer, in form satisfactory to the Company, duly executed by the registered holder or his or its attorney duly authorized in writing. The date of receipt of such certificates and notice by the transfer agent or the Company shall be the conversion date ("Conversion Date"). The Company shall, as soon as practicable after the Conversion Date, issue and deliver at such office to such holder, or to his nominees, a certificate or certificates for the number of shares of common stock to which such holder shall be entitled, together with cash in lieu of any fraction of a share.

(ii) The Company shall at all times during which the Series A Preferred shall be outstanding, reserve and keep available out of its authorized but unissued stock, for the purpose of effecting the conversion of the Series A Preferred, such number of its duly authorized shares of common stock as shall from time to time be sufficient to effect the conversion of all outstanding Series A Preferred.

(iii) Upon any such conversion, no adjustment to the Conversion Price shall be made for any declared and unpaid dividends on the Series A Preferred surrendered for conversion or on the common stock delivered upon conversion; the holder, by converting, waives his right to such declared but unpaid dividends.

(iv) All shares of Series A Preferred, which shall have been surrendered for conversion as herein provided shall no longer be deemed to be outstanding and all rights with respect to such shares, including the rights, if any, to receive dividends, notices and to vote, shall immediately cease and terminate on the Conversion Date, except only the right of the holders thereof to receive shares of common stock in exchange therefor. Any shares of Series A Preferred so converted shall be retired and cancelled and shall not be reissued, and the Company may from time to time take such appropriate action as may be necessary to reduce the number of shares of authorized Series A Preferred accordingly.

(d) Adjustments to Conversion Price for Diluting Issues.

(i) Special Definitions. For purposes of this Subsection 4(d), the following definitions shall apply:

(A) "Option" shall mean rights, options or warrants to subscribe for, purchase or otherwise acquire common stock or Convertible Securities, excluding rights or options granted to employees, directors or consultants of the Company pursuant to an option plan adopted by the Board of Directors to acquire up to that number of shares of common stock as is equal to ten (10%) percent of the common stock outstanding (provided that, for purposes of this Subsection 4(d)(i)(A), all shares of common stock issuable upon (1) exercise of options granted or available for grant under plans approved by the Board of Directors, (2) conversion of shares of Preferred Stock, or (3) conversion of Preferred Stock issuable upon conversion or exchange of any Convertible Security, shall be deemed to be outstanding), minus the total number of Key Employee Shares (as defined below).

(B) "Original Issue Date" shall mean the date on which the first share of Series A Preferred is first issued.

(C) "Convertible Securities" shall mean any evidences of indebtedness, shares or other securities directly or indirectly convertible into or exchangeable for common stock.

(D) "Additional Shares of common stock" shall mean all shares of common stock issued (or, pursuant to Subsection 4(d)(iii) below, deemed to be issued) by the Company after the Original Issue Date, other than Key Employee Shares (as defined below) and other than shares of common stock issued or issuable:

(1.) as a dividend or distribution on Series A Preferred;

(2.) by reason of a dividend, stock split, split up or other distribution on shares of common stock excluded from the definition of Additional Shares of common stock by the foregoing clause (1);

(3.) upon the exercise of options excluded from the definition of "Option" in Subsection 4(d)(i)(A); or

(4.) upon conversion of shares of Series A Preferred;

(5.) upon conversion of Convertible Securities existing as of the date of this Certificate; or

(6.) upon conversion of the Convertible Line of Credit Note with Daniel Sassano in the amount of $600,000.

(E) "Key Employee Shares" shall mean shares of common stock issued to directors or key employees of or consultants to the Company pursuant to a restricted stock plan or agreement approved by the Board of Directors, up to that number of shares of common stock as is equal to ten (10%) percent of the common stock outstanding (provided that, for purposes of this Subsection 4(d)(i)(E), all shares of common stock issuable upon (1) exercise of options granted or available for grant under plans approved by the Board of Directors, (2) conversion of shares of Preferred Stock, or (3) upon conversion of Preferred Stock issuable upon conversion or exchange of any Convertible Security, shall be deemed to be outstanding), minus the total number of shares subject to or issued pursuant to options excluded from the definition of "Option" in paragraph (A)

above (subject to appropriate adjustment for any stock dividend, stock split, combination or similar recapitalization affecting such shares).

(F) "Rights to Acquire common stock" (or "Rights") shall mean all rights issued by the Company to acquire common stock whatever by exercise of a warrant, option or similar call or conversion of any existing instruments, in either case for consideration fixed, in amount or by formula, as of the date of issuance.

(ii) No Adjustment of Conversion Price. No adjustment in the number of shares of common stock into which the Series A Preferred is convertible shall be made, by adjustment in the applicable Conversion Price thereof: (a) unless the consideration per share (determined pursuant to Subsection 4(d)(v)) below for an Additional Share of common stock issued or deemed to be issued by the Company is less than the applicable Conversion Price in effect on the date of, and immediately prior to, the issue of such additional shares, or (b) if prior to such issuance, the Company receives written notice from the holders of at least fifty one percent (51%) of the then outstanding shares of Series A Preferred agreeing that no such adjustment shall be made as the result of the issuance of Additional Shares of common stock.

(iii) Issue of Securities Deemed Issue of Additional Shares of common stock. If the Company at any time or from time to time after the Original Issue Date shall issue any Options or Convertible Securities or other Rights to Acquire common stock, then the maximum number of shares of common stock (as set forth in the instrument relating thereto without regard to any provision contained therein for a subsequent adjustment of such number) issuable upon the exercise of such Options, Rights or, in the case of Convertible Securities, the conversion or exchange of such Convertible Securities, shall be deemed to be Additional Shares of common stock issued as of the time of such issue, provided that Additional Shares of common stock shall not be deemed to have been issued unless the consideration per share (determined pursuant to Subsection 4(d)(v) hereof) of such Additional Shares of common stock would be less than the applicable Conversion Price in effect on the date of and immediately prior to such issue, or such record date, as the case may be, and provided further that in any such case in which Additional Shares of common stock are deemed to be issued:

(A) No further adjustment in the Conversion Price shall be made upon the subsequent issue of shares of common stock upon the exercise of such Rights or conversion or exchange of such Convertible Securities;

(B) Upon the expiration or termination of any unexercised Option or Right, the Conversion Price shall not be readjusted, but the Additional Shares of common stock deemed issued as the result of the original issue of such Option or Right shall not be deemed issued for the purposes of any subsequent adjustment of the Conversion Price; and

(C) In the event of any change in the number of shares of common stock issuable upon the exercise, conversion or exchange of any Option, Right or Convertible Security, including, but not limited to, a change resulting from the anti dilution provisions thereof, the Conversion Price then in effect shall forthwith be readjusted to such Conversion Price as would have obtained had the adjustment that was made upon the issuance of such Option, Right or Convertible Security not exercised or converted prior to such change been made upon the basis of such change, but no further adjustment shall be made for the actual issuance of common stock upon the exercise or conversion of any such Option, Right or Convertible Security.

(iv) Adjustment of Conversion Price upon Issuance of Additional Shares of common stock. If the Company shall at any time after the Original Issue Date issue Additional Shares of common stock (including Additional Shares of common stock deemed to be issued pursuant to Subsection 4(d)(iii), but excluding shares issued as a dividend or distribution as provided in Subsection 4(f) or upon a stock split or combination as provided in Subsection 4(e)), without consideration or for a consideration per share less than the

applicable Conversion Price in effect on the date of and immediately prior to such issue, then and in such event, such Conversion Price shall be reduced, concurrently with such issue to a price (calculated to the nearest cent) determined by multiplying such Conversion Price by a fraction, (a) the numerator of which shall be (1) the number of shares of common stock outstanding immediately prior to such issue plus (2) the number of shares of common stock which the aggregate consideration received by the Company for the total number of Additional Shares of common stock so issued would purchase at such Conversion Price; and (b) the denominator of which shall be (1) the number of shares of common stock outstanding immediately prior to such issue plus (2) the number of such Additional Shares of common stock so issued.

Notwithstanding the foregoing, the applicable Conversion Price shall not be reduced if the amount of such reduction would be an amount less than $.05, but any such amount shall be carried forward and reduction with respect thereto made at the time of and together with any subsequent reduction which, together with such amount and any other amount or amounts so carried forward, shall aggregate $.05 or more.

(v) Determination of Consideration. For purposes of this Subsection 4(d), the consideration received by the Company for the issue of any Additional Shares of common stock shall be computed as follows:

(A) Cash and Property: Such consideration shall:

(1.) insofar as it consists of cash, be computed at the aggregate of cash received by the Company, excluding amounts paid or payable for accrued interest or accrued dividends;

(2.) insofar as it consists of property other than cash, be computed at the fair market value thereof at the time of such issue, as determined in good faith by the Board of Directors; and

(3.) in the event Additional Shares of common stock are issued together with other shares or securities or other assets of the Company for consideration which covers both, be the proportion of such consideration so received, computed as provided in clauses (1) and (2) above, as determined in good faith by the Board of Directors.

(B) Options, Rights and Convertible Securities. The consideration per share received by the Company for Additional Shares of common stock deemed to have been issued pursuant to Subsection 4(d)(iii), relating to Options, Rights and Convertible Securities, shall be determined by dividing

(1.) the total amount, if any, received or receivable by the Company as consideration for the issue of such Options, Rights or Convertible Securities, plus the minimum aggregate amount of additional consideration (as set forth in the instruments relating thereto, without regard to any provision contained therein for a subsequent adjustment of such consideration) payable to the Company upon the exercise of such Options, Rights or the conversion or exchange of such Convertible Securities, by

(2.) the maximum number of shares of common stock (as set forth in the instruments relating thereto, without regard to any provision contained therein for a subsequent adjustment of such number) issuable upon the exercise of such Options or the conversion or exchange of such Convertible Securities.

(e) Adjustment for Stock Splits and Combinations. If the Company shall at any time or from time to time after the Original Issue Date effect a subdivision of the outstanding common stock, the Conversion Price then in effect immediately before that subdivision shall be proportionately decreased. If the Company shall at any time or from time to time after the Original Issue Date combine the outstanding shares of common stock, the Conversion Price then in effect immediately before the combination shall be proportionately increased. Any

adjustment under this paragraph shall become effective at the close of business on the date the subdivision or combination becomes effective.

(f) Adjustment for Certain Dividends and Distributions. In the event the Company at any time, or from time to time after the Original Issue Date shall make or issue, a dividend or other distribution payable in Additional Shares of common stock, then and in each such event the Conversion Price shall be decreased as of the time of such issuance, by multiplying the Conversion Price by a fraction:

(i) the numerator of which shall be the total number of shares of common stock issued and outstanding immediately prior to the time of such issuance, and

(ii) the denominator of which shall be the total number of shares of common stock issued and outstanding immediately prior to the time of such issuance plus the number of shares of common stock issuable in payment of such dividend or distribution.

(g) Adjustments for Other Dividends and Distributions. In the event the Company at any time or from time to time after the Original Issue Date shall make or issue a dividend or other distribution payable in securities of the Company other than shares of common stock, then and in each such event provision shall be made so that the holders of shares of the Series A Preferred shall receive upon conversion thereof in addition to the number of shares of common stock receivable thereupon, the amount of securities of the Company that they would have received had their Series A Preferred been converted into common stock on the date of such event and had thereafter, during the period from the date of such event to and including the conversion date, retained such securities receivable by them as aforesaid during such period given application to all adjustments called for during such period, under this paragraph with respect to the rights of the holders of the Series A Preferred.

(h) Adjustment for Reclassification, Exchange, or Substitution. If the common stock issuable upon the conversion of the Series A Preferred shall be changed into the same or a different number of shares of any class or classes of stock, whether by capital reorganization, reclassification, or otherwise (other than a subdivision or combination of shares or stock dividend provided for above, or a reorganization, merger, consolidation, or sale of assets for below), then and in each such event the holder of each share of Series A Preferred shall have the right thereafter to convert such share into the kind and amount of shares of stock and other securities and property receivable upon such reorganization, reclassification, or other change, by holders of the number of shares of common stock into which such shares of Series A Preferred might have been converted immediately prior to such reorganization, reclassification, or change, all subject to further adjustment as provided herein.

(i) Adjustment for Merger or Reorganization, etc. In case of any consolidation or merger of the Company with or into another corporation or the sale of all or substantially all of the assets of the Company to another corporation,

(i) if the surviving entity shall consent in writing to the following provisions, then each share of Series A Preferred shall thereafter be convertible into the kind and amount of shares of stock or other securities or property to which a holder of the number of shares of common stock of the Company deliverable upon conversion of such Series A Preferred would have been entitled upon such consolidation, merger or sale; and, in such case, appropriate adjustment (as determined in good faith by the Board of Directors) shall be made in the application of the provisions in this Section 4 set forth with respect to the rights and interest thereafter of the holders of the Series A Preferred, to the end that the provisions set forth in this Section 4 (including provisions with respect to changes in and other adjustments of the Conversion Price) shall thereafter be applicable, as nearly as reasonably may be, in relation to any shares of stock or other property thereafter deliverable upon the conversion of the Series A Preferred; or

(ii) if the surviving entity shall not so consent, then each holder of Series A Preferred may, after receipt of notice specified in subsection (l), elect to convert such Stock into Common Shares as provided in this Section 4 or to accept the distributions to which he shall be entitled under Section 2(a) through (c).

(j) No Impairment. The Company will not, by amendment of its Articles of Incorporation or through any reorganization, transfer of assets, consolidation, merger, dissolution, issue or sale of securities or any other voluntary action, avoid or seek to avoid the observance or performance of any of the terms to be observed or performed hereunder by the Company, but will at all times in good faith assist in the carrying out of all the provisions of this Section 4 and in the taking of all such action as may be necessary or appropriate in order to protect the Conversion Rights of the holders of the Series A Preferred against impairment.

(k) Certificate as to Adjustments. Upon the occurrence of each adjustment or readjustment of the Conversion Price pursuant to this Section 4, the Company at its expense shall promptly compute such adjustment or readjustment in accordance with the terms hereof and furnish to each holder, if any, of Series A Preferred a certificate setting forth such adjustment or readjustment and showing in detail the facts upon which such adjustment or readjustment is based and shall file a copy of such certificate with its corporate records. The Company shall, upon the written request at any time of any holder of Series A Preferred, furnish or cause to be furnished to such holder a similar certificate setting forth (1) such adjustments and readjustments, (2) the Conversion Price then in effect, and (3) the number of shares of common stock and the amount, if any, of other property which then would be received upon the conversion of Series A Preferred. Despite such adjustment or readjustment, the form of each or all Series A Preferred Certificates, if the same shall reflect the initial or any subsequent conversion price, need not be changed in order for the adjustments or readjustments to be valued in accordance with the provisions of this Certificate of Designation, which shall control.

(l) Notice of Record Date. In the event:

(i) that the Company declares a dividend (or any other distribution) on its common stock payable in common stock or other securities of the Company;

(ii) that the Company subdivides or combines its outstanding shares of common stock;

(iii) of any reclassification of the common stock of the Company (other than a subdivision or combination of its outstanding shares of common stock or a stock dividend or stock distribution thereon), or of any consolidation or merger of the Company into or with another corporation, or of the sale of all or substantially all of the assets of the Company; or

(iv) of the involuntary or voluntary dissolution, liquidation or winding up of the Company;

then the Company shall cause to be filed at its principal office or at the office of the transfer agent of the Series A Preferred, and shall cause to be mailed to the holders of the Series A Preferred at their last addresses as shown on the records of the Company or such transfer agent, at least ten days prior to the record date specified in (A) below or twenty days before the date specified in (B) below, a notice stating

(A) the record date of such dividend, distribution, subdivision or combination, or, if a record is not to be taken, the date as of which the holders of common stock of record to be entitled to such dividend, distribution, subdivision or combination are to be determined, or

(B) the date on which such reclassification, consolidation, merger, sale, dissolution, liquidation or winding up is expected to become effective, and the date as of which it is expected that holders of common stock of record shall be entitled to exchange their shares of common stock for securities or other property deliverable upon such reclassification, consolidation, merger, sale, dissolution or winding up.

5. Mandatory Conversion.

(a) The holders of shares of Series A Preferred then outstanding shall be required to convert all their shares of Series A Preferred into shares of common stock, at the then effective conversion rate pursuant to Section 4, (1) immediately prior to the closing of the sale of shares of common stock, at a price per share which exceeds 300% of the Conversion Price then in effect, in a fully, underwritten public offering pursuant to an effective registration statement under the Securities Act of 1933, as amended, other than a registration relating solely to a transaction under Rule 145 under such Act (or any successor thereto) or to an employee benefit plan of the Company, underwritten by a reputable underwriter acceptable to the holders of a majority of the then outstanding Series A Preferred, resulting in at least $10,000,000 of gross proceeds to the Company, or (2), upon the vote of Sixty-Six and 67/100 percent (66.67%) of the outstanding shares of Series A Preferred.

(b) All holders of record of shares of Series A Preferred then outstanding will be given at least ten (10) days prior written notice of the date fixed and the place designated for mandatory conversion of all such shares of Series A Preferred pursuant to this Section 5. Such notice will be sent by first class or registered mail, postage prepaid, to each record holder of Series A Preferred at such holder's address last shown on the records of the transfer agent for the Series A Preferred (or the records of the Company, if it serves as its own transfer agent).

6. Redemption of the Series A Preferred.

(a) Commencing not earlier than October 30, 2012, the Company shall, at the written request of holders of a majority of the outstanding shares of Series A Preferred, redeem all of the Series A Preferred. The redemption price for each share of Series A Preferred shall be the Original Purchase Price per share plus all declared and unpaid dividends. The redemption shall occur within One Hundred and Twenty (120) days of the request from holders of the Series A Preferred.

(b) Commencing not earlier than October 30, 2012, the Company shall have the option by delivery of notice to all the holders of the outstanding shares of Series A Preferred, to redeem all of the Series A Preferred. The Notice shall be provided to all the holders of the outstanding shares of Series A Preferred not less than sixty (60) days prior to the date of redemption. The redemption price for each share of Series A Preferred shall be One Hundred and Twenty ($120.00) per share plus all declared and unpaid dividends.

(c) The notice by the Company of the exercise of the redemption option pursuant to Section 6(a) or (b) of this Section 6 shall be sent by first class certified mail, postage prepaid and return receipt requested to all holders of the shares of Series A Preferred at their respective addresses as the same shall appear on the books of the Company.

(d) If upon the Redemption Date the assets of the Company available for redemption are insufficient to pay the holders of outstanding shares of Series A Preferred the full amounts to which they are entitled, such holders of shares of Series A Preferred shall share ratably according to the respective amounts which would be payable in respect of such shares to be redeemed by the holders thereof, if all amounts payable on or with respect to such shares were paid in full.

(e) Any shares of Series A Preferred redeemed pursuant to this Section or otherwise acquired by the Company in any manner whatsoever shall be canceled and shall not under any circumstances be reissued; the Company may from time to time take such appropriate corporate action as may be necessary to reduce accordingly the number of authorized shares of the Company's capital stock.

(f) Anything contained in this Section 6 to the contrary notwithstanding, the holders of shares of Series A Preferred to be redeemed in accordance with this Section shall have the right, exercisable at any time up to the close of business on the applicable redemption date (unless the Company is legally prohibited from redeeming such shares on such date, in which event such right shall be exercisable until the removal of such legal disability), to convert all or any part of such shares to be redeemed as herein provided into shares of common stock pursuant to Section 4 hereof.

7. Amendment.

This Certificate of Designation constitutes an agreement between the Company and the holders of the Series A Preferred. It may be amended by vote of the Board of Directors of the Company and the holders of a majority of the outstanding shares of Series A Preferred.

MAR-01-2010 10:57 From:HOUSTON HARBAUGH 412 281 4499 To:SMS8305

Entity #: 2944023
Date Filed: 03/01/2010
Pedro A. Cortés
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Articles of Amendment-Domestic Corporation
(15 Pa.C.S.)

Entity Number
2944023

_X_ Business Corporation (§ 1915)
___ Nonprofit Corporation (§ 5915)

Name
PENNCORP SERVICEGROUP, INC.
600 NORTH SECOND STREET
PO BOX 1210
HARRISBURG, PA 17108-1210

1597

Document will be returned to the name and address you enter to the left.

Fee: $70

Commonwealth of Pennsylvania
ARTICLES OF AMENDMENT-BUSINESS 4 Page(s)

TY00314704

In compliance with the requirements of the applicable provisions (relating to articles of amendment), the undersigned, desiring to amend its articles, hereby states that:

1. The name of the corporation is:
Specialized Pharmaceuticals, Inc.

2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
4900 Perry Highway, Building 2	Pittsburgh	Pennsylvania	15229	Allegheny

(b) Name of Commercial Registered Office Provider — County
c/o

3. The statute by or under which it was incorporated: Pennsylvania Business Corporation Law of 1988

4. The date of its incorporation: May 26, 2000

5. *Check, and if appropriate complete, one of the following:*

_X_ The amendment shall be effective upon filing these Articles of Amendment in the Department of State.

___ The amendment shall be effective on: _____ at _____
Date Hour

2010 MAR 1 PM 12:43

PA STATE

DSCB:15-1915/5915-2

6. *Check one of the following:*

___ The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).

_X_ The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).

7. *Check, and if appropriate, complete one of the following:*

___ The amendment adopted by the corporation, set forth in full, is as follows

_X_ The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof.

8. *Check if the amendment restates the Articles:*

___ The restated Articles of Incorporation supersede the original articles and all amendments thereto.

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this

25th day of February, 2010.

SPECIALIZED PHARMACEUTICALS, INC.
Name of Corporation

James Smith
Signature

James Smith, President
Title

EXHIBIT "A"

TO ARTICLES OF AMENDMENT OF
ARTICLES OF INCORPORATION

OF

SPECIALIZED PHARMACEUTICALS, INC.

RESOLVED, that for the purpose of facilitating doing business in other states and reducing the amount of franchise tax paid to those states, the Board of Directors hereby proposes that the Corporation's Articles of Incorporation be so amended as to designate a par value of one cent ($.01) to each share of the Corporation's authorized capital stock; and be it further

"RESOLVED, that in order to effect this change in the par value of the Corporation's stock, the proper officers of this Corporation be and they hereby are authorized and directed to file the prescribed form of Articles of Amendment with the Secretary of the Commonwealth of Pennsylvania so as to amend the first paragraph of Article 4 thereof so that, as amended, said paragraph shall be and read as follows:

'4. The corporation shall have authority to issue twelve million (12,000,000) shares of stock of which ten million (10,000,000) shares shall be common stock, at one cent ($.01) par value per share, and two million (2,000,000) shares shall be preferred stock, at one cent ($.01) par value per share. The Board of Directors may issue, in one or more classes or series, shares of preferred stock, with full, limited, multiple, fractional or no voting rights, and with such designations, preferences, qualifications, privileges, limitations, restrictions, options, conversion rights or other special or relative rights as shall be fixed from time to time by the Board of Directors.'

RESOLVED, that upon the filing of the Articles of Amendment with the Secretary of the Commonwealth of Pennsylvania, the Secretary of the Corporation is hereby authorized and directed to insert a date-stamped copy thereof in the minute book of the Corporation as a part of the Corporation's permanent records."

Entity #: 2944023
Date Filed: 12/05/2013
Carol Aichele
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Articles/Certificate of Merger

(15 Pa.C.S.)

__X__ Domestic Business Corporation (§ 1926)
____ Domestic Nonprofit Corporation (§ 5926)
____ Limited Partnership (§ 8547)

Name

910469-005 Ker
Corporation Service Company

Commonwealth of Pennsylvania
ARTICLES OF MERGER-BUSINESS 6 Page(s)
713340111009

Fee: $150 plus $40 additional for each
Party in additional to two

In compliance with the requirements of the applicable provisions (relating to articles of merger or consolidation), the undersigned, desiring to effect a merger, hereby state that:

1. The name of the corporation/limited partnership surviving the merger is:
Specialized Pharmaceuticals, Inc.

2. *Check and complete one of the following:*

__X__ The surviving corporation/limited partnership is a domestic business/nonprofit corporation/limited partnership and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
4900 Parry Hwy., Bldg. 2, 3rd Floor	Pittsburgh	PA	15229	Allegheny

(b) Name of Commercial Registered Office Provider — County
c/o

____ The surviving corporation/limited partnership is a qualified foreign business/nonprofit corporation/limited partnership incorporated/formed under the laws of _____ and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County

(b) Name of Commercial Registered Office Provider — County
c/o

____ The surviving corporation/limited partnership is a nonqualified foreign business/nonprofit corporation/limited partnership incorporated/formed under the laws of _____ and the address of its principal office under the laws of such domiciliary jurisdiction is:

Number and Street	City	State	Zip

2013 DEC -5 PM 4:38
PA DEPT OF STATE

DSCB:15-1926/3926/8547-2

3. The name and the address of the registered office in this Commonwealth or name of its commercial registered office provider and the county of venue of each other domestic business/nonprofit corporation/limited partnership and qualified foreign business/nonprofit corporation/limited partnership which is a party to the plan of merger are as follows:

Name	Registered Office Address	Commercial Registered Office Provider	County
SPI Merger Sub, Inc. (DE not qualified in PA)			

4. *Check, and if appropriate complete, one of the following:*

X The plan of merger shall be effective upon filing these Articles/Certificate of Merger in the Department of State.

___ The plan of merger shall be effective on: ___ (Date) at ___ (Hour).

5. The manner in which the plan of merger was adopted by each domestic corporation/limited partnership is as follows:

Name	Manner of Adoption
Specialized Pharmaceuticals, Inc.	Adopted by the directors and shareholders pursuant to 15 Pa.C.S. § 1924(a)

6. *Strike out this paragraph if no foreign corporation/limited partnership is a party to the merger.* The plan was authorized, adopted or approved, as the case may be, by the foreign business/nonprofit corporation/limited partnership (or each of the foreign business/nonprofit corporations/limited partnerships) party to the plan in accordance with the laws of the jurisdiction in which it is incorporated/organized.

7. *Check, and if appropriate complete, one of the following:*

___ The plan of merger is set forth in full in Exhibit A attached hereto and made a part hereof.

X Pursuant to 15 Pa.C.S. § 1901/§ 8547(b) (relating to omission of certain provisions from filed plans) the provisions, if any, of the plan of merger that amend or constitute the operative provisions of the Articles of Incorporation/Certificate of Limited Partnership of the surviving corporation/limited partnership in effect subsequent to the effective date of the plan are set forth in full in Exhibit A attached hereto and made a party hereof. The full text of the plan of merger is on file at the principal place of business of the surviving corporation/limited partnership, the address of which is:

c/o Goldmeds, LLC, 4900 Perry Hwy., Bldg. 2, 3rd Floor, Pittsburgh, PA 15229

Number and street	City	State	Zip	County

DSCB: 15-1926/5926/8547-3

IN TESTIMONY WHEREOF, the undersigned corporation/limited partnership has caused these Articles/Certificate of Merger to be signed by a duly authorized officer thereof this

5th day of December,

2013.

SPECIALIZED PHARMACEUTICALS, INC.

Name of Corporation/Limited Partnership

Signature

Chief Executive Officer

Title

SPI MERGER SUB, INC.

Name of Corporation/Limited Partnership

Signature

President

Title

DSCB: 15-1928/5926/8547-3

IN TESTIMONY WHEREOF, the undersigned corporation/limited partnership has caused these Articles/Certificate of Merger to be signed by a duly authorized officer hereof this

9th day of December,

2013

SPECIALIZED PHARMACEUTICALS, INC.

Name of Corporation/Limited Partnership

Signature

Chief Executive Officer

Title

SPI MERGER SUB, INC.

Name of Corporation/Limited Partnership

Signature

President

Title

AMENDED AND RESTATED ARTICLES OF INCORPORATION

OF

SPECIALIZED PHARMACEUTICALS, INC.

Specialized Pharmaceuticals, Inc., a corporation organized and existing under the laws of the Commonwealth of Pennsylvania (the "Corporation"), hereby amends and restates, under the provisions and subject to the requirements of the Pennsylvania Business Corporation Law of 1988, as amended (the "PaBCL") and hereby certifies as follows:

1. The name of the Corporation is Specialized Pharmaceuticals, Inc.

2. The Corporation filed, with the Secretary of the Commonwealth of Pennsylvania, its original Articles of Incorporation on May 26, 2000 (as amended from time to time, the "Current Articles of Incorporation").

3. The text of the Current Articles of Incorporation is hereby amended and restated in its entirety to provide as follows:

FIRST: The name of the corporation (hereinafter called the "Corporation") is Specialized Pharmaceuticals, Inc.

SECOND: The name of the Corporation's Commercial Registered Office Provider is c/o Corporation Service Company and the county of venue is Dauphin.

THIRD: The nature of the business or purposes to be conducted by and promoted by the Corporation is to engage in any lawful act or activity for which corporations may be organized under the PaBCL.

FOURTH: The total number of shares of stock which the Corporation shall have authority to issue is three thousand (3,000) shares of Common Stock with a par value of $.01 per share.

FIFTH: To the fullest extent permitted by the PaBCL, a Director of the Corporation shall not be personally liable to the Corporation or its stockholders for monetary damages for breach of fiduciary duty as a Director; provided, however, that the foregoing clause shall not apply to any liability of a Director for acts or omissions taken in bad faith or which involve fraud or intentional misconduct. This Article shall not eliminate or limit the liability of a Director for any act or omission occurring prior to the time this Article became effective.

SIXTH: The Corporation is to have perpetual existence.

SEVENTH: Elections of Directors need not be by written ballot unless the By-laws of the Corporation so provide.

EIGHTH: In furtherance and not in limitation of the powers conferred by the laws of Pennsylvania, the Board of Directors of the Corporation is authorized and empowered to adopt, alter, amend and repeal the By-laws of the Corporation in any manner not inconsistent with the laws of Pennsylvania.

NINTH: The Corporation shall indemnify its officers, directors, employees and agents to the extent set forth in the By-laws of the Corporation. Such indemnification shall not be exclusive of other indemnification rights arising under any by-law, agreement, vote of directors or stockholders or otherwise and shall inure to the benefit of the heirs and legal representatives of such person.

TENTH: Meetings of the stockholders may be held within or without the Commonwealth of Pennsylvania, as the By-laws may provide. The books of the Corporation may be kept (subject to any provision contained in the statutes) outside the Commonwealth of Pennsylvania at such place or places as may be designated from time to time by the Board of Directors or in the By-laws of the Corporation.

ELEVENTH: The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation, in the manner now or hereafter prescribed by statute.

IN WITNESS WHEREOF, this Amended and Restated Articles of Incorporation has been executed by a duly authorized officer of this Corporation on this 1st day of December, 2013.

Name: James Smith
Title: President / CEO

[illegible]

Entity #: 2642823
Date Filed: 12/04/2014
Carol Aichele
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARTABLE ORGANIZATIONS

Statement or Certificate of Change of Registered Office (15 Pa.C.S.) for

(check one):

- ___ Domestic Business Corporation (§ 1507)
- X Foreign Business Corporation (§ 4144)
- ___ Domestic Nonprofit Corporation (§ 5507)
- ___ Foreign Nonprofit Corporation (§ 6144)
- ___ Domestic Limited Partnership (§ 8506)
- ___ Domestic Limited Liability Company (§ 8906)

Name: CT - COUNTER

Address:

City: 936428 State: SOPA Zip Code: 10

Document will be returned to the name and address you enter to the left.

Commonwealth of Pennsylvania
FOREIGN BUSINESS CHANGE OF REGISTERED OFFICE 2 Page(s)

T 1484541057

Fee: $5

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to change of registered office), the undersigned corporation, limited partnership or limited liability company, desiring to effect a change of registered office, hereby states that:

1. The name is:
SPECIALIZED PHARMACEUTICALS, INC.

2. Current address as registered with the Department of State. *Complete part (a) or (b) - not both:*

(a) The address of its current registered office in this Commonwealth is:

4900 Parry Hwy Bldg 2 3rd Fl	Pittsburgh	PA	15229	Allegheny
Number and street	City	State	Zip	County

(b) The name of its current commercial registered office provider and the county of venue is:

c/o:
Name of Commercial Registered Office Provider — County

3. New address. *Complete part (a) or (b) – not both:*

(a) The address in this Commonwealth to which the registered office of the corporation, limited partnership or limited liability company is to be changed is:

Number and street	City	State	Zip	County

(b) The registered office of the corporation, limited partnership or limited liability company shall be provided by:

c/o: C T Corporation System — Dauphin
Name of Commercial Registered Office Provider — County

Revised 8/2013

2014 DEC -4 AM 11:34
PA. DEPT. OF STATE

DSCB:15-1507/4144/5507/6144/8506/8906-2

4. *For corporations only:*

Such change was authorized by the Board of Directors of the corporation.

IN TESTIMONY WHEREOF, the undersigned has caused this Statement or Certificate of Change of Registered Office to be signed by a duly authorized officer, general partner, member or manager thereof this

3 day of December, 2014.

Specialized Pharmaceuticals

Name of Corporation/Limited Partnership/
Limited Liability Company

Signature

Secretary

Title

Entity# : 2944023
Date Filed : 07/24/2017
Pedro A. Cortés
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

☐ Return document by mail to:
Corporation Service Company
Name
Order No. 731516/116
Address
City State Zip Code
☑ Return document by email to: ami.casper@cscglobal.com

Change of Registered Office
DSCB:15-1507/5507/8625/8825

TC0170725DP0528

Read all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov/.

Fee: $5 The type of domestic association (check only one):

☑ Business Corporation ☐ Limited Liability Company ☐ Limited Liability Limited Partnership
☐ Nonprofit Corporation ☐ Limited Partnership

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 1507/5507/8625/8825 (relating to change of registered office), the undersigned domestic corporation, limited liability company, limited partnership or limited liability limited partnership, desiring to effect a change of registered office, hereby states that:

1. The name of the association is: Specialized Pharmaceuticals, Inc.

2. The current registered office address as on file with the Department of State. *Complete part (a) OR (b) – not both:*

(a) _____
Number and street City State Zip County

(b) c/o: CT CORPORATION SYSTEM Dauphin
Name of Commercial Registered Office Provider County

3. New address. *Complete part (a) OR (b) – not both:*

(a) The address in this Commonwealth to which the registered office of the corporation, limited partnership, limited liability limited partnership or limited liability company is to be changed is:

_____
Number and street City State Zip County

(b) The registered office of the corporation, limited partnership, limited liability partnership, limited liability limited partnership or limited liability company shall be provided by:

c/o: Corporation Service Company Dauphin
Name of Commercial Registered Office Provider County

4. *For corporations only:* Such change was authorized by the Board of Directors of the corporation.

IN TESTIMONY WHEREOF, the undersigned has caused this Statement or Certificate of Change of Registered Office to be signed by a duly authorized officer, general partner, member or manager thereof this 19th day of July, 2017.

Specialized Pharmaceuticals, Inc.
Name of Corporation/Limited Partnership/
Limited Liability Limited Partnership/Limited Liability Company

Signature

Jill Climi, Vice President
Title

2017 JUL 24 PM 2:03
PA. DEPT. OF STATE

THIRD AMENDED AND RESTATED
BY-LAWS
OF
SPECIALIZED PHARMACEUTICALS, INC.
a Pennsylvania corporation

Adopted as of: October, 17, 2016

These By-Laws are adopted by the Corporation and are supplemental to the Pennsylvania Business Corporation Law (the "PBCL") as the same shall from time to time be in effect.

ARTICLE I

IDENTIFICATION; OFFICES

SECTION 1.1 Name. The name of or the corporation is Specialized Pharmaceuticals, Inc. (the "Corporation").

SECTION 1.2 Registered Office; Other Offices. The registered office of the Corporation in the Commonwealth of Pennsylvania shall be located in the City of Harrisburg, County of Dauphin, Commonwealth of Pennsylvania. The Corporation may have such other offices, either within or without the Commonwealth of Pennsylvania, as the business of the Corporation may require from time to time.

ARTICLE II

SHAREHOLDERS

SECTION 2.1 Annual Meeting. An annual meeting of the Shareholders shall be held each year within five (5) months after the close of the fiscal year of the Corporation. At each annual meeting, the Shareholders shall elect the Directors of the Corporation as provided in Section 3.2 of these By-Laws, and may conduct any additional proper business.

SECTION 2.2 Special Meeting. A special meeting of the Shareholders may be called by the President of the Corporation, by the Chairman of the Board of Directors, or by such other officers or persons as the Board of Directors may designate.

SECTION 2.3 Place of Shareholder Meetings. The Board of Directors may designate any place, either within or without the Commonwealth of Pennsylvania, as the place of meeting for any annual meeting or for any special meeting. If no such place is designated by the Board of Directors, the place of meeting will be the principal business office of the Corporation.

SECTION 2.4 Notice of Meetings. Unless waived as herein provided, whenever Shareholders are required or permitted to take any action at a meeting, written notice of the meeting shall be given stating the place, date and hour of the meeting, and, in the case of a special meeting, the purpose or purposes for which the meeting is called. The written notice shall be given not less than ten (10) days nor more than sixty (60) days before the date of the meeting to each Shareholder entitled to vote at the meeting or in the event of a merger,

consolidation, share exchange, dissolution or sale, lease or exchange of all or substantially all of the Corporation's property, business or assets not less than twenty (20) days before the meeting date. If mailed, notice is given when deposited in the United States mail, postage prepaid, directed to the Shareholder at the Shareholder's address as it appears on the records of the Corporation.

When a meeting is adjourned to another time or place in accordance with Section 2.5 of these By-Laws, notice need not be given of the adjourned meeting if the time and place thereof are announced at the meeting in which the adjournment is taken. At the adjourned meeting the Corporation may conduct any business which might have been transacted at the original meeting. If the adjournment is for more than thirty days (30), or if after the adjournment a new record date is fixed for the adjourned meeting, a notice of the adjourned meeting shall be given to each Shareholder of record entitled to vote at the meeting.

SECTION 2.5 **Quorum and Adjourned Meetings.** Unless otherwise provided by law or the Corporation's Articles of Incorporation, a majority of the shares entitled to vote, present in person or represented by proxy, shall constitute a quorum at a meeting of Shareholders. If less than a majority of the shares entitled to vote at a meeting of Shareholders is present in person or represented by proxy at such meeting, a majority of the shares so represented may adjourn the meeting from time to time without further notice. At any adjourned meeting at which a quorum is present, any business may be transacted which might have been transacted at the original meeting. The Shareholders present at a meeting may continue to transact business until adjournment, notwithstanding the withdrawal of such number of Shareholders may leave less than a quorum.

SECTION 2.6 **Fixing of Record Date.**

(a) For the purpose of determining Shareholders entitled to notice of or to vote at any meeting of Shareholders or any adjournment thereof, the Board of Directors may fix a record date, which record date shall not precede the date upon which the resolution fixing the record date is adopted by the Board of Directors, and which record date shall not be more than sixty (60) nor less than ten (10) days before the date of such meeting. If no record date is fixed by the Board of Directors, the record date for determining Shareholders entitled to notice of or to vote at a meeting of Shareholders shall be at the close of business on the day next preceding the day on which notice is given, or, if notice is waived, at the close of business on the day next preceding the day on which the meeting is held. A determination of Shareholders of record entitled to notice of or to vote at a meeting of Shareholders shall apply to any adjournment of the meeting; provided, however, that the Board of Directors may fix a new record date for the adjourned meeting.

(b) For the purpose of determining Shareholders entitled to consent to corporate action in writing without a meeting, the Board of Directors may fix a record date, which record date shall not precede the date upon which the resolution fixing the record date is established by the Board of Directors, and which date shall not be more than ten (10) days after the date on which the resolution fixing the record date is adopted by the Board of Directors. If no record date has been fixed by the Board of Directors, the record date for determining Shareholders entitled to consent to corporate action in writing without a meeting, when no prior action by the

Board of Directors is required by law, shall be the first date on which a signed written consent setting forth the action taken or proposed to be taken is delivered to the Corporation by delivery to its registered office in the Commonwealth of Pennsylvania, its principal office, or an officer or agent of the Corporation having custody of the book in which the proceedings of meetings of Shareholders are recorded. Delivery to the Corporation's registered office shall be by hand or by certified or registered mail, return receipt requested. If no record date has been fixed by the Board of Directors and prior action by the Board of Directors is required by law, the record date for determining Shareholders' consent to corporate action in writing without a meeting shall be the close of business on the day on which the Board of Directors adopts the resolution taking such prior action.

(c) For the purpose of determining the Shareholders entitled to receive payment of any dividend or other distribution or allotment of any rights or the Shareholders entitled to exercise any rights in respect to any change, conversion or exchange of stock, or for the purpose of any other lawful action, the Board of Directors may fix the record date, which record date shall not precede the date upon which the resolution fixing the record date is adopted, and which record date shall be not more than sixty (60) days prior to such action. If no record date is fixed, the record date for determining the Shareholders for any such purpose shall be the close of business on the day on which the Board of Directors adopts the resolution relating thereto.

SECTION 2.7 Voting List. The officer in charge of the stock ledger of the Corporation shall prepare, at least ten (10) days prior to every meeting of Shareholders, a complete list of Shareholders entitled to vote at the meeting, arranged in alphabetical order, and showing the address of each shareholder and the number of shares registered in the name of each shareholder. Such list shall be open to the examination of any Shareholder, for any purpose germane to the meeting, during ordinary business hours, for a period of at least ten (10) days prior to the meeting, either at a place within the city where the meeting is to be held, which place shall be specified in the notice of the meeting, or, if not so specified, at the place where the meeting is to be held. The list shall also be produced and kept at the meeting during the whole time thereof, and may be inspected by any Shareholder who is present. The stock ledger shall be the only evidence as to who are the Shareholders entitled to examine the stock ledger, the list required by this Section 2.7 or the books of the corporation or to vote in person or by proxy at any meeting of Shareholders.

SECTION 2.8 Voting. Unless otherwise provided by the Articles of Incorporation, each Shareholder shall be entitled to one (1) vote for each share of capital stock held by each Shareholder. In all matters other than the election of Directors, the affirmative vote of the majority of shares present in person or represented by proxy at the meeting and entitled to vote on the subject matter shall be the act of the Shareholders. Directors shall be elected by plurality of the votes of the shares present in person or represented by a proxy at the meeting entitled to vote on the election of Directors.

SECTION 2.9 Proxies. Each Shareholder entitled to vote at a meeting of Shareholders or to express consent or dissent to corporate action in writing without a meeting may vote either in person or by proxy, but no such proxy shall be voted or acted upon after three (3) years from its date, unless the proxy provides for a longer period. A duly executed proxy shall be irrevocable if it states that it is irrevocable and if, and only as long as, it is coupled with

an interest sufficient in law to support an irrevocable power. A proxy may remain irrevocable regardless of whether the interest with which it is coupled is an interest in the stock itself or an interest in the Corporation generally. Every proxy shall be in writing, subscribed by the Shareholder or his duly authorized attorney-in-fact, but need not be sealed, witnessed or acknowledged.

SECTION 2.10 Ratification of Acts of Directors and Officers. Except as otherwise provided by law or by the Articles of Incorporation of the Corporation, any transaction or contract or act of the Corporation or of the Directors or the officers of the Corporation may be ratified by the affirmative vote of the holders of the number of shares which would have been necessary to approve such transaction, contract or act at a meeting of Shareholders, or by the written consent of Shareholders in lieu of a meeting.

SECTION 2.11 Written Action of Shareholders. Any action required to be taken at any annual or special meeting of Shareholders of the Corporation, or any action which may be taken at any annual or special meeting of such Shareholders, may be taken without a meeting, without prior notice and without a vote, if a consent or consents in writing, setting forth the action so taken, shall be signed by the holders of outstanding stock having not less than the minimum number of votes that would be necessary to authorize or take such action at a meeting at which all shares entitled to vote thereon were present and voted. Prompt notice of the taking of the corporate action without a meeting by less than unanimous written consent shall be given to those Shareholders who have not consented in writing.

SECTION 2.12 Organization. Such person as the Board of Directors may designate or, in the absence of such a designation, the President of the Corporation or, in his or her absence, such person as may be chosen by the holders of a majority of the shares entitled to vote who are present, in person or by proxy, shall call to order any meeting of the Shareholders and act as chairman of such meeting. In the absence of a Secretary of the Corporation, the chairman of the meeting shall appoint a person to serve as secretary at the meeting.

ARTICLE III

BOARD OF DIRECTORS

SECTION 3.1 General Powers. The business, property and affairs of the Corporation shall be managed by the Board of Directors.

SECTION 3.2 Constitution of the Board; Rights and Powers of the Board; Meetings of the Board.

(a) Number. The size of the Board shall be two (2) or such larger number as may be fixed from time to time by action of the Shareholders or the Board, unless otherwise specified in the Certificate of Incorporation. The current Directors are and shall continue to be as follows, with the following designees being duly elected Directors of the Company:

(i) John Figueroa; and

(ii) Victor Breed.

(b) Any Directors designed by the Board may be removed from the Board by the Shareholders, with or without cause. In the event any vacancy in the Board shall occur as a result of death, disability, resignation, removal or other termination of a Director, such vacancy may be filled by the Shareholders, and prior to such time, the corresponding vacancy in the Board shall remain vacant.

(c) Except as specifically provided otherwise in this Agreement or by non-waivable provisions of the PBCL, any action taken by the Board may only be taken with the approval, either in writing or at a duly called meeting, of Directors holding (in accordance with this Section 3.2(c)) a majority of the votes held by the Directors then serving on the Board. Each Director shall be entitled to one (1) vote on matters coming before the Board.

(d) The Board may establish one or more committees, which shall be comprised solely of Directors.

(e) Unless otherwise required by law or as approved by the Board, the composition of the Board of Directors (or body serving a similar function) of each Subsidiary of the Company, if any (each, a "Sub Board"), shall be the same as that of the Board, and the provisions of this Section 3.2 shall apply equally to each Sub Board (including as to the number of votes for Directors pursuant to Section 3.2 and the designation and replacement of Sub Board members)

(f) The Company shall reimburse each Director for all reasonable out-of-pocket expenses incurred in connection with his or her duties as a Board member or committee member.

SECTION 3.3 Meetings of Board.

(a) The Board may hold its meetings in such place or places in the State of Delaware or outside the State of Delaware as it shall determine from time to time.

(b) Meetings of the Board or a Board committee shall be held whenever called by at least two (2) Directors. Notice of the day, hour and place of holding of each meeting of the Board or any meeting of a Board committee shall be given to each Director or committee member by email or any other method under Article X, at least twenty four (24) hours before the meeting. Unless otherwise indicated in the notice thereof, any and all business may be transacted at any such meeting. At any meeting at which every Director or committee member shall be present, even though without any notice, any business may be transacted.

(c) A quorum for the transaction of business by the Board shall consist of Directors holding (in accordance with Section 3.2(c)) a majority of votes held by the Directors then serving on the Board, and a quorum for the transaction of business by a Board committee shall consist of committee members holding a majority of the votes held by the committee members then serving on such committee. If at any meeting of the Board or committee thereof, there is less than a quorum present, holders of a majority of the votes held by those present may adjourn the meeting from time to time until a quorum is present.

(d) Any Director may participate in any meeting of the Board or a Board committee by means of conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other, and such participation shall constitute

presence in person at such meeting. Any Director may participate in any meeting either in person or by proxy.

(e) Any action required or permitted to be taken at any meeting of the Board or a committee thereof may be taken without a meeting if a consent in writing, setting forth the action so taken, is signed by Directors holding (in accordance with Section 3.2(e)) a majority of the votes held by the Directors then serving on the Board or such committee. Prompt notice of the taking of an action without a meeting by less than unanimous written consent shall be given to those Directors who have not consented in writing. All such writings shall be filed with the minutes of proceedings of the Board or committee, as the case may be.

ARTICLE IV

WAIVER OF NOTICE

SECTION 4.1 Written Waiver of Notice. A written waiver of any required notice, signed by the person entitled to notice, whether before or after the date stated therein, shall be deemed equivalent to notice. Neither the business to be transacted at, nor the purpose of, any regular or special meeting of Shareholders, Directors or members of a committee of Directors need be specified in any written waiver of notice.

SECTION 4.2 Attendance as Waiver of Notice. Attendance of a person at a meeting shall constitute a waiver of notice of such meeting, except when the person attends a meeting for the express purpose of objecting, and objects at the beginning of the meeting, to the transaction of any business because the meeting is not lawfully called or convened.

SECTION 4.3 Notices. All demands, notices, requests, consents and other communications required or permitted under this agreement shall be in writing and shall be personally delivered or sent by facsimile machine (with a confirmation copy sent by one of the other methods authorized in this section), electronic mail, reputable commercial overnight delivery service (including Federal Express and U.S. Postal Service overnight delivery service) or deposited with the U.S. Postal Service mailed first class, registered or certified mail, postage prepaid, as set forth below:

(a) If to the Company, to:

Specialized Pharmaceuticals, Inc.
18300 Cascade Avenue South, Suite 251
Tukwila, WA 98188
Attention: Victor Breed
Email: vbreed@genoa-pol.com
Facsimile: (425) 656-8200

(b) If to any other Director, to its address set forth on Schedule A.

Notices shall be deemed given and delivered upon the earlier to occur of (i) receipt by the party to whom such notice is directed; (ii) if sent by facsimile machine, on the day (other than a Saturday, Sunday or legal holiday in the jurisdiction to which such notice is directed) such notice

is sent if sent (as evidenced by the facsimile confirmed receipt) prior to 5:00 p.m. Eastern Time and, if sent after 5:00 p.m. Eastern Time, on the day (other than a Saturday, Sunday or legal holiday in the jurisdiction to which such notice is directed) after which such notice is sent; (iii) on the first day (other than a Saturday, Sunday or legal holiday in the jurisdiction to which such notice is directed) following the day the same is deposited with the commercial courier if sent by commercial overnight delivery service; or (iv) the fifth day (other than a Saturday, Sunday or legal holiday in the jurisdiction to which such notice is directed) following deposit thereof with the U.S. Postal Service as aforesaid. Each party, by notice duly given in accordance herewith, may specify a different address for the giving of any notice hereunder.

ARTICLE V

OFFICERS

SECTION 5.1 Number. The principal officers of the Corporation shall be a Chief Executive Officer, a President, a Chief Financial Officer, an Executive Vice President and a Secretary. In addition, there may be such other or subordinate officers, agents and employees as may be appointed in accordance with the provisions of Section 5.3. Any two or more offices may be held by the same person, except that if there are two or more officers of the Corporation, the office of Secretary shall be held by a person other than the person holding the office of Chief Executive Officer or President.

SECTION 5.2 Election, Qualifications and Term of Office. Each officer of the Corporation, except such officers as may be appointed in accordance with the provisions of Section 5.3, shall be elected annually by the Board of Directors and shall hold office until his successor shall have been duly elected and qualified, or until his death, or until he shall have resigned or shall have been removed in the manner herein provided.

SECTION 5.3 Other Officers. The Corporation may have such other officers, agents, and employees as the Board of Directors may deem necessary, including a Chairman, a Controller, one or more Assistant Controllers, a Treasurer, one or more Assistant Treasurers and one or more Assistant Secretaries, each of whom shall hold office for such period, have such authority, and perform such duties as the Board of Directors, any committee of the Board designated by it to so act, or the Chief Executive Officer, the President, the Chief Financial Officer, or the Chairman, if any, may from time to time determine. The Board of Directors may delegate to any principal officer the power to appoint or remove any such subordinate officers, agents or employees.

SECTION 5.4 Removal. Any officer may be removed, either with or without cause, by the vote of a majority of the whole Board of Directors or, except in case of any officer elected by the Board of Directors, by any committee of officers upon whom the power of removal may be conferred by the Board of Directors.

SECTION 5.5 Resignation. Any officer may resign at any time by giving written notice to the Board of Directors or the Chief Executive Officer, the President, the Chief Financial Officer, or the Chairman, if any, or the Secretary of the Corporation. Any such resignation shall take effect at the date of receipt of such notice or at any later time specified therein; and, unless

otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective.

SECTION 5.6 Vacancies. A vacancy in any office because of death, resignation, removal, disqualification or any other cause shall be filled for the unexpired portion of the term in the manner prescribed in these By-Laws for regular election or appointment to such office.

SECTION 5.7 Chairman of the Board. The Chairman of the Board, if any, shall be a director and shall preside at all meetings of the Board of Directors and shareholders. Subject to determination by the Board of Directors, the Chairman, if any, shall have general executive powers and such specific powers and duties as from time to time may be conferred or assigned by the Board of Directors.

SECTION 5.8 Chief Executive Officer. Under the direction of and, at all times, subject to the authority of the Board of Directors, the Chief Executive Officer will have general supervision over the day to day business, operations and affairs of the Corporation and will perform such duties and exercise such powers as are incident to the office of Chief Executive Officer of a corporation organized under the PBCL. The Chief Executive Officer will have such other powers and perform such other duties as may from time to time be prescribed by the Board of Directors.

SECTION 5.9 President. Under the direction of and, at all times, subject to the authority of the Board of Directors, the President of the Corporation will perform such duties and exercise such powers as are incident to the offices of president of a corporation organized under the PBCL. In the absence of the Chief Executive Officer, the President will perform the duties of the Chief Executive Officer. The President will have such other powers and perform such other duties as may from time to time be prescribed by the Board of Directors.

SECTION 5.10 Chief Financial Officer. The Chief Financial Officer will keep and maintain, or cause to be kept and maintained, adequate and correct books and records of accounts of the properties and business transactions of the Corporation, including accounts of its assets, liabilities, receipts, disbursements, gains, losses, capital and capital securities, and, in general, will perform all the duties incident to the office of the Chief Financial Officer of a corporation organized under the PBCL. The Chief Financial Officer will have the custody of the funds and securities of the Corporation, and will keep full and accurate accounts of receipts and disbursements in books belonging to the Corporation. The Chief Financial Officer will have such other powers and perform such other duties as may from time to time be prescribed by the Board of Directors, the Chief Executive Officer and/or the President.

SECTION 5.11 Secretary. The Secretary of the Corporation will (i) keep the minutes of the meetings of the Shareholders and the Board of Directors in one or more books provided for that purpose; (ii) see that all notices are duly given in accordance with the provisions of the Articles of Incorporation or these By-Laws and as required by applicable law; (iii) be custodian of the Corporation's records; (iv) keep a register of the address of each Shareholder which will be furnished to the Secretary by such Shareholder; and (v) in general perform all duties incident to the office of the Secretary of a corporation organized under the PBCL. The Secretary will

have such other powers and perform such other duties as may from time to time be prescribed by the Board of Directors, the Chief Executive Officer and/or the President.

SECTION 5.12 The Assistant Secretaries. At the request, or in the absence or disability, of the Secretary, the Assistant Secretary, if any, designated by the Secretary or the Board of Directors shall perform all the duties of the Secretary and, when so acting, shall have all the powers of the Secretary. The Assistant Secretaries shall perform such other duties as from time to time may be assigned to them by the Board of Directors or any committee of the Board designated by it so to act, or by the Chief Executive Officer and/or the President, if any, or the Secretary.

SECTION 5.13 Treasurer. The Treasurer, if any, shall have such powers and perform such duties as from time to time may be conferred upon or assigned to him by the Board of Directors or any committee of the Board designated by it to so act, or by the President and/or Chief Executive Officer.

SECTION 5.14. Salaries. The salaries of the principal officers of the Corporation shall be fixed from time to time by the Board of Directors or a special committee thereof, and none of such officers shall be prevented from receiving a salary by reason of the fact that he is a director of the Corporation.

ARTICLE VI

CERTIFICATES FOR SHARES

SECTION 6.1 Certificates of Shares. The shares of the Corporation shall be represented by certificates, provided that the Board of Directors of the Corporation may provide by resolution or resolutions that some or all of any or all classes or series of its stock shall be uncertificated shares. Any such resolution shall not apply to shares represented by a certificate until such certificate is surrendered to the Corporation. Notwithstanding the adoption of such a resolution by the Board of Directors, every holder of stock represented by certificates and upon request every holder of uncertificated shares shall be entitled to have a certificate signed by, or in the name of the Corporation by the Chairman or Vice Chairman of the Board of Directors, Chief Executive Officer, or the President or Vice President, and by the Treasurer or an Assistant Treasurer, or the Secretary or an Assistant Secretary of the Corporation representing the number of shares registered in certificate form. Any or all the signatures on the certificate may be a facsimile.

SECTION 6.2 Signatures of Former Officer, Transfer Agent or Registrar. In case any officer, transfer agent, or registrar who has signed or whose facsimile signature has been placed upon a certificate shall have ceased to be such officer, transfer agent or registrar before such certificate is issued, it may be issued by the Corporation with the same effect as if such person or entity were such officer, transfer agent or registrar at the date of issue.

SECTION 6.3 Transfer of Shares. Transfers of shares of the Corporation shall be made only on the books of the Corporation by the holder of record thereof or by his legal representative, who shall furnish proper evidence of authority to transfer, or by his or her

attorney thereunto authorized by power of attorney duly executed and filed with an officer of the Corporation, and on surrender for cancellation of certificate for such shares. Prior to due presentment of a certificate for shares for registration of transfer, the Corporation may treat a registered owner of such shares as the person exclusively entitled to vote, to receive notifications and otherwise have and exercise all of the right and powers of an owner of shares.

SECTION 6.4 Lost, Destroyed Certificates. Whenever a certificate representing shares of the Corporation has been lost, destroyed or stolen, the holder thereof may file in the office of the Corporation an affidavit setting forth, to the best of his knowledge and belief, the time, place, and circumstance of such loss, destruction or theft together with a statement of indemnity sufficient in the opinion of the Board of Directors to indemnify the Corporation against any claim that may be made against it on amount of the alleged loss of any such certificate. Thereupon the Board may cause to be issued to such person or such person's legal representative a new certificate or duplicate of the certificate alleged to have been lost, destroyed or stolen. In the exercise of its discretion, the Board of Directors may waive the indemnification requirements provided herein.

ARTICLE VII

DIVIDENDS

SECTION 7.1 Dividends. The Board of Directors of the Corporation may declare and pay dividends upon the shares of the Corporation's capital stock in any form determined by the Board of Directors, in the manner and upon the terms and conditions provided by law.

ARTICLE VIII

CONTRACTS, LOANS, CHECKS AND DEPOSITS, INDEMNIFICATION AND FISCAL YEAR END

SECTION 8.1 Contracts. The Board of Directors may authorize any officer or officers, agent or agents, to enter into any contract or execute and deliver any instrument in the name of and on behalf of the Corporation, and such authority may be general or confined to specific instances.

SECTION 8.2 Loans. No loans shall be contracted on behalf of the Corporation and no evidences of indebtedness shall be issued in its name unless authorized by a resolution of the Board of Directors. Such authority may be general or confined to specific instances.

SECTION 8.3 Signatories. All checks, drafts or other orders for the payment of money, notes or other evidences of indebtedness issued in the name of the Corporation shall be signed by one (1) or more officers or agents of the Corporation and in such manner as shall from time to time be determined by resolution of the Board of Directors.

SECTION 8.4 Deposits. The funds of the Corporation may be deposited or invested in such bank account, in such investments or with such other depositaries as determined by the Board of Directors.

SECTION 8.5 Indemnification of Directors and Officers.

(a) No director of the Corporation or any other Covered Person ("QoL Covered Person") shall be liable to the Corporation or any other QoL Covered Person for any loss, damage or claim incurred by reason of any act or omission performed or omitted by such QoL Covered Person in good faith on behalf of the Corporation, its Subsidiaries or any Persons which at such time own, directly or indirectly through another Person, at least a majority of the outstanding Capital Securities of the Corporation ("Parents" and each a "Parent"), and in a manner reasonably believed to be within the scope of authority conferred on such QoL Covered Person by these By-Laws, except that a QoL Covered Person shall not be released from liability for any such loss, damage or claim incurred by reason of such QoL Covered Person's fraud, intentional misconduct or bad faith violation of the implied contractual covenant of good faith and fair dealing, and this provision shall not reduce or limit the contractual liability of an QoL Covered Person for breach of any Related Agreement or other agreement with the Corporation or a Subsidiary or Parent to which such QoL Covered Person is a party.

(b) A QoL Covered Person shall be fully protected in relying in good faith upon the records of the Corporation and its Subsidiaries and Parents and upon such information, opinions, reports or statements presented to the Corporation and its Subsidiaries and Parents by any Person as to matters the QoL Covered Person reasonably believes are within such other Person's professional or expert competence and who has been selected with reasonable care by or on behalf of the Corporation and its Subsidiaries and Parents, including information, opinions, reports or statements as to the value and amount of the assets, liabilities, profits, losses or income or any other facts pertinent to the existence and amount of assets from which distributions to Corporation's stockholders might properly be paid.

(c) To the fullest extent permitted by applicable law, no QoL Covered Person shall have any duty (including any fiduciary duty or any other duty or standard of care that may arise by default principles of law) to the Corporation or any Subsidiary, Parent, stockholder, director or other Persons, provided, however, that nothing in these By-Laws eliminates the implied contractual covenant of good faith and fair dealing. Without limitation of the foregoing, whenever in these By-Laws or at law or in equity a QoL Covered Person is permitted or required to exercise such Person's discretion in acting in such capacity, including making any elections or granting, withholding or conditioning any consent, such QoL Covered Person shall be entitled to consider only such interests and factors as such QoL Covered Person elects and shall have no duty or obligation to give any consideration to any interests of or factors affecting the Corporation or any Subsidiary, Parent, stockholder, director or other Persons, or to disclose any such real, perceived or potential conflicts. The Corporation and each stockholder agree that the provisions of these By-Laws, to the extent such provisions eliminate, restrict or limit the duties (including, without limitation, fiduciary duties) or liabilities of QoL Covered Persons that may otherwise exist at law or in equity, shall replace such duties and liabilities of QoL Covered Persons to the fullest extent permitted by applicable law.

(d) The Corporation shall indemnify and hold harmless each QoL Covered Person to the fullest extent permitted by applicable law from and against any and all losses, claims, demands, costs, damages, liabilities (joint or several), expenses of any nature (including reasonable legal and accounting fees and expenses, costs of investigation and sums paid in

settlement), judgments, fines, settlements, and other amounts ("Indemnified Costs") arising from any and all claims, demands, actions, suits, or proceedings, whether civil, criminal, administrative or investigative, in which the QoL Covered Person may be involved, or threatened to be involved as a party or otherwise, incurred by reason of any act or omission performed or omitted by such QoL Covered Person in connection with matters relating to the Corporation and its Subsidiaries and Parents, and in a manner reasonably believed to be within the scope of authority conferred on such QoL Covered Person, regardless of whether the QoL Covered Person is a QoL Covered Person at the time any such Indemnified Cost is paid or incurred, except that no QoL Covered Person shall be entitled to be indemnified in respect of (and this provision shall not reduce or limit the liability of a QoL Covered Person with respect to) any Indemnified Cost incurred by such QoL Covered Person by reason of such QoL Covered Person's fraud, intentional misconduct or bad faith violation of the implied contractual covenant of good faith and fair dealing, and this provision shall not reduce or limit the contractual liability of a QoL Covered Person for breach of a Related Agreement or other agreement with the Corporation or a Subsidiary or Parent to which such QoL Covered Person is a party; provided, however, that any indemnity under this Section 8.5 shall be provided out of and to the extent of the assets of the Corporation's and its Subsidiaries', and no QoL Covered Person shall have any personal liability on account thereof. Further, the Corporation shall not indemnify any QoL Covered Person in connection with a proceeding (or part thereof) initiated by such Person against the Corporation or any Subsidiary or Parent or any other QoL Covered Person, whether by direct claim, counterclaim or otherwise, unless the initiation thereof was approved or ratified by the Board of Directors of the Corporation.

(e) The indemnification provided by this Article VIII shall be in addition to any other rights to which a QoL Covered Person may be entitled under any agreement, vote of the Board of Directors of the Corporation, as a matter of law or equity, or otherwise, both as to an action in the QoL Covered Person's capacity as a QoL Covered Person, and as to an action in another capacity, and shall continue as to a QoL Covered Person who has ceased to serve in such capacity and shall inure to the benefit of the heirs, successors, assigns, and administrators of each QoL Covered Person.

(f) Notwithstanding any other provision of this Article VIII, the Corporation shall reimburse Indemnified Costs incurred by a QoL Covered Person in connection with such Person's appearance as a witness on behalf of the Corporation or its Subsidiaries or Parents or other participation at the request of the Corporation or a Subsidiary or Parent in a proceeding involving or affecting the Corporation or its Subsidiaries or Parents at a time when the QoL Covered Person is not a named defendant or respondent in the proceeding.

(g) The Board of Directors of the Corporation shall cause the Corporation to purchase and maintain directors' and officers' insurance on behalf of the applicable QoL Covered Persons and/or the Corporation and its Subsidiaries and Parents against liabilities asserted against any such QoL Covered Person and incurred by any such QoL Covered Person in such Person's capacity as such or arising out of such QoL Covered Person's status in such capacity, regardless of whether the Corporation would have the power to indemnify the QoL Covered Person against that liability under this Article VIII, to the extent that such insurance is available on commercially reasonable terms. In furtherance of the foregoing, the Corporation shall obtain and maintain directors' and officers' liability insurance with coverage in a face amount determined

by the Board of Directors of the Corporation. The indemnification provided by this Article VIII shall be in addition to any other rights to which the QoL Covered Persons may be entitled under any agreement, vote of the Board of Directors of the Corporation, as a matter of law, or otherwise, shall continue as to a QoL Covered Person who has ceased to serve in such capacity, and shall inure to the benefit of the heirs, successors, assigns and administrators of the QoL Covered Persons.

(h) A QoL Covered Person shall not be denied indemnification in whole or in part under this Article VIII solely because the QoL Covered Person had an interest in the transaction with respect to which the indemnification applies if the transaction was otherwise permitted by the terms of any Related Agreement.

(i) To the fullest extent permitted by applicable law, the Corporation may, in the sole discretion of the Board of Directors of the Corporation, from time to time advance expenses (including reasonable legal fees and expenses, and costs of investigation) incurred by a QoL Covered Person in defending or settling any claim, demand, action, suit or proceeding prior to the final disposition of such claim, demand, action, suit or proceeding that may be subject to a right of indemnification hereunder upon receipt by the Corporation of a written undertaking by or on behalf of the QoL Covered Person to repay such amount if it shall be finally determined that the QoL Covered Person is not entitled to be indemnified as authorized in this Article VIII.

(j) (1) The rights set forth in this Article VIII are contractual in nature and may not be revised as applied to prior actions of a QoL Covered Person by a subsequent amendment of these By-Laws without such QoL Covered Person's prior written approval.

(k) For the avoidance of doubt, the exculpation, indemnification and advancement of expenses provisions set forth in Article 6 of the Amended and Restated Bylaws of the Corporation that were adopted on December 11, 2007 and that were in effect immediately prior to the SPI Effective Time (as defined in that certain Agreement and Plan of Merger, dated October 14, 2013, by and among the Corporation and the other parties thereto) shall govern the rights of the current and former directors and officers of the Corporation for any and all actions or omissions occurring prior to the SPI Effective Time. The provisions set forth in Sections 8.5(a) through 8.5(l) of these By-Laws shall govern the rights of QoL Covered Persons for any and all actions or omissions occurring at or following the SPI Effective Time.

SECTION 8.6 Fiscal Year. Except as from time to time otherwise determined by the Board of Directors, the fiscal year of the Corporation shall end on December 31.

ARTICLE IX

AMENDMENTS

SECTION 9.1 Amendments. These By-Laws may be adopted, amended or repealed by a majority vote of either the Corporation's Board of Directors or its Shareholders.

SCHEDULE A

Director Notice Information

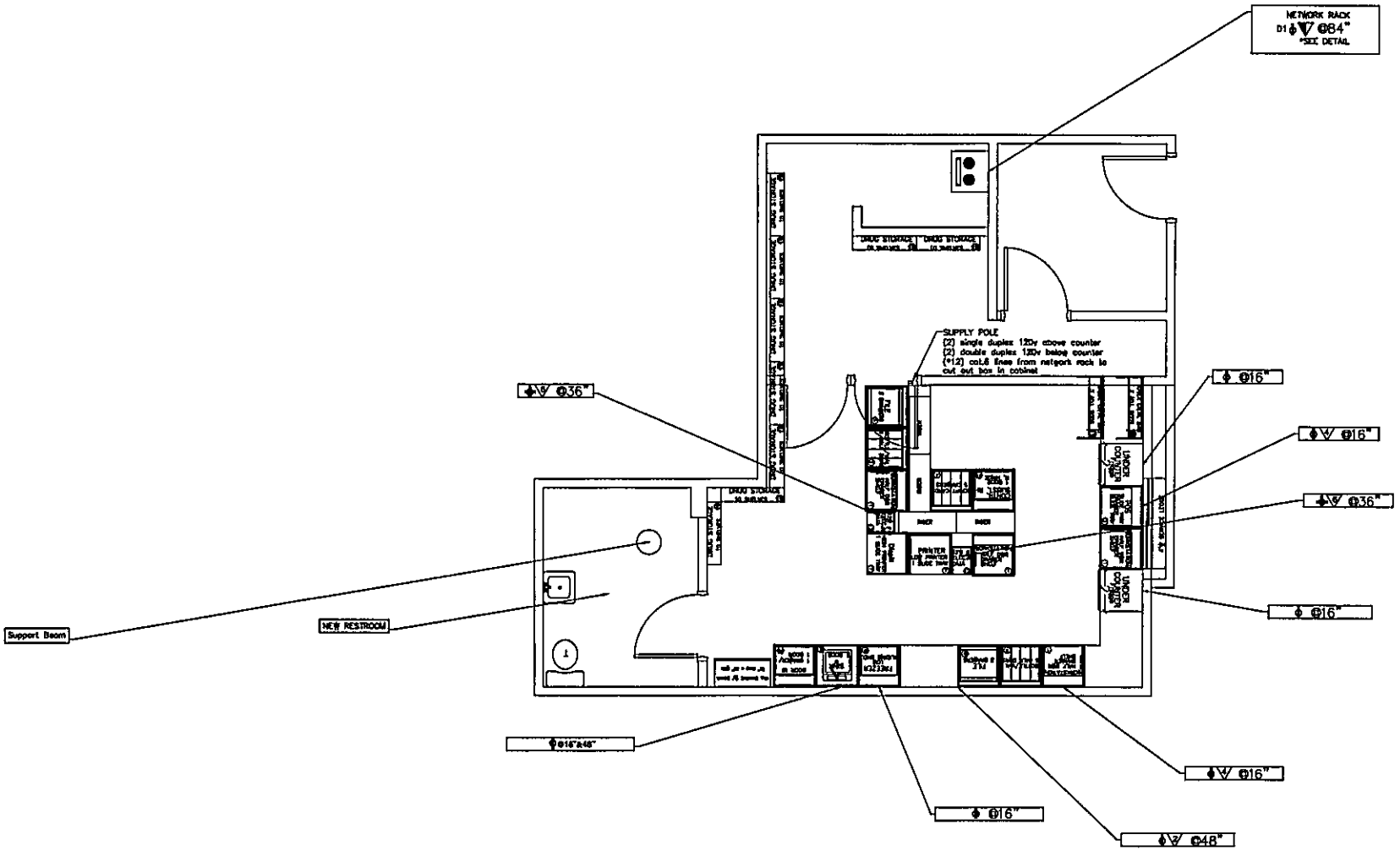
1. If to John Figueroa:

18300 Cascade Avenue South, Suite 251
Tukwila, WA 98188
Attention: John Figueroa
Email: jfigueroa@genoa-qol.com

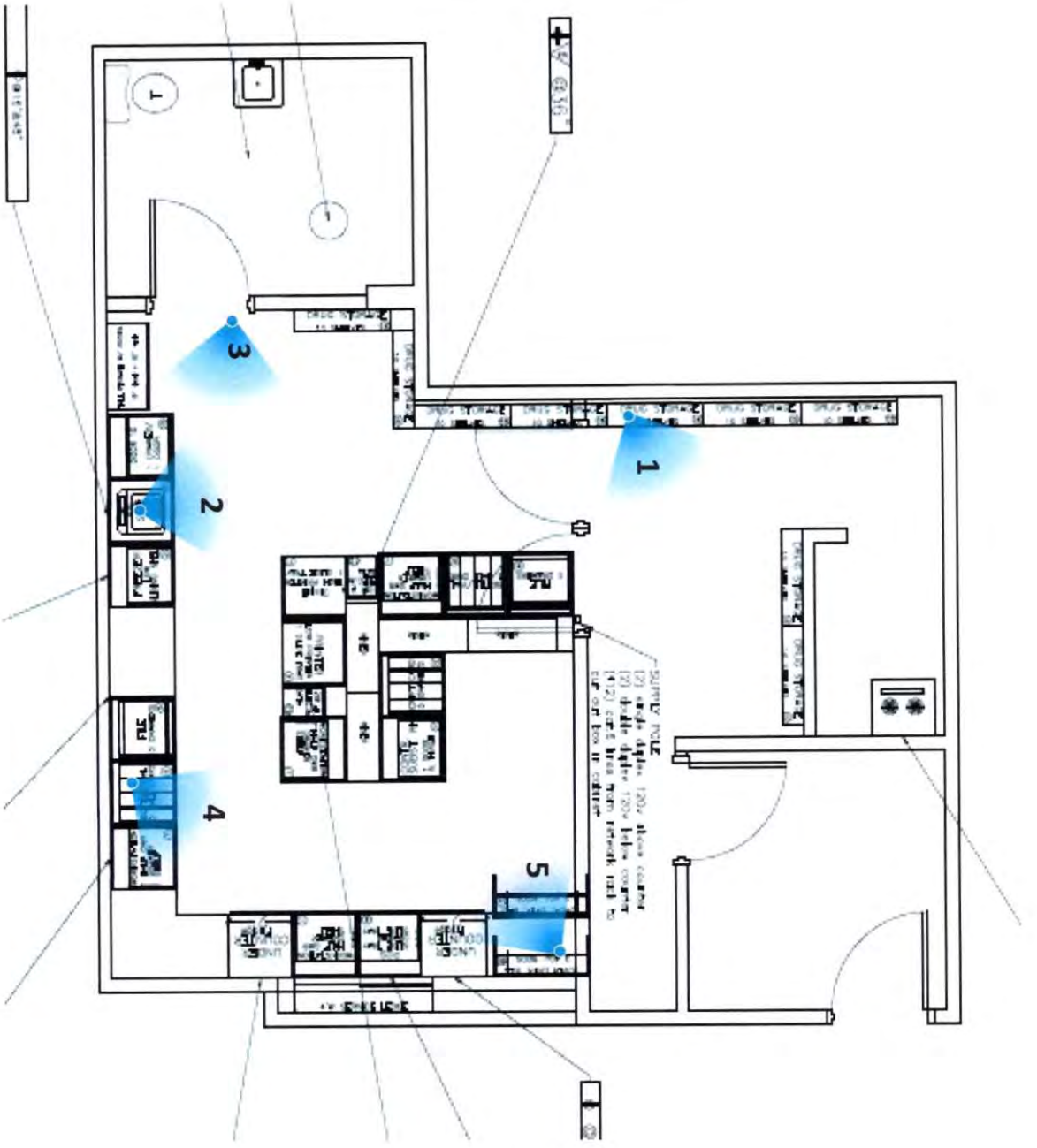
2. If to Victor Breed:

18300 Cascade Avenue South, Suite 251
Tukwila, WA 98188
Attention: Victor Breed
Email: vbreed@genoa-qol.com

1194



Genoa Healthcare 401 S Maryland Prkwy Rm. P Las Vegas, NV 89101	Facility: The Center LGBTQ+	Total Leased Sq. ft. 573	View: floorplan Revision: 1.0 Date: 4/19/2022



Genoa Healthcare 401 S Maryland Prkwy Rm. P Las Vegas, NV 89101	Facility: The Center LGBTQ+	Total Leased Sq. ft. 573	View: floorplan Revision: 1.0 Date: 7/6/2022

DocuSign Envelope ID: 527A49A3-0EBE-4BBB-972C-F0E4CE62BBA0

COMMERCIAL LEASE

DATED:	**April 14, 2022**	(the "Effective Date")
PARTIES:	Gay & Lesbian Center of Southern Nevada, Inc. d/b/a The Center 401 S. Maryland Parkway Las Vegas, NV 89101	(Landlord)
	and	
	Genoa Healthcare, LLC a Pennsylvania limited liability company 707 S. Grady Way Suite 700 Renton, WA 98057	(Tenant)

Landlord leases to Tenant and Tenant leases from Landlord the Premises described below on the terms and conditions stated below:

1. **The Premises.** The Premises contains approximately 573 square feet of space (the "Premises") in Room P in the building (the "Building") located at 401 S. Maryland Parkway, Las Vegas, NV 89101, as more fully shown on the site plan ("Site Plan") attached hereto as Exhibit A. The property on which the Building is situated is referred to herein as the "Land". Landlord grants to Tenant access to and use of the common areas ("Common Areas") in the Building and on the Land.

2. **Use of the Premises.** Tenant may use the Premises only for the purpose of an on-site pharmacy and for providing the Pharmacy Products and Services (the "Permitted Use"), as that term defined in that certain Pharmacy Services Agreement, of even date herewith, between Arlene Cooper Community Health Center ("Clinic") and Tenant (the "PSA"). Landlord represents and warrants that the Permitted Use is in compliance with all applicable laws, regulations, rules and ordinances governing the Premises.

3. **Occupancy.**

3.1. Original Term. The term of the Lease shall be three (3) years commencing on the Effective Date (the "Initial Term") and shall be coterminous with the term of the PSA, unless earlier terminated as provided in Section 3.2 below. Unless terminated in accordance hereof, this Lease shall automatically renew for additional one (1) year terms (each a "Renewal Term", and collectively with the Initial Term, the "Term") under the same terms and conditions set forth herein except that Rent shall be determined pursuant to subsection 4.2 below. Notwithstanding the foregoing, in no event shall this Lease be extended for a period to constitute a conveyance or subject the parties to transfer tax, the parties agreeing that this Lease shall terminate automatically prior to such time.

3.2. Termination. On or after one-year anniversary of the date that the Tenant commences operations on the Premises, either Party may terminate this Lease at any time during the Term, upon one hundred twenty (120) days prior written notice to the other Party.

3.3. Possession. Tenant's right to possession shall commence on the Effective Date. If Landlord is not able to give Tenant possession of the Premises within thirty (30) calendar days of the Effective Date, Tenant may rescind the Lease by notice in writing to Landlord given at any time thereafter before the date on which possession is tendered by Landlord.

3.4. Relocation. If Landlord relocates to a new Building within the Initial Term, then Landlord shall be responsible for relocating Tenant.

3.4.1. Landlord shall be responsible for all costs associated with the build out of the relocated Premises in accordance with all board of pharmacy requirements.

4. **Rent.**

4.1. Rent. Commencing on the Rent Commencement Date (defined below), during the Initial Term, Tenant shall pay to Landlord, in advance, on or before the first day of each month, as rent the sum of $17,190.00 annually and $1,432.50 per month at the rate of $30.00 per square foot full-service (the "Rent"). Rent is based upon arm's length negotiation between the Parties and Tenant's assessment of fair market value for similar properties in the market in which the Premises is located.

4.2. Rent Commencement Date. The Rent Commencement Date means the date on which Tenant has begun the operation of the pharmacy in the Premises. Rent shall be pro-rated for any portion of a month in the event the Rent Commencement Date or the date the Term expires or is earlier terminated is on a date other than the first or last day of a month. Rent shall be paid to Landlord at the address set forth in Section 20.4 below. Tenant shall also pay as additional rent any other payments as required of Tenant pursuant to the provisions of the Lease.

4.3. Annual Rent Adjustment. The Annual Rent adjustment is three (3%) percent annually.

5. **Compliance with Law.**

5.1. General Regulatory Compliance. Landlord and Tenant shall comply with all applicable state and federal laws. Specifically, Landlord and Tenant intend that this Agreement comply with the federal Anti-Kickback Statute (42 U.S.C. § 1320a-7b) and satisfy the requirements of the Space Rental Safe Harbor to the federal Anti-Kickback Statute codified at 42 C.F.R. § 1001.952(b).

5.2. Fair Market Value. The Parties agree that the Rent is consistent with the fair market value of the Premises being leased, including the value of such services and maintenance as required to be provided to the Premises by Landlord pursuant to the terms of this Lease, and that the Rent is not based, in whole or in part, on any current or expected value or volume of business generated by or between the Parties. The Parties agree that this Lease in no way requires, and in no way is contingent upon, the recommendation, referral, certification, purchase, lease, order, or

any other form of arrangement for any good, facility, service, or item offered by Landlord or Tenant or any person or entity related to or affiliated with Landlord or Tenant.

6. Repairs and Maintenance.

6.1. Tenant's Obligations. Tenant shall keep the Premises neat, clean, and in a sanitary condition, subject to reasonable wear and tear, damage by casualty or condemnation, and Landlord's repair obligations hereunder. Tenant's responsibilities for maintenance shall extend to the inside surfaces of interior walls and ceilings which are on the perimeter of the Premises, and flooring, paint, cabinetry, and interior fixtures located within the Premises.

6.2. Landlord's Obligations. Landlord represents and warrants that the Premises are in good repair without any material defects at the commencement of the Term. Landlord shall be responsible, at Landlord's sole expense, for all areas outside the Premises, and shall maintain the Building in which the Premises are located, the Common Areas, and the Land in a safe and sound, neat, clean, and sanitary condition and to the standard of comparable medical buildings in the county in which the Premises are situated. Landlord agrees to provide and maintain the plumbing, electrical, heating, air conditioning and ventilation systems serving the Premises in accordance with USP guidelines for safe drug storages. Landlord shall furnish and maintain all fire extinguishers and equipment necessary to comply with applicable law. Landlord further agrees to maintain the Building and the structure, walls, roof, windows, and exterior of the Building, the Common Areas, and the Land. In performing any repairs, replacements, alterations, or other work, Landlord shall not cause unreasonable interference with use of the Premises by Tenant.

6.3. Reimbursement for Repairs Assumed. If either Party fails to make any required repairs, the other Party may make the repairs and charge the actual costs of repairs to the first Party. Such expenditures by Landlord shall be reimbursed by Tenant with Tenant's next monthly payment of Rent. Such expenditures by Tenant may be deducted from Rent or collected directly from Landlord. Except in an emergency creating an immediate risk of personal injury or property damage, neither Party may perform repairs that are the obligation of the other Party unless the defaulting Party fails to initiate such repairs within thirty (30) days following written notice specifying the failure, and thereafter to diligently complete such repairs.

7. Alterations and Improvements.

7.1. Required Alterations. The improvements and alterations on Exhibit B shall be performed by, and at the cost of, the Party designated thereon and within the time stated thereon.

7.2. Additional Permitted Alterations. Tenant may make alterations and improvements to the Premises with Landlord's prior written consent, which consent shall not be unreasonably withheld, conditioned, or delayed. All alterations, improvements, or additions shall be constructed in a good and workmanlike manner and in compliance with all applicable governmental laws, ordinances, codes and regulations. Landlord shall cooperate, at no cost to Landlord, with Tenant in obtaining all required licenses, permits, and approvals. All improvements and alterations performed or installed on the Premises by either Landlord or Tenant, other than Tenant's trade fixtures, shall be the property of Landlord when installed unless Exhibit B specifically provides otherwise.

8. **Utilities and Services.**

8.1. Utilities to be Obtained by Tenant. Tenant shall make arrangements for the provision to the Premises of telephone service, fax line, computer service and data lines, hazardous waste disposal, and janitorial services (the "Tenant's Utilities"). Landlord shall cooperate as necessary with Tenant in the provision of such Tenant Utilities. Tenant shall directly pay for all of Tenant's Utilities supplied to the Premises, or if provided by Landlord, Tenant shall pay Landlord reasonable charges for such utilities and services as additional rent.

8.2. Utilities to be Provided by Landlord. Landlord represents and warrants that all utilities are readily available to the Premises through existing lines or equipment and access to the same through the Building, the Common Areas, and the Land shall remain throughout the Term and any Renewal Term of this Lease. Landlord shall be responsible to arrange for delivery of all utilities to the Premises and shall pay directly for all utilities, including but not limited to, electricity, heat, air conditioning, and water, other than the Tenant Utilities.

9. **Taxes and Assessments**. Tenant shall pay, prior to delinquency, all taxes on its personal property located on the Premises. Landlord shall pay, prior to delinquency, all real property taxes and assessments levied against the Premises, the Building, and the Land. As used herein, real property taxes includes any fee or charge relating to the ownership, use, or rental of the Premises, the Building, and/or the Land other than taxes on the net income of Tenant.

10. **Contingency of Professional Services Agreement and Lease**. The Parties agree that execution of this Lease is contingent upon execution of the PSA between Tenant and Clinic within five (5) days. In the event the Parties cannot execute this Lease and the PSA within five (5) days, then this Lease and the PSA shall be void and unenforceable, and the Parties shall be released from any and all liabilities and obligations hereunder and thereunder.

11. **Access.**

11.1. By Tenant. Landlord shall provide Tenant with access to the Common Areas and Premises twenty (24) hours per day, seven (7) days per week. Landlord shall provide Tenant with a key and security card to permit such access. Tenant shall be permitted to install any security system Tenant deems necessary at Tenant's sole cost and expense.

11.2. By Landlord. Subject to applicable laws and upon reasonable advance notice, Tenant shall provide Landlord access to enter the Premises at reasonable times (only during Tenant's business hours) for the purpose of inspecting them, to determine the necessity of repair, showing them to prospective purchasers or lenders or, within three (3) months of the end of the Term, to lessees, and making necessary alterations, repairs, improvements, or additions to the Premises as required or allowed by the Lease. Any access by Landlord shall be given in a manner so as to not disturb Tenant's business or prevent Tenant from complying with the PSA between the Parties. Landlord shall be accompanied at all times while on the Premises by a representative of Tenant who is a licensed pharmacist. Police or members of the fire department may enter the Premises in the event of an emergency. Without Tenant's prior written consent, Landlord shall not have the right to enter the Premises when Tenant is not open for business except in the event of an emergency as above provided.

12. **Insurance.**

12.1. Tenant's Insurance. Tenant shall, at Tenant's expense, obtain and keep in force during the Term a policy or policies of commercial general liability insurance in a responsible insurance company with limits of not less than $1,000,000 per occurrence and $3,000,000 general aggregate for bodily injury or property damage. Certificates evidencing such insurance shall be furnished to Landlord before Tenant's occupancy of the Premises.

12.2. Landlord's Insurance. At all times during the Term, Landlord will maintain in force special form causes of loss insurance insuring the Building, Premises, and the Land for the full insurable value thereof with commercially reasonable deductibles. In addition, Landlord will maintain in force during the entire Term of this Lease commercial general liability insurance in commercially reasonable amounts, subject to a minimum limit of liability of $1,000,000 per occurrence and $3,000,000 general aggregate, and with such endorsements as may be necessary to cover Landlord for claims on account of the obligations assumed by Landlord under subsection 13.2.

12.3. Waiver of Subrogation. Neither Party shall be liable to the other (or to the other's successors or assigns) for any loss or damage caused by fire or any of the risks enumerated in a standard fire insurance policy with an extended coverage endorsement, and in the event of insured loss, neither Party's insurance company shall have a subrogated claim against the other Party hereto.

13. **Indemnity.**

13.1. Tenant's Indemnity. Subject to the waiver of subrogation set forth in Section 12.3, Tenant shall indemnify, defend and hold harmless Landlord from any liability, loss, cost, expense (excluding attorneys' fees), claim, action or cause of action of a third-party claim arising out of or related to Tenant's use and occupancy of the Premises, or any negligent activity of Tenant on the Premises. Tenant shall not have any liability for special, incidental or consequential damages under this Lease.

13.2. Landlord's Indemnity. Subject to the waiver of subrogation set forth in Section 12.3, Landlord shall indemnify, defend and hold harmless Tenant from any liability, loss, cost, expense, including, but not limited to, reasonable attorneys' fees, claim, action or cause of action of a third party claim arising out of or related to any breach or failure to perform by Landlord under this Lease or any negligent act or willful misconduct by Landlord. Landlord shall not have any liability for special, incidental or consequential damages under this Lease.

14. **Damage or Destruction of Premises.**

14.1. Partial Damage—Insured. If the Building and/or the Premises is/are Partially Damaged (as defined below) by a casualty covered, or required to be covered, by an effective insurance policy under this Lease, Landlord shall at its expense repair the damage. Landlord shall not be obligated to repair any additions, alterations, or improvements made by Tenant after the Rent Commencement Date. Landlord shall make all repairs as soon as reasonably possible and this Lease shall continue in full force. Notwithstanding the provisions of this subsection 14.1, if the damage to the Building and/or Premises is such that Tenant cannot conduct its business in the

same manner as prior to such casualty for sixty (60) consecutive days, then Tenant shall have the right, upon written notice to Landlord, to terminate this Lease.

14.2. Partial Damage—Uninsured. If the Building and/or the Premises is/are Partially Damaged by a casualty not covered and not required to be covered by an effective insurance policy under this Lease, Landlord may at its option either (i) repair the damage as soon as reasonably possible at Landlord's expense, and this Lease shall continue in full force, or (ii) terminate this Lease by written notice to Tenant within thirty (30) days after the date of the damage. Tenant may, within ten (10) days after receipt of Landlord's notice to terminate, give written notice to Landlord of Tenant's intention to repair the damage at Tenant's expense, without reimbursement from Landlord. This Lease shall then continue in full force and Tenant shall make repairs as soon as reasonably possible. If Tenant does not give its notice after Landlord elects termination, this Lease shall be canceled and terminated as of the date of the occurrence of damage. Notwithstanding the provisions of this subsection 14.2, if the damage to the Premises is such that Tenant cannot conduct its business for sixty (60) consecutive days, then Tenant shall have the right, upon written notice to Landlord, to terminate this Lease.

14.3. Partially Damaged—Defined. "Partially Damaged" is herein defined as any damage, which can be repaired within six (6) months.

14.4. Total Destruction. If the Building and/or the Premises is/are substantially totally destroyed from any cause whether or not covered by insurance, either Party may elect to terminate the Lease as of the date of the damage or destruction by notice given to the other in writing not more than forty (45) days following the date of damage. In such event all rights and obligations of the Parties shall cease as of the date of termination, and Tenant shall be entitled to the reimbursement of any prepaid amounts. If neither Party elects to terminate, Landlord shall diligently proceed to restore the Premises to substantially the same form as prior to the damage or destruction. Work shall be commenced as soon as reasonably possible.

14.5. Abatement of Rent; Tenant's Remedies. The Rent payable under the Lease for the period during which repairs are made shall be abated and reduced to the extent the Premises are untenantable commencing upon the date of the occurrence of such damage. If Landlord does not commence repairs within thirty (30) days after its obligation to repair accrues under this section, Tenant may cancel this Lease by giving Landlord written notice at any time prior to the commencement of repairs.

15. **Condemnation.** If the Premises or any portion thereof are taken under the power of eminent domain, or sold under the threat of its exercise ("Condemnation"), this Lease shall terminate as to the part taken as of the date the condemning authority takes title or possession. If more than ten percent (10%) of the floor area of the Premises is taken by Condemnation or if the Condemnation prevents the continued use of the Premises by Tenant in substantially the same manner as before the Condemnation, Tenant may at its option, terminate the Lease as of the date the condemning authority takes possession or title. Tenant must exercise its option in writing within twenty (20) days after the condemning authority takes possession or title. If Tenant does not terminate this Lease, it shall remain in full force as to the remaining Premises, except that the Rent shall be reduced in the proportion that the floor area taken bears to the total original floor area of the Premises. Any award for taking by Condemnation is the property of Landlord;

provided, however Tenant is entitled to any award for loss of or damage to its trade fixtures, removable personal property and moving expenses. If this Lease is not terminated after Condemnation, Landlord shall repair any damage to the Premises caused by the Condemnation, except to the extent that Tenant was reimbursed therefore by the condemning authority.

16. **Quiet Enjoyment; Estoppel Certificates.**

16.1. Landlord's Warranty. Landlord warrants that it is the owner of the Premises and has the right to lease them to Tenant. Landlord shall defend Tenant's right to quiet enjoyment of the Premises from the lawful claims of all persons during the Lease Term.

16.2. Estoppel Certificates. Either Party shall, within twenty (20) days after notice from the other, execute and deliver to the other Party a certificate stating whether or not this Lease has been modified and is in full force and effect and specifying any modifications or alleged breaches by the other Party. The certificate shall also state the amount of monthly Rent, the dates to which Rent has been paid in advance, and the amount of any security deposit or prepaid Rent. Failure to deliver the certificate within the specified time shall be conclusive on the Party from whom the certificate was requested that this Lease is in full force and effect and has not been modified except as represented in the notice requesting the certificate.

17. **Defaults; Remedies.**

17.1. Defaults. Each of the following is a material default and breach of the Lease (each, a "Default"):

(a) Default in Rent. Failure to make any required Rent or other payment as and when due, if the failure continues for a period of ten (10) days after written notice from Landlord.

(b) Default in Other Covenants. Failure to comply with any of the covenants or provisions of the Lease, other than those described in subsection 17.1(a), if the failure continues for a period of thirty (30) days after written notice thereof; provided that if such default reasonably requires more than thirty (30) days for its cure, Tenant shall not be in default if it commences to cure within the 30-day period and thereafter diligently pursues its completion.

17.2. Remedies. If any Default by Tenant occurs, Landlord may, at any time thereafter without notice or demand, do any or all of the following:

(a) Termination. Upon thirty (30) days' written notice to Tenant, terminate this Lease and Tenant's right to possession of the Premises by any lawful means; Landlord may, subject to the requirements of Section 18.3 hereof, re-enter and take possession of and remove all persons or property, and Tenant shall immediately surrender possession of the Premises to Landlord. Landlord may recover from Tenant all damages incurred by Landlord for Tenant's default including, but not limited to, the reasonable costs of recovering possession of the Premises and expenses of reletting.

(b) Maintain Tenant's Right to Possession. Maintain Tenant's right to possession and continue this Lease in force whether or not Tenant has abandoned the Premises in

which event Landlord shall be entitled to enforce all of its rights and remedies under this Lease, including the right to recover Rent as it becomes due.

(c) Remedies Cumulative. The foregoing remedies shall be cumulative and in addition to any other remedy available to Landlord by law. Landlord shall have a duty to mitigate its damages.

17.3. Immediate Termination. Notwithstanding the above remedies, in the event the PSA between the Parties expires or is terminated for any reason, Tenant shall have the right to terminate this Lease upon written notice to Landlord specifying the date of such termination, and the Parties shall be released from any and all liabilities and obligations hereunder, except for those accruing prior to the date of such termination.

18. **Surrender at Expiration.**

18.1. Condition of Premises. On expiration or earlier termination of the Lease, Tenant shall surrender the Premises in the same condition as received, subject to ordinary wear and tear, damage by casualty or condemnation and repairs which are Landlord's responsibility hereunder.

18.2. Holdover. If Tenant continues to occupy the Premises after the expiration of the Term, without any express agreement as to such occupancy, then such holding over will be considered as a month-to-month tenancy subject to all terms and conditions of this Agreement, as long as Tenant continues to timely pay Rent in an amount equal to the monthly Rent payable during the last month of the Term. If a month-to-month tenancy results from a holdover by Tenant under this subsection 18.2, the tenancy shall be terminable at the end of any monthly rental period on written notice from Landlord given not less than ten (10) days before the termination date which shall be specified in the notice.

18.3. Compliance with Pharmacy Laws on Termination. Notwithstanding anything set forth in this Lease to the contrary, Landlord shall not interfere with Tenant's compliance with applicable pharmacy laws, rules or regulations and Tenant's proper handling or disposition of its pharmaceutical products upon termination of this Lease. This provision shall be effective even upon a termination of this Lease by Landlord following the occurrence of a Default.

19. **Brokers.** Each of Landlord and Tenant warrants to the other that it has had no dealings with any real estate broker or agents in connection with the negotiation of the Lease, and it knows of no real estate broker or agent entitled to a commission in connection with the Lease. Each of Landlord and Tenant agrees to indemnify and hold the other harmless from any loss, cost, liability, or expense incurred by the other as a result of any claim by any broker or agent on the basis of any arrangements or agreements made by or on behalf of indemnifying Party.

20. **General Provisions.**

20.1. Severability. The invalidity of any provision of this Lease as determined by a court of competent jurisdiction shall not affect the validity of any other provision.

20.2. Time of Essence. Time is of the essence of this Lease.

20.3. Entire Agreement. This Lease and the PSA constitute the entire agreement of the Parties hereto with respect to the subject matter contemplated hereby and thereby and supersede all previous and contemporaneous oral or written negotiations, agreements, arrangements, and understandings relating to the subject matter hereof and thereof.

20.4. Notices. Any notice given under this Lease shall be in writing and may be given by personal delivery, by overnight delivery, or by certified mail, postage prepaid, addressed to Tenant or to Landlord at their addresses set forth below their signatures to the Lease. Either Party may, by notice under this subsection, change its address for notice purposes. Notices personally delivered are considered received upon delivery. Notices sent by overnight delivery are considered received on the next business day. Mailed notices are considered received three (3) days after deposit in the mail. To be valid as notice, a copy of any notice given to Tenant shall be concurrently given to:

Attn: Genoa Legal Dept.
Genoa Healthcare, LLC
707 S. Grady Way
Suite 700
Renton, WA 98057

and a copy of any notice given to Landlord shall be concurrently given to:

Brian Hosier, Chief Operating Officer
Gay & Lesbian Center of Southern Nevada, Inc. d/b/a The Center
401 S. Maryland Parkway
Las Vegas, NV 89101

20.5. Waiver. Waiver by either Party of strict performance of any provision of this Lease shall not be a waiver of or prejudice the Party's right to require strict performance of the same provision in the future or of any other provision. No waiver shall be enforced except if set forth in writing and signed by the Party against whom such waiver is asserted.

20.6. Binding Effect. Subject to the provisions restricting assignment or subletting, this Lease binds and benefits the Parties and their respective successors and assigns.

20.7. Assignment and Subletting. Tenant shall not assign, sublet, convey or transfer this Lease or any interest therein without the prior written consent of Landlord, which consent shall not be unreasonably withheld, conditioned or delayed. Notwithstanding anything herein to the contrary, Tenant may assign this Lease, without Landlord's consent, to any affiliated or related entity, to any entity with which Tenant may merge or consolidate and to any person or entity that acquires all or substantially all of the assets of Tenant or the business that is being conducted by Tenant at or from the Premises, provided that the assignee assumes or is legally responsible for the obligations of Tenant under this Lease thereafter arising.

20.8. Authority. Each individual executing this Lease on behalf of an entity represents and warrants that he is duly authorized to execute and deliver this Lease on behalf of the entity, in accordance with duly adopted resolutions or such entity's governing documents, and that this Lease is binding upon that entity in accordance with its terms.

20.9. Attorneys' Fees. If suit or action is instituted in connection with any controversy arising out of this Lease, the prevailing Party shall be entitled to recover, in addition to costs, attorney fees.

20.10. Relationship of Parties. For the purpose of this Lease, the relationship of the Parties hereto is strictly that of landlord and tenant. Landlord has no interest in Tenant's enterprise and this Lease cannot be construed as a joint venture or partnership. Except as otherwise set forth in this Lease or in the PSA, neither Landlord nor Tenant is an agent or representative of the other for any purpose.

20.11. Counterparts. This Lease may be executed in any number of counterparts, each of which shall be deemed an original. Electronic signatures shall be valid as originals.

20.12. Governing Law. The validity of this Lease, the interpretation of the rights and duties of the Parties hereunder, and the construction of the terms hereof shall be governed in accordance with the internal laws of the state in which the Premises are situated.

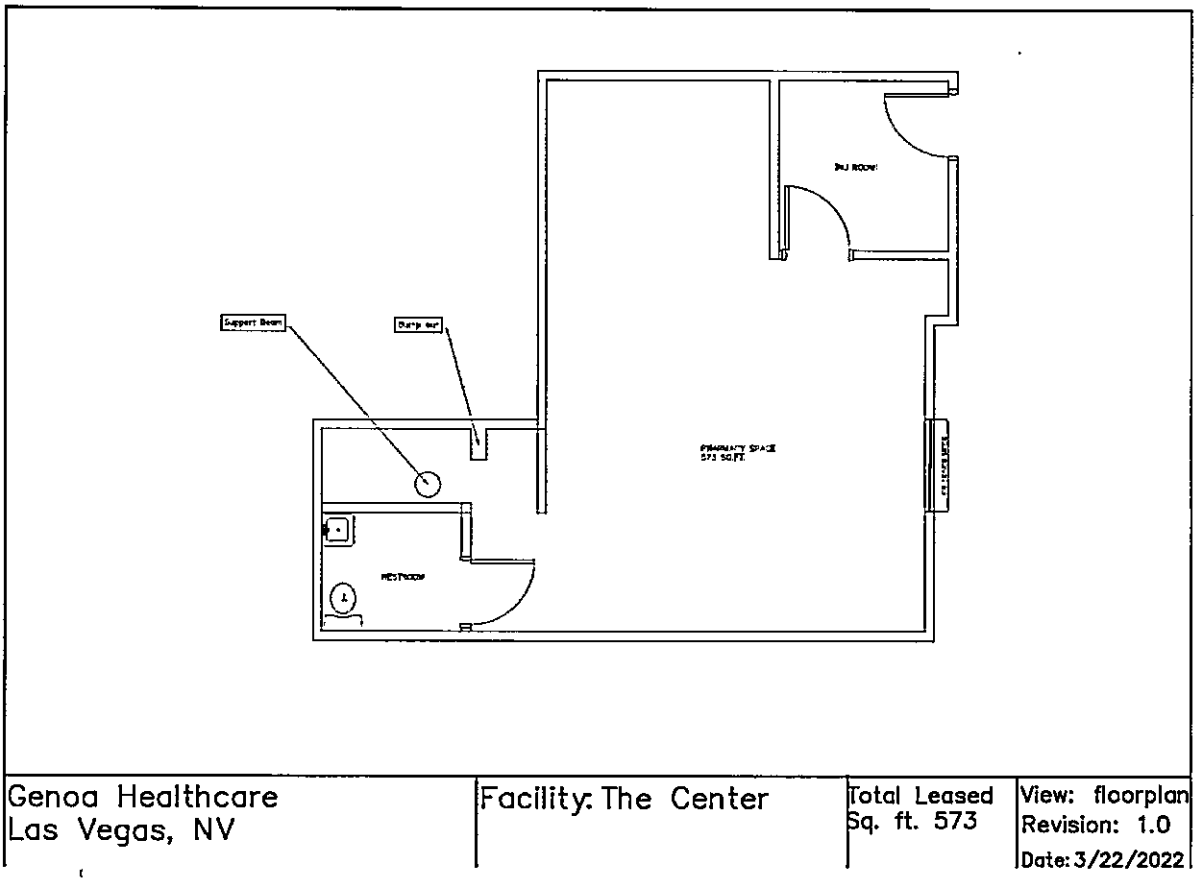
IN WITNESS WHEREOF, the Parties have executed the Lease on the dates specified below their respective signatures below:

LANDLORD:	TENANT:
Gay & Lesbian Center of Southern Nevada, Inc. d/b/a The Center	Genoa Healthcare, LLC
By: DocuSigned by: Brian Hosier 4B90F08B6D954E7...	By: DocuSigned by: Joseph Douglas F7878A3E425D4DB...
Name: Brian Hosier	Name: Joseph Douglas
Its: Chief Operating Officer	Its: Chief Executive Officer
Date: 4/14/2022 | 8:44 AM PDT	Date: 4/14/2022 | 8:47 AM PDT

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EXHIBIT A

Site Plan



Genoa Healthcare Las Vegas, NV	Facility: The Center	Total Leased Sq. ft. 573	View: floorplan Revision: 1.0 Date: 3/22/2022

DocuSign Envelope ID: 527A49A3-0EBE-4BBB-972C-F0E4CE62BBA0

EXHIBIT B

Improvements to Premises

Tenant and Landlord shall mutually agree on the Party responsible for completing the Improvements to Premises, with Tenant being financially responsible for the approved work to be completed. All Tenant Improvements shall be done by a licensed and bonded contractor with Tenant providing evidence of full payment for said work.

- Create lobby access
- Build counter space
- Extend phone and electrical as required
- Extend plumbing as required or acquire Board of Pharmacy variance
- Add security system or extend current security system to conform to Board of Pharmacy requirements
- Acquire necessary building permits

PHARMACY SERVICES AGREEMENT
(On-Site Pharmacies)

THIS PHARMACY SERVICES AGREEMENT (the "Agreement") is made as of April 14, 2022 (the "Effective Date"), by and between **Gay & Lesbian Center of Southern Nevada, Inc. d/b/a The Center** ("Provider") and **Genoa Healthcare, LLC** ("Pharmacy") (each a "Party" and collectively, the "Parties").

RECITALS

WHEREAS, Provider operates a community health center located at **401 South Maryland Parkway, Las Vegas, NV 89101** ("Provider Location"), which provides health services to individuals ("Patients");

WHEREAS, Pharmacy provides pharmacy products ("Pharmacy Products") and related services ("Pharmacy Services") to customers throughout the United States (Pharmacy Products and Pharmacy Services are sometimes collectively referred to as "Pharmacy Products and Services");

WHEREAS, Pharmacy and Provider have determined to enter into this Agreement pursuant to which Pharmacy shall provide certain Pharmacy Products and Services to Provider; and

WHEREAS, Pharmacy and the owner, operator or lessee of Provider Location ("Landlord") have entered or will enter into a lease agreement (the "Lease") of even date hereof. Pursuant to the Lease, Pharmacy will lease the Premises (as defined in the Lease) from the Landlord, The Center, and operate a pharmacy business at such Premises;

NOW, THEREFORE, in consideration of the recitals and mutual covenants, agreements, and promises contained herein, the Parties hereby agree to incorporate the foregoing recitals as if fully rewritten in this Agreement and further agree as follows:

1. Mutual Covenants.

1.1 Right to Choose. Pharmacy and Facility acknowledge that Provider's Patients are free to utilize the pharmacy or pharmacies of their choice for the provision of pharmacy products. The Parties shall comply with applicable laws, rules and regulations ("Applicable Law") with regard to an individual's right to choose a pharmacy provider.

1.2 Agreement Contingent on Lease. The Parties acknowledge that execution of this Agreement is contingent upon execution of the Lease. Notwithstanding any provision of this Agreement to the contrary, this Agreement shall be of no force or effect prior to the date that the Lease is fully executed and in full force and effect. If the Lease is not in full force and effect within 5 days following the date of full execution of this Agreement (the "Execution Date"), this Agreement shall terminate and be of no further force or effect.

2. Covenants of Pharmacy.

2.1 General. During the term of this Agreement, Pharmacy shall provide the Pharmacy Products and Services described in this Section 2 in accordance with Applicable Law. Such products and services shall include the services listed in Exhibit A.

2.2 Standard of Practice; Qualified Personnel. At all times during the term of this Agreement, Pharmacy shall be operated in accordance with best practices and industry standards. Pharmacy Products and Services under this Agreement shall be provided by employees or contractors of Pharmacy who are professionally competent, and duly qualified and licensed in accordance with Applicable Law ("Qualified Personnel").

2.3 Pharmacy Consultant Services. Upon request, Pharmacy shall provide one or more of the pharmacy consultant services specified in Exhibit B ("Consultant Services") at the rate set forth in Exhibit C.

2.4 Prior Authorization. Upon request, Pharmacy shall assist Provider's prescribers in obtaining prior authorization for medications to be dispensed by Pharmacy, provided that such prescriber has executed an agent of physician letter in the form attached hereto as Exhibit D.

2.5 Patient Assistance Programs. Pharmacy shall administer a patient assistance program ("PAP Program") and, if applicable, a State Indigent Drug Program ("IDP Program") for Provider's Patients who elect to have their medications dispensed by Pharmacy. Provider shall determine, and shall so notify Pharmacy, as to the identity of Patients to be enrolled in any such program, and the medications covered. Pharmacy shall be responsible for completing applications for admission to such programs, and submit such applications for approval.

2.6 Additional Pharmacy Services. Pharmacy may provide additional Pharmacy Services ("Additional Services") by mutual agreement. The rates or fees for such Additional Services shall be specified in Exhibit C.

3. Covenants of Provider.

3.1 Population Data. Upon request, Provider shall provide information to Pharmacy regarding Provider's patient population to enable Pharmacy to evaluate the medication needs of Provider's Patients.

3.2 Covenant. During the term of this Agreement, and for one (1) year following the expiration or termination hereof, (a) Provider will not enter into any agreement with a party who provides on-site products and services that are substantially the same as the Pharmacy Products and Services, and (b) neither Provider nor any affiliate thereof will own, operate, and/or manage a pharmacy business at or adjacent to the Provider Location. The Parties hereby acknowledge and agree that the violation of this restrictive covenant will severely damage Pharmacy's business. Therefore, the Parties agree that Pharmacy shall be entitled to injunctive relief against Provider upon any breach of this covenant, without the necessity of posting any bond in cash or otherwise.

4. Access to Provider Electronic Health Records System.

4.1 Subject to subsection (b), Pharmacy shall have access to the Provider electronic health records system (the "Provider EHR System") in order to acquire information required by, or useful to, Pharmacy in providing Pharmacy Services to individuals who have elected to obtain medications from Pharmacy. Such information is expected to include, at a minimum, such individual's name, address, phone number, email address, prescription, third party payer information, diagnosis and treatment.

4.2 Only the Pharmacy employees listed on Schedule 1 (the "Authorized Pharmacy Employees") shall have access to the Provider EHR System. Pharmacy shall promptly notify Provider in writing or by e-mail of any change to Schedule 1.

4.3 The Parties acknowledge that the Provider EHR System contains information pertaining to all individuals who receive treatment by or through Provider. Consequently, the Authorized Pharmacy Employees will have incidental access to information regarding individuals who elect not to obtain Pharmacy Services from Pharmacy. Pharmacy hereby covenants that no employee of Pharmacy will obtain, use or store any information from the Provider EHR System other than information required by, or useful to, Pharmacy in providing Pharmacy Services to individuals who have elected to obtain Pharmacy Services from Pharmacy.

5. Representations and Warranties.

5.1 Each Party represents and warrants to the other Party that this Agreement has been duly authorized, executed and delivered by such Party and constitutes its valid and binding obligation.

5.2 Each Party represents and warrants to the other Party that is a corporation or other recognized legal business entity duly organized, validly existing, and in good standing under the laws of the state in which it is organized, incorporated, and/or operating.

5.3 Each Party represents and warrants to the other Party that the execution and delivery of this Agreement and the performance of such Party's obligations hereunder, do not and will not (a) conflict with or violate any requirement of Applicable Law, or (b) conflict with, or constitute a default under, any contractual obligation of that Party, including contractual obligations with any other healthcare provider or pharmacy provider.

6. Compliance with Healthcare and Privacy Laws.

6.1 Pharmacy and Provider hereby covenant that in performing their respective obligations under this Agreement, they will, and will cause their respective affiliates to, comply in all material respects with all applicable statutes, regulations, rules, orders, ordinances and other laws of any governmental entity to which this Agreement, the parties' obligations under this Agreement, and the obligations of their respective affiliates contemplated by this Agreement, are subject with respect to healthcare regulatory matters (including, without limitation, Sections 1128, 1128A and 1128B(b) of the Social Security Act, as amended, 42 U.S.C. § § 1320a-7, 1320a-7a and 1320a-7b(b), commonly referred to as the "Medicare and Medicaid Exclusion Statute," the "Civil Money Penalties Statute," and the "Federal Anti-Kickback Statute," respectively, and 31 U.S.C. § 3729, as amended, the statute commonly referred to as the "Federal False Claims Act," and all statutes and regulations related to the possession, distribution, maintenance and documentation of controlled substances) ("Healthcare Laws"). Pharmacy and Provider hereby represent and warrant that, to their best knowledge, no circumstances currently exist which can reasonably be expected to result in a material violation of any Healthcare Law by either Party in connection with, or which can reasonably be expected to affect, their respective performance under this Agreement.

6.2 Each Party represents and warrants to the other Party that neither such Party, nor any employee, agent or contractor of such Party who is expected to perform obligations of such Party under this Agreement has been excluded from participation in any federal health care program (as defined under 42 U.S.C. Section 1320a-7b(f)).

6.3 In performing their respective obligations under this Agreement, Pharmacy and Provider shall comply with all applicable federal and state laws relating to the privacy of patient information including, without limitation, the Health Insurance Portability and Accountability Act

of 1996 and its implementing regulations ("HIPAA"), which include the Standards for the Privacy of Individually Identifiable Health Information (the "Privacy Rule"), the Standards for Electronic Transactions, and the Security Rule (45 C.F.R. Parts 160–64), the Privacy provisions (Subtitle D) of the Health Information Technology for Economic and Clinical Health Act and its implementing regulations (the "HITECH Act"), and 42 CFR Part 2.

7. Indemnification; Limitation on Liability; Insurance.

7.1 Indemnification.

(a) Pharmacy hereby agrees to indemnify and hold harmless Provider and its employees, officers, managers, directors, shareholders, agents and Affiliates (the "Provider Indemnitees"), from and against all third-party charges, claims, causes of action, damages, expenses and liability (including reasonable attorneys' fees), asserted against, imposed upon, or incurred by, any Provider Indemnitee in connection with the death of, or bodily injury to, any Person that arises or results from any breach by Pharmacy of any material provision of this Agreement. Notwithstanding the foregoing, Pharmacy shall not be responsible, by indemnity or otherwise, to the extent that any injury or death is caused by or results from an act or omission to act by a Provider Indemnitee or others not agents, employees or affiliates of Pharmacy.

(b) Provider hereby agrees to indemnify and hold harmless Pharmacy and its employees, officers, managers, directors, shareholders, agents and Affiliates (the "Pharmacy Indemnitees"), from and against third-party charges, claims, causes of action, damages, expenses and liability (including reasonable attorneys' fees), asserted against, imposed upon, or incurred by, any Pharmacy Indemnitee in connection with the death of, or bodily injury to, any Person that arises or results from any breach by Provider of any material obligation under this Agreement. Notwithstanding the foregoing, Provider shall not be responsible, by indemnity or otherwise, to the extent that any injury or death is caused by or results from an act or omission to act by a Pharmacy Indemnitee or others not agents, employees or affiliates of Provider.

7.2 Limitation on Liability. Subject to Section 6.1, neither Party shall have any liability to the other for special, incidental or consequential damages relating to this Agreement.

7.3 Insurance.

(a) Pharmacy shall maintain at all times during the term of this Agreement, at its sole cost and expense, appropriate workers' compensation insurance coverage for its employed personnel, and shall carry general and professional liability insurance covering it and all of its personnel in the minimum amount of $1,000,000 per claim; $2,000,000 annual aggregate of general liability coverage; and $3,000,000 annual aggregate of professional liability coverage. Pharmacy shall provide Provider with a certificate of insurance evidencing such coverage within thirty (30) days following the Execution Date, and annually thereafter upon request. The insurance policy or policies shall provide for at least thirty (30) days written advance notice to Provider from the insurer as to any material alteration of coverage, cancellation, or proposed cancellation of coverage for any cause.

(b) Provider shall maintain at all times during the term of this Agreement, at its sole cost and expense, appropriate workers' compensation insurance coverage for its employed personnel, and shall carry professional liability insurance covering it and all of its personnel in the minimum amount of $1,000,000 for each occurrence and/or claim and commercial general liability insurance in the minimum amount of $1,000,000 per occurrence and $2,000,000 in the aggregate. Provider shall provide Pharmacy with a certificate of insurance evidencing such

coverage within thirty (30) days following the Execution Date, and annually thereafter upon request. The insurance policy or policies shall provide for at least thirty (30) days written advance notice to Pharmacy from the insurer as to any material alteration of coverage, cancellation, or proposed cancellation of coverage for any cause.

8. Confidentiality.

8.1 Pharmacy recognizes and acknowledges that, by virtue of entering into this Agreement, Pharmacy and certain of its Personnel will have access to Confidential Information of Provider ("Provider Confidential Information"). Pharmacy agrees that, except as otherwise required by Applicable Law, neither it nor any of its employees, agents or consultants will at any time, either during or subsequent to the term of this Agreement, disclose to others, use, copy or permit to be copied, without the express prior written consent of Provider, any Provider Confidential Information, except as reasonably required to perform its obligations under this Agreement.

8.2 Provider recognizes and acknowledges that, by virtue of entering into this Agreement, Provider and certain of its Personnel will have access to certain Confidential Information of Pharmacy ("Pharmacy Confidential Information"). Provider agrees that, except as otherwise required by Applicable Law, neither it nor any of its employees, agents or consultants will at any time, either during or subsequent to the term of this Agreement, disclose to others, use, copy or permit to be copied, without the express prior written consent of Pharmacy, any Pharmacy Confidential Information, except as reasonably required to perform its obligations under this Agreement.

8.3 Upon termination of this Agreement by either Party for any reason whatsoever, each Party shall, upon request from the other Party, forthwith return to the other Party (or destroy), all material constituting or containing Confidential Information of the other Party, and the returning Party will not thereafter use, appropriate or reproduce such information or disclose such information to any third Party.

8.4 If either Party is requested or required (by deposition, interrogatories, requests for information or documents in legal proceedings, subpoenas, civil investigative demand or similar process), in connection with any proceeding, to disclose any Confidential Information of the other Party, such Party seeking to disclose (the "Disclosing Party") will give the other Party (the "Protected Party") prompt written notice of such request or requirement so that the Protected Party may seek an appropriate protective order or other remedy or waive compliance with the provisions of this Agreement, and the Disclosing Party will cooperate with the Protected Party to obtain such protective order. If such protective order or other remedy is not obtained, or the Protected Party waives compliance with the relevant provisions of this Agreement, the Disclosing Party will furnish only that portion of the Confidential Information that, in the written opinion of its legal counsel, is legally required to be disclosed and, upon the request of the Protected Party, use its best efforts to obtain assurances that confidential treatment will be accorded to such information.

8.5 Failure by either Party to strictly comply with the provisions of this section shall be a material breach of this Agreement. Each Party acknowledges that this is a continuing obligation, and that such obligations shall survive the expiration or termination of this Agreement. Each Party further acknowledges that the restrictions contained herein are reasonable and necessary to protect the legitimate business interests of the other Party, and that any violation thereof by one Party would result in irreparable harm to the other Party. Accordingly, in the event of an actual or a threatened breach by either Party of any provision of this section, the other Party shall be entitled to pursue from any court of competent jurisdiction a preliminary or permanent

injunction enjoining the breaching Party from disclosing such information. Nothing herein shall be construed as prohibiting either Party from pursuing any other remedies available to it whether in equity or at law for such breach or threatened breach, including the recovery of damages.

8.6 Each Party shall retain ownership of its respective Confidential Information. Nothing herein shall be construed as a license or grant of rights to the other Party to use such information, except in connection with such Party's performance under this Agreement.

8.7 For purposes of this Section 7, the term "Confidential Information" means (i) any information communicated by one party (the "Disclosing Party") to the other (the "Receiving Party"), which is identified as proprietary or confidential by the Disclosing Party, or which would be reasonably understood to be the type of information which should be treated as proprietary or confidential, (ii) the terms of this Agreement, and (iii) non-public information provided by one party to the other in accordance with the terms of this Agreement, or in connection with the performance thereof; provided, that with respect to clauses (i) and (iii) the following shall not be considered Confidential Information: (i) information that is known to the Receiving Party prior to the time of disclosure to it, to the extent evidenced by written records or other competent proof, and not acquired directly or indirectly from the other party; (ii) information that is independently developed by employees, agents, or independent contractors of the Receiving Party without reference to or reliance upon the information furnished by the Disclosing Party, as evidenced by written records or other competent proof; (iii) information disclosed to the Receiving Party by a third party that is not legally prohibited from disclosing such information, provided that such information was not acquired directly or indirectly from the other party; and (iv) any other information that is or becomes part of the public domain through no fault or negligence of the Receiving Party.

9. Compensation and Payment.

9.1 Compensation. During the Initial Term, Provider shall compensate Pharmacy for Pharmacy Products and Services at the rates specified in Exhibit C. Compensation for any Renewal Term shall be determined prior to the 90th day preceding the first day of such Renewal Term; provided, however, that if the Parties do not negotiate new rates for such Renewal Term the rates in effect for the Initial Term or the then-current Renewal Term (as applicable) shall remain in effect for the succeeding Renewal Term.

9.2 Invoicing and Payment. Pharmacy shall invoice Provider monthly for Pharmacy Products and Services provided during the prior calendar month. Provider shall pay each invoice within thirty (30) days following the date thereof, other than charges that Provider disputes in good faith. Late payments shall accrue interest at the lesser of one percent (1%) per month or the highest interest rate permitted under Applicable Law.

10. Term and Termination.

10.1 Term. The term of this Agreement shall commence on the Effective Date and shall remain in effect for a period of three (3) years (the "Initial Term"), unless sooner terminated pursuant to the terms of this Agreement. Subject to Section 10.2, this Agreement shall be subject to automatic renewal for periods of one year at the end of the Initial Term and any renewal term then in effect (each, a "Renewal Term"), unless either Party provides notice of its intention not to renew not less than ninety (90) days prior to the last day of the then-current term.

10.2 Effect of Lease. Notwithstanding Section 9.1, the term of this Agreement shall be coterminous with the term of the Lease. Upon the expiration or termination of the Lease for any reason, this Agreement shall terminate without further notice.

10.3 Termination for Cause.

(a) In the event that Provider fails to pay any invoice on or prior to the due date, Pharmacy may, at its option, with three days advance written notice to Provider, terminate this Agreement and/or pursue any other available remedy at law or in equity.

(b) If either Party breaches any material term of this Agreement, the non-breaching Party may, in its sole discretion, provide written notice of termination ("Notice of Termination") to the breaching Party specifying (i) the grounds for such termination with specificity, and (ii) the date of termination, which shall be not less than sixty (60) days following the date that such Notice of Termination is received (the "Proposed Termination Date"). If the breaching Party does not cure the breach prior to the Proposed Termination Date, this Agreement shall terminate on such date without further notice.

(c) If (a) 340B contract pharmacies are excluded from the 340B program by Applicable Law, and (b) Provider establishes a Provider-owned pharmacy to provide 340B covered medications, Provider can terminate the Agreement with not less than ninety (90) days prior written notice to Pharmacy and the non-compete at Section 3.2 shall not apply.

10.4 Termination without Cause. On and after the one-year anniversary of the date that Pharmacy commences operations on the Premises, either Party may terminate this Agreement at any time during the remainder of the Initial Term or any Renewal Term, without cause or penalty, with one hundred twenty (120) days prior written notice to the other Party.

10.5 Effect of Termination. Neither expiration nor termination of this Agreement shall (A) release or otherwise affect any liability of either Party for failure to perform its obligations under this Agreement prior to the effectiveness of such expiration or termination. Upon expiration or termination of this Agreement, Provider shall return to Pharmacy all documents and other property of Pharmacy provided to Provider under this Agreement. This Section 10.5 and Sections 3.2, 6.1, 6.2, 7, 11, 12, 13.6 and 13.10 shall survive the expiration or termination of this Agreement.

11. Records Disclosure. This Agreement is subject to regulations promulgated by the Center for Medicare and Medicaid Services implementing § 952 of the Omnibus Reconciliation Act of 1980, codified at 42 U.S.C. § 1395x (v)(1)(I). Each Party agrees that, until the expiration of four (4) years after the furnishing of the Pharmacy Services pursuant to this Agreement, to make available upon written request, to the Secretary of Health and Human Services (the "Secretary") or, upon request, to the Comptroller General, or any of their duly authorized representatives, this Agreement, and all books, documents, and records that are necessary to verify the nature and extent of the costs of such Pharmacy Services. If either Party carries out any of the duties hereunder through a subcontract with a related organization, having a value or cost of Ten Thousand Dollars ($10,000.00) or more over a twelve (12) month period, such subcontract shall contain a clause to the effect that, until the expiration of four (4) years after the furnishing of such Pharmacy Services pursuant to such subcontract, the related organization shall make available, upon written request, to the Secretary, or, upon request, to the Comptroller General, or any of their duly authorized representatives, the subcontract and the books, documents, and records of such organization that are necessary to verify the nature and extent of the costs of such Pharmacy Services.

12. Dispute Resolution.

12.1 In the event of any dispute, controversy or claim arising out of or in connection with this Agreement, including any questions regarding its existence, enforceability, interpretation or validity, the Parties shall meet and confer in good faith to attempt to resolve such dispute, controversy or claim without initiating an adversarial proceeding. Should such attempts at

resolution prove unsuccessful within a reasonable period after the meeting of the Parties, any dispute, controversy, or claim arising under this Agreement shall be settled exclusively by arbitration conducted in Las Vegas, Nevada by a single arbitrator selected by the Parties in accordance with the then effective arbitration rules of the American Arbitration Association; and judgment upon the award rendered pursuant to such arbitration may be entered in any court having jurisdiction thereof. Either Party may propose mediation whenever appropriate through the organization named above or any other mediation process or mediator as the Parties may agree. The fees and expenses of the arbitration or mediation shall be borne equally by the Parties.

12.2 The decision of the arbitrator shall be binding and may be confirmed and enforced in any court having proper jurisdiction. All facts and other information relating to any arbitration arising under this Agreement shall be kept confidential to the fullest extent permitted by law. Notwithstanding any provision in this Agreement to the contrary, either Party may apply to the arbitrator for injunctive relief until the arbitration award is rendered or the controversy is otherwise resolved. Also notwithstanding any provision herein to the contrary, either Party (without waiving any remedy under this Agreement), in addition to any remedies at law or in equity to which the non-breaching Party may be entitled, shall be entitled to seek from any court having jurisdiction emergency, interim or provisional relief claimed as necessary to protect the rights, property or other interests of that Party pending the establishment of the arbitration tribunal and rendering of the arbitration award, including, without limitation, in the event of a breach by a Party of any of its duties or obligations.

13. Miscellaneous.

13.1 Entire Agreement. This Agreement, with the exhibits attached hereto, contains the entire agreement of the Parties hereto with respect to the subject matter of this Agreement and supersedes all contemporaneous and prior agreements, contracts, and understandings whether written or oral, between the Parties relating to the subject matter of this Agreement. All exhibits attached hereto shall be deemed incorporated into, and made a part of, this Agreement.

13.2 Relationship of the Parties. Except as otherwise set forth in this Agreement, the relationship created by this Agreement between Provider and the Pharmacy is solely one of independent contractors and nothing in this Agreement shall be construed or deemed to create any other relationship between such Parties.

13.3 Amendment. This Agreement may be amended or modified only by a written agreement signed by the Parties or their duly authorized representatives.

13.4 Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original hereof.

13.5 Severability. The provisions of this Agreement are independent of and separate from each other. In the event any provisions of this Agreement are found to be legally invalid or unenforceable for any reason, all remaining provisions of this Agreement shall remain in full force and effect and such invalid or unenforceable provision shall be enforced to the fullest extent permitted by applicable law, unless doing so can reasonably be expected to have a material adverse effect on either Party.

13.6 Governing Law. This Agreement shall be interpreted and enforced in accordance with the laws of the State of Nevada.

13.7 Waiver. A waiver shall only be effective if in writing and signed by the Party against whom such waiver is asserted. The waiver by any of the Parties of a breach of any provision of this Agreement shall not operate or be construed as a waiver of any subsequent or other breach.

13.8 Media. Provider agrees that Pharmacy shall have editorial review of any press and/or media releases of any kind, either written or verbal, that reference Pharmacy.

13.9 The Parties mutually agree to create awareness of the Pharmacy and the Services offered by Pharmacy to Provider Patients, including, for example, the organization's website, newsletters and other communications that reach the Provider's consumers and providers.

13.10 Notices. All notices, requests, demands and other communications given hereunder shall be in writing and shall be deemed to have been duly given when (i) delivered personally; (ii) when deposited in the United States mail as registered or certified mail, postage prepaid, return receipt requested, on the third business day after mailing; (iii) if telecopied, on the next business day after written confirmation of such telecopy; or (iv) if delivered by reputable overnight national courier service, on the next business day after delivery to such courier service, to the following addresses:

Gay & Lesbian Center of Southern Nevada, Inc. d/b/a The Center	Genoa Healthcare, LLC
401 South Maryland Parkway Las Vegas, NV 89101 Attention: Brian Hosier Chief Operating Officer	707 S. Grady Way Suite 700 Renton, WA 98057 Attention: Genoa Legal Dept.

Either Party may change the address to which notices are to be sent to the other Party by giving notice in the manner provided herein.

13.10 Construction. Each Party has participated in negotiating and drafting this Agreement, so if an ambiguity or a question of intent or interpretation arises, this Agreement shall be construed as if the parties had drafted it jointly, as opposed to being construed against a Party because it was responsible for drafting one or more provisions of this Agreement.

[Signature page follows]

IN WITNESS WHEREOF, the Parties hereto have entered into this Agreement as of the Effective Date.

Gay & Lesbian Center of Southern Nevada, Inc. d/b/a The Center

DocuSigned by:

By: Brian Hosier
4B90F08B6D954E7...

Name: Brian Hosier

Its: Chief Operating Officer

Date of Execution: 4/14/2022 | 8:44 AM PDT

Genoa Healthcare, LLC

DocuSigned by:

By: Joseph Douglas
F7878A3E425D4DB...

Name: Joseph Douglas

Title: Chief Executive Officer

Date of Execution: 4/14/2022 | 8:47 AM PDT

Schedule 1
Authorized Pharmacy Employees

To be provided prior to the commencement of the Pharmacy Services

Pharmacist Name:
Technician Name:

EXHIBIT A

Pharmacy Products and Services

The Pharmacy Products and Services to be provided by Pharmacy include:

(a) Pharmacy shall consult with Provider staff as needed with regard to medications dispensed;

(b) Pharmacy Personnel shall be available to address Patients questions and concerns related to medications dispensed or to be dispensed by Pharmacy;

(c) Pharmacy shall retain Patient records as required by Applicable Law; and

(d) Pharmacy shall assist Provider in maintaining a perpetual inventory of sample medications.

EXHIBIT B

Pharmacy Consultant Services

Contractor shall at the written request of Provider, provide a consultant pharmacist ("Consultant"):

(a) to Provider's crisis stabilization or other inpatient unit for the purpose of monitoring the unit medication room and any emergency drug box on a monthly basis; and Consultant shall issue a monthly report on the findings;

(b) to implement the decisions of the Provider's pharmacy and therapeutics committee;

(c) to review of issues related to the procurement, receipt storage, ordering, dispensing, and administration of medications in such unit;

(d) to institute and maintain a pharmacy quality improvement program consistent with applicable Joint Commission standards;

(e) to conduct in-service education with regard to pharmacy-related topics;

(f) to perform quarterly inspections of medication storage in inpatient or residential units;

(g) to aid in the review and implementation of Provider's drug formulary; and recommend medications based on effectiveness, risks and cost; and

(h) to establish guidelines to identify and correct incidences of poly-pharmacy.

EXHIBIT C

Compensation

1. Fees for Consultant Services. Pharmacy shall bill Provider for services of the Consultant services at a rate of $75.00 per hour; provided however, that such fee shall be subject to annual adjustment, as specified in a written notice from Pharmacy to Provider, in the event that Pharmacy's actual cost of providing Consultant Services hereunder, and/or the fair market value of such services, exceeds such fee.

2. Additional Services. Compensation for additional services shall be determined by mutual agreement of the Parties and added by amendment to this Exhibit C.

4CC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

☒ Nevada

☐ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☒ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Genoa Healthcare LLC

Physical Address: 3430 East Flamingo Road, Suite 103

City: Las Vegas State: NV Zip: 89121

Mailing Address (if different from physical address): 11000 Optum Circle, Mail Stop MN103-0300

City: Eden Prairie State: MN Zip: 55344

Telephone: Pending Toll Free # (NAC 639.708, NRS 639.23286): 1-800-519-1139

Fax: Pending Contact Email: genpharmlic@optum.com

Website: www.genoahealthcare.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Randon Ralph ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 19915 ✓

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Retail/Community	☒ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services In/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Randon RalphRandon	NV Pharmacist Registration #: 19915
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: PA

Parent Company (if any): Specialize Pharmaceutical, Inc

Corporation/Organization Name: _____

Mailing Address: 707 S Grady Way, Suite 700

City: Renton State: WA Zip: 98057

Telephone: 253-218-0830 Email: genpharmlic@optum.com

Contact Person Name: Joseph Douglas

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Secretary (title) for Genoa Healthcare LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Karen Bohmer

Print Name of Authorized Person

Karen E Bohmer

Original signature of Authorized Person (copies or stamps not accepted)

9/28/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Karen Bohmer hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Secretary (title) for Genoa Healthcare LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Karen E Bohmer
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 28 day of September, 20 22

Notary Public

Amy M Halliday
Notary Public
Minnesota
My Commission Expires January 31, 2026

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Randon Ralph Pharmacist Registration #: 19915

Pharmacy Name: Genoa Healthcare LLC

Initial each statement below to indicate you have read and agree with the following:

RR I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

RR I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

RR I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

RR I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

RR I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

RR
Original signature of Managing Pharmacist (copies or stamps not accepted)

9/22/2022
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.500S. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded** - The top 4 shareholder/stockholders. b. **For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Karen Bohmer

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Karen Bohmer

Original signature of Authorized Person (copies or stamps not accepted)

9/28/22

Date

Board Use Only	Date Received: 9-30-22	Amount: 500.00 ck - 1154983 1

genOa healthcare

Genoa Healthcare LLC

FEIN: 27-0556097
707 S. Grady Way., Ste 700
Renton, WA 98057
Phone: (253) 218-0830
Fax: (253) 217-4306
Email: genpharmlic@optum.com

All IRS forms (including W9) for Genoa Healthcare, LLC. will be submitted with this information.

Owner	Ownership Percentage	FEIN	Address
Specialized Pharmaceuticals, Inc.	100%-direct	25-1868213	707 S. Grady Way, Ste. 700 Renton, WA 98057

Officers of the Board

** Officers have 0% ownership in Genoa, Healthcare, LLC.*

Name	Title	Address	Ownership Percentage
Karen Elizabeth Bohmer	Secretary	9900 Bren Road East Minnetonka, MN 55343 952-936-1300	0%
Timothy Joseph Langdon	Assistant Secretary	9900 Bren Road East Minnetonka, MN 55343 952-936-1300	0%
Heather Anastasia Lang	Assistant Secretary	9900 Bren Road East Minnetonka, MN 55343 952-936-1300	0%
Peter Marshall Gill	Treasurer	9900 Bren Road East Minnetonka, MN 55343 952-936-1300	0%

DocuSign Envelope ID: 524374FE-B6A9-4289-B1E1-A240A0EA1763

COMMERCIAL LEASE

DATED:	**March 29, 2022**	(the "Effective Date")
PARTIES:	Flamingo Pecos Offices LLC. 3430 E. Flamingo Rd. suite 239 Las Vegas NV 89121 and	(Landlord)
	Genoa Healthcare LLC a Pennsylvania limited liability company 707 S. Grady Way Suite 700 Renton, WA 98057	(Tenant)

Landlord leases to Tenant and Tenant leases from Landlord the Premises described below on the terms and conditions stated below:

1. **The Premises.** The Premises contains approximately 1,080 square feet of space (the "Premises") in Suite 103 in the building (the "Building") located at 3430 E. Flamingo Rd. Las Vegas NV 89121, as more fully shown on the site plan ("Site Plan") attached hereto as Exhibit A. The property on which the Building is situated is referred to herein as the "Land". Landlord grants to Tenant access to and use of the common areas ("Common Areas") in the Building and on the Land.

2. **Use of the Premises.** Tenant may use the Premises only for the purpose of an on-site pharmacy and pharmacy-related services (the "Permitted Use"). Landlord represents and warrants that the Permitted Use is in compliance with all applicable laws, regulations, rules and ordinances governing the Premises.

3. **Occupancy.**

3.1. Original Term. The term of the Lease shall be five (5) years commencing on April 01 2022 and ending March 31 2027, unless earlier terminated as provided in Section 3.2 below.

3.2. Possession. Tenant's right to possession shall commence on the Effective Date. If Landlord is not able to give Tenant possession of the Premises within thirty (30) calendar days of the Effective Date, Tenant may rescind the Lease by notice in writing to Landlord given at any time thereafter before the date on which possession is tendered by Landlord.

3.3. Relocation. If Landlord relocates to a new Building within the Initial Term, then Landlord shall be responsible for relocating Tenant.

3.3.1. Landlord shall be responsible for all costs associated with the build out of the relocated Premises in accordance with all board of pharmacy requirements.

3.4. Covenant. During the term of this Lease, and for two (2) years following the expiration or termination hereof, Landlord will not enter into any agreement with a party who provides on-site pharmacy products and services that are substantially the same as the Tenant's Permitted Use at or adjacent to the leased Premises. The Parties hereby acknowledge and agree that the violation of this restrictive covenant will severely damage Tenant's business. Therefore, the Parties agree that Tenant shall be entitled to injunctive relief against Landlord upon any breach of this covenant, without the necessity of posting any bond in cash or otherwise.

4. **Rent.**

4.1. Rent. Commencing on May 1, 2022, Tenant shall pay to Landlord, in advance, on or before the first day of each month, as rent the sum of $1,800.00 per month (the "Rent"). Rent is based upon arm's length negotiation between the Parties and Tenant's assessment of fair market value for similar properties in the market in which the Premises is located. Rent shall be paid to Landlord at the address set forth in Section 20.4 below. Tenant shall also pay as additional rent any other payments as required of Tenant pursuant to the provisions of the Lease.

4.2. Security Deposit. A security deposit of $3,600.00 is due and payable within 15 days of execution of this Lease.

4.3. Annual Rent Adjustment. Shall be determined as follows: The monthly Rent in effect for the preceding Term shall be increased by three percent (3%) annually.

5. **Compliance with Law.**

5.1. General Regulatory Compliance. Landlord and Tenant shall comply with all applicable state and federal laws. Specifically, Landlord and Tenant intend that this Agreement comply with the federal Anti-Kickback Statute (42 U.S.C. § 1320a-7b) and satisfy the requirements of the Space Rental Safe Harbor to the federal Anti-Kickback Statute codified at 42 C.F.R. § 1001.952(b).

5.2. Fair Market Value. The Parties agree that the Rent is consistent with the fair market value of the Premises being leased, including the value of such services and maintenance as required to be provided to the Premises by Landlord pursuant to the terms of this Lease, and that the Rent is not based, in whole or in part, on any current or expected value or volume of business generated by or between the Parties. The Parties agree that this Lease in no way requires, and in no way is contingent upon, the recommendation, referral, certification, purchase, lease, order, or any other form of arrangement for any good, facility, service, or item offered by Landlord or Tenant or any person or entity related to or affiliated with Landlord or Tenant.

6. **Repairs and Maintenance.**

6.1. Tenant's Obligations. Tenant shall keep the Premises neat, clean, and in a sanitary condition, subject to reasonable wear and tear, damage by casualty or condemnation, and Landlord's repair obligations hereunder. Tenant's responsibilities for maintenance shall extend to the inside surfaces of interior walls and ceilings which are on the perimeter of the Premises, and flooring, paint, cabinetry, and interior fixtures located within the Premises.

6.2. Landlord's Obligations. Landlord represents and warrants that the Premises are in good repair without any material defects at the commencement of the Term. Landlord shall be responsible, at Landlord's sole expense, for all areas outside the Premises, and shall maintain the Building in which the Premises are located, the Common Areas, and the Land in a safe and sound, neat, clean, and sanitary condition and to the standard of comparable medical buildings in the county in which the Premises are situated. Landlord agrees to provide and maintain the plumbing, electrical, heating, air conditioning and ventilation systems serving the Premises in accordance with USP guidelines for safe drug storages. Landlord further agrees to maintain the Building and the structure, walls, roof, windows, and exterior of the Building, the Common Areas, and the Land. In performing any repairs, replacements, alterations, or other work, Landlord shall not cause unreasonable interference with use of the Premises by Tenant.

6.3. Reimbursement for Repairs Assumed. If either Party fails to make any required repairs, the other Party may make the repairs and charge the actual costs of repairs to the first Party. Such expenditures by Landlord shall be reimbursed by Tenant with Tenant's next monthly payment of Rent. Such expenditures by Tenant may be deducted from Rent or collected directly from Landlord. Except in an emergency creating an immediate risk of personal injury or property damage, neither Party may perform repairs that are the obligation of the other Party unless the defaulting Party fails to initiate such repairs within thirty (30) days following written notice specifying the failure, and thereafter to diligently complete such repairs.

7. Alterations and Improvements.

7.1. Required Alterations. The improvements and alterations on Exhibit B shall be performed by, and at the cost of, the Party designated thereon and within the time stated thereon.

7.2. Additional Permitted Alterations. Tenant may make alterations and improvements to the Premises with Landlord's prior written consent, which consent shall not be unreasonably withheld, conditioned, or delayed. All alterations, improvements, or additions shall be constructed in a good and workmanlike manner and in compliance with all applicable governmental laws, ordinances, codes and regulations. Landlord shall cooperate, at no cost to Landlord, with Tenant in obtaining all required licenses, permits, and approvals. All improvements and alterations performed or installed on the Premises by either Landlord or Tenant, other than Tenant's trade fixtures, shall be the property of Landlord when installed unless Exhibit B specifically provides otherwise.

8. Utilities and Services.

8.1. Utilities to be Obtained by Tenant. Tenant shall make arrangements for the provision to the Premises of telephone service, fax line, computer service and data lines, hazardous waste disposal, and janitorial services (the "Tenant's Utilities"). Landlord shall cooperate as necessary with Tenant in the provision of such Tenant Utilities. Tenant shall directly pay for all of Tenant's Utilities supplied to the Premises, or if provided by Landlord, Tenant shall pay Landlord reasonable charges for such utilities and services as additional rent.

8.2. Utilities to be Provided by Landlord. Landlord represents and warrants that all utilities are readily available to the Premises through existing lines or equipment and access to the

same through the Building, the Common Areas, and the Land shall remain throughout the Term and any Renewal Term of this Lease. Landlord shall be responsible to arrange for delivery of all utilities to the Premises and shall pay directly for all utilities, including but not limited to, electricity, heat, air conditioning, and water, other than the Tenant Utilities.

9. **Taxes and Assessments.** Tenant shall pay, prior to delinquency, all taxes on its personal property located on the Premises. Landlord shall pay, prior to delinquency, all real property taxes and assessments levied against the Premises, the Building, and the Land. As used herein, real property taxes includes any fee or charge relating to the ownership, use, or rental of the Premises, the Building, and/or the Land other than taxes on the net income of Tenant.

10. **Access.**

10.1. By Tenant. Landlord shall provide Tenant with access to the Common Areas and Premises twenty (24) hours per day, seven (7) days per week. Landlord shall provide Tenant with a key and security card to permit such access. Tenant shall be permitted to install any security system Tenant deems necessary at Tenant's sole cost and expense.

10.2. By Landlord. Subject to applicable laws and upon reasonable advance notice, Tenant shall provide Landlord access to enter the Premises at reasonable times (only during Tenant's business hours) for the purpose of inspecting them, to determine the necessity of repair, showing them to prospective purchasers or lenders or, within three (3) months of the end of the Term, to lessees, and making necessary alterations, repairs, improvements, or additions to the Premises as required or allowed by the Lease. Any access by Landlord shall be given in a manner so as to not disturb Tenant's business. Landlord shall be accompanied at all times while on the Premises by a representative of Tenant who is a licensed pharmacist. Police or members of the fire department may enter the Premises in the event of an emergency. Without Tenant's prior written consent, Landlord shall not have the right to enter the Premises when Tenant is not open for business except in the event of an emergency as above provided.

11. **Insurance.**

11.1. Tenant's Insurance. Tenant shall, at Tenant's expense, obtain and keep in force during the Term a policy or policies of comprehensive general liability insurance in a responsible company with limits of not less than $1,000,000 for injury to one person, $3,000,000 for injury to two or more persons in one occurrence, and $1,000,000 for damage to property per occurrence. Certificates evidencing such insurance shall be furnished to Landlord before Tenant's occupancy of the Premises.

11.2. Landlord's Insurance. At all times during the Term, Landlord will maintain in force special form causes of loss insurance insuring the Building, Premises, and the Land for the full insurable value thereof with commercially reasonable deductibles. In addition, Landlord will maintain in force during the entire Term of this Lease commercial general liability insurance in commercially reasonable amounts and with such endorsements as may be necessary to cover Landlord for claims on account of the obligations assumed by Landlord under subsection 13.2.

11.3. Waiver of Subrogation. Neither Party shall be liable to the other (or to the other's successors or assigns) for any loss or damage caused by fire or any of the risks enumerated in a

standard fire insurance policy with an extended coverage endorsement, and in the event of insured loss, neither Party's insurance company shall have a subrogated claim against the other Party hereto.

12. **Indemnity.**

12.1. Tenant's Indemnity. Subject to the waiver of subrogation set forth in Section 12.3, Tenant shall indemnify, defend and hold harmless Landlord from any liability, loss, cost, expense (excluding attorneys' fees), claim, action or cause of action of a third-party claim arising out of or related to Tenant's use and occupancy of the Premises, or any negligent activity of Tenant on the Premises. Tenant shall not have any liability for special, incidental or consequential damages under this Lease.

12.2. Landlord's Indemnity. Subject to the waiver of subrogation set forth in Section 12.3, Landlord shall indemnify, defend and hold harmless Tenant from any liability, loss, cost, expense, including, but not limited to, reasonable attorneys' fees, claim, action or cause of action of a third party claim arising out of or related to any breach or failure to perform by Landlord under this Lease or any negligent act or willful misconduct by Landlord. Landlord shall not have any liability for special, incidental or consequential damages under this Lease.

13. **Damage or Destruction of Premises.**

13.1. Partial Damage—Insured. If the Building and/or the Premises is/are Partially Damaged (as defined below) by a casualty covered, or required to be covered, by an effective insurance policy under this Lease, Landlord shall at its expense repair the damage. Landlord shall not be obligated to repair any additions, alterations, or improvements made by Tenant after the Rent Commencement Date. Landlord shall make all repairs as soon as reasonably possible and this Lease shall continue in full force. Notwithstanding the provisions of this subsection 14.1, if the damage to the Building and/or Premises is such that Tenant cannot conduct its business in the same manner as prior to such casualty for sixty (60) consecutive days, then Tenant shall have the right, upon written notice to Landlord, to terminate this Lease.

13.2. Partial Damage—Uninsured. If the Building and/or the Premises is/are Partially Damaged by a casualty not covered and not required to be covered by an effective insurance policy under this Lease, Landlord may at its option either (i) repair the damage as soon as reasonably possible at Landlord's expense, and this Lease shall continue in full force, or (ii) terminate this Lease by written notice to Tenant within thirty (30) days after the date of the damage. Tenant may, within ten (10) days after receipt of Landlord's notice to terminate, give written notice to Landlord of Tenant's intention to repair the damage at Tenant's expense, without reimbursement from Landlord. This Lease shall then continue in full force and Tenant shall make repairs as soon as reasonably possible. If Tenant does not give its notice after Landlord elects termination, this Lease shall be canceled and terminated as of the date of the occurrence of damage. Notwithstanding the provisions of this subsection 14.2, if the damage to the Premises is such that Tenant cannot conduct its business for sixty (60) consecutive days, then Tenant shall have the right, upon written notice to Landlord, to terminate this Lease.

13.3. Partially Damaged—Defined. "Partially Damaged" is herein defined as any damage, which can be repaired within six (6) months.

13.4. Total Destruction. If the Building and/or the Premises is/are substantially totally destroyed from any cause whether or not covered by insurance, either Party may elect to terminate the Lease as of the date of the damage or destruction by notice given to the other in writing not more than forty (45) days following the date of damage. In such event all rights and obligations of the Parties shall cease as of the date of termination, and Tenant shall be entitled to the reimbursement of any prepaid amounts. If neither Party elects to terminate, Landlord shall diligently proceed to restore the Premises to substantially the same form as prior to the damage or destruction. Work shall be commenced as soon as reasonably possible.

13.5. Abatement of Rent; Tenant's Remedies. The Rent payable under the Lease for the period during which repairs are made shall be abated and reduced to the extent the Premises are untenantable commencing upon the date of the occurrence of such damage. If Landlord does not commence repairs within thirty (30) days after its obligation to repair accrues under this section, Tenant may cancel this Lease by giving Landlord written notice at any time prior to the commencement of repairs.

14. **Condemnation.** If the Premises or any portion thereof are taken under the power of eminent domain, or sold under the threat of its exercise ("Condemnation"), this Lease shall terminate as to the part taken as of the date the condemning authority takes title or possession. If more than ten percent (10%) of the floor area of the Premises is taken by Condemnation or if the Condemnation prevents the continued use of the Premises by Tenant in substantially the same manner as before the Condemnation, Tenant may at its option, terminate the Lease as of the date the condemning authority takes possession or title. Tenant must exercise its option in writing within twenty (20) days after the condemning authority takes possession or title. If Tenant does not terminate this Lease, it shall remain in full force as to the remaining Premises, except that the Rent shall be reduced in the proportion that the floor area taken bears to the total original floor area of the Premises. Any award for taking by Condemnation is the property of Landlord; provided, however Tenant is entitled to any award for loss of or damage to its trade fixtures, removable personal property and moving expenses. If this Lease is not terminated after Condemnation, Landlord shall repair any damage to the Premises caused by the Condemnation, except to the extent that Tenant was reimbursed therefore by the condemning authority.

15. **Quiet Enjoyment; Estoppel Certificates.**

15.1. Landlord's Warranty. Landlord warrants that it is the owner of the Premises and has the right to lease them to Tenant. Landlord shall defend Tenant's right to quiet enjoyment of the Premises from the lawful claims of all persons during the Lease Term.

15.2. Estoppel Certificates. Either Party shall, within twenty (20) days after notice from the other, execute and deliver to the other Party a certificate stating whether or not this Lease has been modified and is in full force and effect and specifying any modifications or alleged breaches by the other Party. The certificate shall also state the amount of monthly Rent, the dates to which Rent has been paid in advance, and the amount of any security deposit or prepaid Rent. Failure to deliver the certificate within the specified time shall be conclusive on the Party from whom the

certificate was requested that this Lease is in full force and effect and has not been modified except as represented in the notice requesting the certificate.

16. **Defaults; Remedies.**

16.1. Defaults. Each of the following is a material default and breach of the Lease (each, a "Default"):

(a) Default in Rent. Failure to make any required Rent or other payment as and when due, if the failure continues for a period of ten (10) days after written notice from Landlord.

(b) Default in Other Covenants. Failure to comply with any of the covenants or provisions of the Lease, other than those described in subsection 17.1(a), if the failure continues for a period of thirty (30) days after written notice thereof; provided that if such default reasonably requires more than thirty (30) days for its cure, Tenant shall not be in default if it commences to cure within the 30-day period and thereafter diligently pursues its completion.

16.2. Remedies. If any Default by Tenant occurs, Landlord may, at any time thereafter without notice or demand, do any or all of the following:

(a) Termination. Upon thirty (30) days' written notice to Tenant, terminate this Lease and Tenant's right to possession of the Premises by any lawful means; Landlord may, subject to the requirements of Section 18.3 hereof, re-enter and take possession of and remove all persons or property, and Tenant shall immediately surrender possession of the Premises to Landlord. Landlord may recover from Tenant all damages incurred by Landlord for Tenant's default including, but not limited to, the reasonable costs of recovering possession of the Premises and expenses of reletting.

(b) Maintain Tenant's Right to Possession. Maintain Tenant's right to possession and continue this Lease in force whether or not Tenant has abandoned the Premises in which event Landlord shall be entitled to enforce all of its rights and remedies under this Lease, including the right to recover Rent as it becomes due.

(c) Remedies Cumulative. The foregoing remedies shall be cumulative and in addition to any other remedy available to Landlord by law. Landlord shall have a duty to mitigate its damages.

17. **Surrender at Expiration.**

17.1. Condition of Premises. On expiration or earlier termination of the Lease, Tenant shall surrender the Premises in the same condition as received, subject to ordinary wear and tear, damage by casualty or condemnation and repairs which are Landlord's responsibility hereunder.

17.2. Holdover. If Tenant continues to occupy the Premises after the expiration of the Term, without any express agreement as to such occupancy, then such holding over will be considered as a month-to-month tenancy subject to all terms and conditions of this Agreement, as long as Tenant continues to timely pay Rent in an amount equal to the monthly Rent payable during

the last month of the Term. If a month-to-month tenancy results from a holdover by Tenant under this subsection 17.2, the tenancy shall be terminable at the end of any monthly rental period on written notice from Landlord given not less than ten (10) days before the termination date which shall be specified in the notice.

17.3. Compliance with Pharmacy Laws on Termination. Notwithstanding anything set forth in this Lease to the contrary, Landlord shall not interfere with Tenant's compliance with applicable pharmacy laws, rules or regulations and Tenant's proper handling or disposition of its pharmaceutical products upon termination of this Lease. This provision shall be effective even upon a termination of this Lease by Landlord following the occurrence of a Default.

18. **Brokers.** Each of Landlord and Tenant warrants to the other that it has had no dealings with any real estate broker or agents in connection with the negotiation of the Lease, and it knows of no real estate broker or agent entitled to a commission in connection with the Lease. Each of Landlord and Tenant agrees to indemnify and hold the other harmless from any loss, cost, liability, or expense incurred by the other as a result of any claim by any broker or agent on the basis of any arrangements or agreements made by or on behalf of indemnifying Party.

19. **General Provisions.**

19.1. Severability. The invalidity of any provision of this Lease as determined by a court of competent jurisdiction shall not affect the validity of any other provision.

19.2. Time of Essence. Time is of the essence of this Lease.

19.3. Entire Agreement. This Lease shall constitute the entire agreement of the Parties hereto with respect to the subject matter contemplated hereby and thereby and supersede all previous and contemporaneous oral or written negotiations, agreements, arrangements, and understandings relating to the subject matter hereof and thereof.

19.4. Notices. Any notice given under this Lease shall be in writing and may be given by personal delivery, by overnight delivery, or by certified mail, postage prepaid, addressed to Tenant or to Landlord at their addresses set forth below their signatures to the Lease. Either Party may, by notice under this subsection, change its address for notice purposes. Notices personally delivered are considered received upon delivery. Notices sent by overnight delivery are considered received on the next business day. Mailed notices are considered received three (3) days after deposit in the mail. To be valid as notice, a copy of any notice given to Tenant shall be concurrently given to:

Attn: Legal Department
Genoa Healthcare, LLC
707 S. Grady Way
Suite 700
Renton, WA 98057

and a copy of any notice given to Landlord shall be concurrently given to:

Flamingo Pecos Offices LLC
3430 E. flamingo Rd. suite 239
Las Vegas NV 89121

19.5. Waiver. Waiver by either Party of strict performance of any provision of this Lease shall not be a waiver of or prejudice the Party's right to require strict performance of the same provision in the future or of any other provision. No waiver shall be enforced except if set forth in writing and signed by the Party against whom such waiver is asserted.

19.6. Binding Effect. Subject to the provisions restricting assignment or subletting, this Lease binds and benefits the Parties and their respective successors and assigns.

19.7. Assignment and Subletting. Tenant shall not assign, sublet, convey or transfer this Lease or any interest therein without the prior written consent of Landlord, which consent shall not be unreasonably withheld, conditioned or delayed. Notwithstanding anything herein to the contrary, Tenant may assign this Lease, without Landlord's consent, to any affiliated or related entity, to any entity with which Tenant may merge or consolidate and to any person or entity that acquires all or substantially all of the assets of Tenant or the business that is being conducted by Tenant at or from the Premises, provided that the assignee assumes or is legally responsible for the obligations of Tenant under this Lease thereafter arising.

19.8. Authority. Each individual executing this Lease on behalf of an entity represents and warrants that he is duly authorized to execute and deliver this Lease on behalf of the entity, in accordance with duly adopted resolutions or such entity's governing documents, and that this Lease is binding upon that entity in accordance with its terms.

19.9. Attorneys' Fees. If suit or action is instituted in connection with any controversy arising out of this Lease, the prevailing Party shall be entitled to recover, in addition to costs, attorney fees.

19.10. Relationship of Parties. For the purpose of this Lease, the relationship of the Parties hereto is strictly that of landlord and tenant. Landlord has no interest in Tenant's enterprise and this Lease cannot be construed as a joint venture or partnership. Except as otherwise set forth in this Lease, neither Landlord nor Tenant is an agent or representative of the other for any purpose.

19.11. Counterparts. This Lease may be executed in any number of counterparts, each of which shall be deemed an original. Electronic signatures shall be valid as originals.

19.12. Governing Law. The validity of this Lease, the interpretation of the rights and duties of the Parties hereunder, and the construction of the terms hereof shall be governed in accordance with the internal laws of the state in which the Premises are situated.

IN WITNESS WHEREOF, the Parties have executed the Lease on the dates specified below their respective signatures below:

LANDLORD:

Flamingo Pecos Offices LLC

By: DocuSigned by: Daniel Azizian E7D1184FC51B429...

Its: LLC Manager.

Date: 3/29/2022 | 2:24 PM PDT

TENANT:

Genoa Healthcare LLC

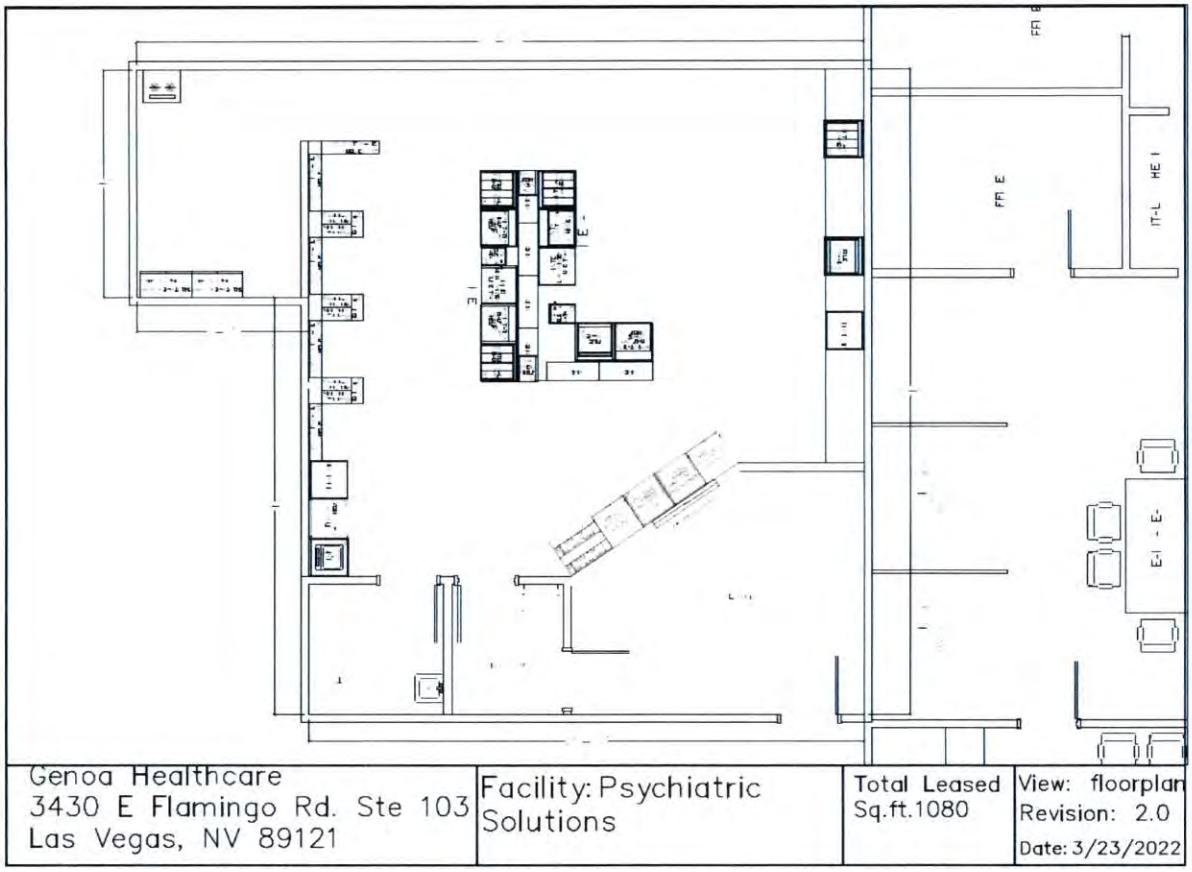
By: DocuSigned by: Joseph Douglas F7878A3E425D4DB...

Its: Chief Executive Officer

Date: 3/29/2022 | 2:23 PM PDT

EXHIBIT A

Site Plan



DocuSign Envelope ID: 524374FE-B6A9-4289-B1E1-A240A0EA1763

EXHIBIT B

Improvements to Premises

Tenant and Landlord shall mutually agree on the Party responsible for completing the Improvements to Premises, with Tenant being financially responsible for the approved work to be completed.

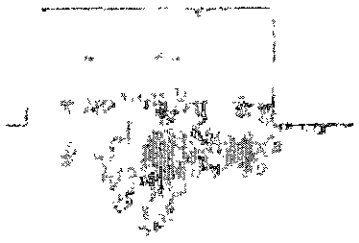
- Create lobby access
- Build counter space
- Extend phone and electrical as required
- Extend plumbing as required or acquire Board of Pharmacy variance
- Add security system or extend current security system to conform to Board of Pharmacy requirements
- Acquire necessary building permits

Specialized Pharmaceuticals, Inc.

FEIN: 25-1868213

Address: 707 S. Grady Way, Suite 700, Renton, WA 98057 **Telephone Number:** (253) 218-0830

Parent of Genoa Healthcare LLC 100% Ownership



Genoa Healthcare LLC

FEIN: 27-0556097

Address: 707 S. Grady Way, Suite 700, Renton, WA 98057 **Telephone Number:** (253) 218-0830

Subsidiary of Specialized Pharmaceuticals, Inc. 0% Ownership

Department of the Treasury
Internal Revenue Service
Cincinnati, OH 45999

In reply refer to: 0241655988
Dec 06, 2017 LTR 147C
25-1868213

SPECIALIZED PHARMACEUTICALS INC
QOL MEDS
% MAKENZIE ZUERN
18300 CASCADE AVE S STE 251
TUKWILA WA 98188-4746 519

Taxpayer Identification Number: 25-1868213

Form(s):

Dear Taxpayer:

Thank you for your telephone inquiry of December 6th, 2017.

Your Employer Identification Number (EIN) is 25-1868213. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 7:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

MS. SMITH
0196558
Customer Service Representative

Department of the Treasury
Internal Revenue Service
Cincinnati, OH 45999

In reply refer to: 0241688056
Jun 04, 2018 LTR 147C
27-0556097

GENOA HEALTHCARE LLC
707 S GRADY WAY STE 700
RENTON, WA 98057

Taxpayer Identification Number: 27-0556097

Form(s):

Dear Taxpayer:

Thank you for your telephone inquiry of June 4th, 2018.

Your Employer Identification Number (EIN) is 27-0556097. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 7:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

Ms. Dozier
1003363621
Contact Representative

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

05/04/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

Specialized Pharmaceuticals, Inc.

I, Robert Torres, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Creation Filing filed on May 28, 2000 - Pages (2)
Amendment filed on Oct 7, 2004 - Pages (2)
Merger filed on Apr 29, 2005 - Pages (6)
Amendment filed on Dec 5, 2006 - Pages (2)
Change of Address filed on Jul 19, 2007 - Pages (2)
Amendment filed on Nov 2, 2007 - Pages (3)
Amendment filed on Dec 3, 2007 - Pages (12)
Amendment filed on Mar 1, 2010 - Pages (3)
Survivor filed on Dec 5, 2013 - Pages (7)
Change of Address filed on Dec 4, 2014 - Pages (2)
Amendment filed on Jul 24, 2017 - Pages (1)

which appear of record in this department.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Robert Torres

Acting Secretary of the Commonwealth

Certification Number: TSC180504100430-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify

200042 - 338

DSCB 15-1306 (Rev. 91)
P.O. BAILY COMPANY PGH PA 15219

Microfilm Number _____ Filed with the Department of State on MAY 26 2000

Entity Number 2749023

Secretary of the Commonwealth

ARTICLES OF INCORPORATION-FOR PROFIT
OF
Specialized Pharmaceuticals, Inc.
Name of Corporation
A TYPE OF CORPORATION INDICATED BELOW

Indicate type of domestic corporation:

✓ Business stock (15 Pa C.S. § 1306) ___ Management (15 Pa C.S. § 2704)

___ Business nonstock (15 Pa C.S. § 2102) ___ Professional (15 Pa C.S. § 2903)

___ Business statutory close (15 Pa C.S. § 2303) ___ Insurance (15 Pa C.S. § 3101)

___ Cooperative (15 Pa C.S. § 7102)

DSCB 15 1306/2102/2303/2702/2903/3101/7102A (Rev 91)

In compliance with the requirements of the applicable provisions of 15 Pa C.S. (relating to corporations and unincorporated associations) the undersigned, desiring to incorporate a corporation for profit hereby, state(s) that:

1. The name of the corporation is Specialized Pharmaceuticals, Inc.

2. The (a) address of this corporation's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is

(a) 203 Perry Highway Pittsburgh, Pa 15229 Allegheny
Number and Street City State Zip County

(b) c/o: _____ _____
Name of Commercial Registered Office Provider County

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

3. The corporation is incorporated under the provisions of the Business Corporation Law of 1988.

4. The aggregate number of shares authorized is 10,000 (other provisions, if any, attach 8 1/2 x 11 sheet)

5. The name and address, including number and street, if any, of each incorporator is:

Name	Address
Richard Lossana	6000 Perry Highway Tsh, Pa 15229

6. The specified effective date, if any, is: 6 - 1 - 00
month day year hour, if any

MAY 26 2000

200042 339

DSCB:15-1306/2102/2303/2702/2903/3101/7102A (Rev 91)-2

7. Additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet.

8. Statutory close corporation only: Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a 'public offering' within the meaning of the Securities Act of 1933 (15 U.S.C. § 77a et seq.).

9. Cooperative corporations only: (Complete and strike out inapplicable term) The common bond of membership among its members/shareholders is. _____

IN TESTIMONY WHEREOF, the incorporator(s) has (have) signed these Articles of Incorporation this 24th day of May, 2000

_____ (Signature)

_____ (Signature)

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Articles of Amendment-Domestic Corporation
(15 Pa.C.S.)

Entity Number
2944023

_X_ Business Corporation (§ 1915)
___ Nonprofit Corporation (§ 5915)

Name: JENNIFER MARKS
Address: PENNCORP SERVICEGROUP, INC.
c/: 600 NORTH SECOND STREET
City: PO BOX 1210 State: HARRISBURG PA Zip Code: 17108-1210

Document will be returned to the name and address you enter to the left.

Fee: $70

Filed in the Department of State on OCT 07 2004

Secretary of the Commonwealth

In compliance with the requirements of the applicable provisions (relating to articles of amendment), the undersigned, desiring to amend its articles, hereby states that:

1. The name of the corporation is:
Specialized Pharmaceuticals, Inc.

2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
803 Perry Highway	Pittsburgh	Pennsylvania	15229	Allegheny

(b) Name of Commercial Registered Office Provider — County
c/o

3. The statute by or under which it was incorporated: Pennsylvania Business Corporation Law of 1988

4. The date of its incorporation: May 26, 2000

5 *Check, and if appropriate complete, one of the following:*

_X_ The amendment shall be effective upon filing these Articles of Amendment in the Department of State.

___ The amendment shall be effective on: ____ Date ____ at ____ Hour

2004 OCT -7 PM 12:29

DSCB:15-1915 5915-2

200409 5- 137

6. *Check one of the following:*

_X_ The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).

____ The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).

7. *Check, and if appropriate, complete one of the following:*

_X_ The amendment adopted by the corporation, set forth in full, is as follows

"RESOLVED, that the proper officers of this corporation be and they hereby are authorized and directed to file the prescribed form of Articles of Amendment with the Office of the Secretary of the Commonwealth of Pennsylvania, amending Article Four (4) thereof to be and read as follows and that upon the filing of said Articles of Amendment it is hereby directed that such Articles of Amendment be inserted in the corporation's minute book as a part of the corporation's permanent records:

4. The aggregate number of shares authorized is 20,000."

8. *Check if the amendment restates the Articles:*

____ The restated Articles of Incorporation supersede the original articles and all amendments thereto.

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this

1st day of October, 2004

SPECIALIZED PHARMACEUTICALS, INC.
Name of Corporation

Signature

Richard Sassmo, President
Title

2005045-1367

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Articles/Certificate of Merger

(15 Pa.C.S.)

Entity Number
3444123

_X_ Domestic Business Corporation (§ 1926)
___ Domestic Nonprofit Corporation (§ 5926)
___ Limited Partnership (§ 8542)

Name: BELINDA SCHORY
Address: PENNCORP SERVICEGROUP, INC.
500 NORTH SECOND ST.
City: PO BOX 1210 Zip Code: HARRISBURG, PA 17108-1210

Document will be returned to the name and address you enter to the left. ⇐

Fee: $150 plus $40 additional for each Party in additional to two

Filed in the Department of State on APR 29 2005

Pedro A. Cortes

Secretary of the Commonwealth

In compliance with the requirements of the applicable provisions relating to articles of merger or consolidation, the undersigned, desiring to effect a merger, hereby state that:

1. The name of the corporation limited partnership surviving the merger is:
Specialized Pharmaceuticals, Inc.

2. *Check and complete one of the following:*

_X_ The surviving corporation limited partnership is a domestic business nonprofit corporation limited partnership and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department:

(a) Number and Street	City	State	Zip	County
803 Perry Highway	Pittsburgh	Pennsylvania	15229	Allegheny

(b) Name of Commercial Registered Office Provider c/o ____ County ____

___ The surviving corporation limited partnership is a qualified foreign business nonprofit corporation limited partnership incorporated formed under the laws of ____ ____ and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department:

(a) Number and Street	City	State	Zip	County

(b) Name of Commercial Registered Office Provider c/o ____ County ____

___ The surviving corporation limited partnership is a nonqualified foreign business nonprofit corporation limited partnership incorporated formed under the laws of ____ ____ and the address of its principal office under the laws of such jurisdiction is:

Number and Street	City	State	Zip

DSCB:15-1926 5926 8547-2

2005045-1368

3. The name and the address of the registered office in this Commonwealth or name of its commercial registered office provider and the county of venue of each other domestic business nonprofit corporation limited partnership and qualified foreign business nonprofit corporation limited partnership which is a party to the plan of merger are as follows:

Name	Registered Office Address	County
Qol Meds of Florida, Inc.	Florida Business Corporation Not Qualified In Pennsylvania	

4. *Check and if appropriate complete one of the following*

_X_ The plan of merger shall be effective upon filing these Articles Certificate of Merger in the Department of State

___ The plan of merger shall be effective on _____ _____
Date Hour

5. The manner in which the plan of merger was adopted by each domestic corporation limited partnership is as follows:

Name	Manner of Adoption
Specialized Pharmaceuticals, Inc	Written Consent of Shareholders & Board of Directors pursuant to 15 Pa.C.S. § 1924(a)

6. *Strike out this paragraph if no foreign corporation limited partnership is a party to the merger*
The plan was authorized, adopted or approved, as the case may be, by the foreign business nonprofit corporation limited partnership (or each of the foreign business nonprofit corporations limited partnerships) party to the plan in accordance with the laws of the jurisdiction in which it is incorporated organized.

7. *Check and if appropriate complete one of the following*

_X_ The plan of merger is set forth in full in Exhibit A attached hereto and made a part hereof.

___ Pursuant to 15 Pa.C.S. § 1901 § 8547(b) relating to omission of certain provisions from filed plans) the provisions, if any, of the plan of merger that amend or constitute the operative provisions of the Articles of Incorporation Certificate of Limited Partnership of the surviving corporation limited partnership as in effect subsequent to the effective date of the plan are set forth in full in Exhibit A attached hereto and made a party hereof. The full text of the plan of merger is on file at the principal place of business of the surviving corporation limited partnership, the address of which is:

Number and Street	City	State	Zip	County

2005045-1369

DSCB: 15-1926 5926 8547-3

IN TESTIMONY WHEREOF, the undersigned corporation limited partnership has caused these Articles Certificate of Merger to be signed by a duly authorized officer thereof this

28th day of April, 2005.

SPECIALIZED PHARMACEUTICALS, INC.
Name of Corporation Limited Partnership

Signature

Richard Sassano, President
Title

IN TESTIMONY WHEREOF, the undersigned corporation limited partnership has caused these Articles Certificate of Merger to be signed by a duly authorized officer thereof this

28th day of April, 2005

QOL MEDS OF FLORIDA, INC.
Name of Corporation Limited Partnership

Signature

Richard Sassano, President
Title

2005045-1370

EXHIBIT "A"
AGREEMENT AND PLAN OF MERGER

THIS AGREEMENT AND PLAN OF MERGER (this "Agreement") is made and entered into effective as of the 28th day of April, 2005, by and between SPECIALIZED PHARMACEUTICALS, INC., a Pennsylvania corporation (hereinafter referred to as "SPI") and QOL MEDS OF FLORIDA, INC., a Florida corporation (hereinafter referred to as "QoL").

WITNESSETH:

WHEREAS, SPI is a business corporation duly organized and validly existing under the laws of the Commonwealth of Pennsylvania, having been incorporated on May 26, 2000, and having authority to issue 20,000 shares of common stock, of which 11,125 shares are issued and outstanding; and

WHEREAS, QoL is a business corporation duly organized and validly existing under the laws of the State of Florida, having been incorporated on June 11, 2003, and having authority to issue 20,000 shares of common stock, of which 8,500 shares are issued and outstanding; and

WHEREAS, it is now the desire of SPI and QoL to merge their rights, privileges, franchises, permits and properties into one corporation in accordance with the terms and conditions hereinafter set forth, which corporation shall be hereinafter sometimes referred to as the "Surviving Corporation" and which corporation shall be the same corporation as SPI.

NOW, THEREFORE, in consideration of the mutual covenants contained herein and intending to be legally bound hereby, the parties hereto agree as follows:

1. Effective Date. The merger provided for by this Agreement shall become effective upon the filing of the Articles of Merger with the Pennsylvania Department of State and Florida Department of State (hereinafter referred to as the "Effective Date").

2. Merger. Upon the Effective Date, QoL shall be merged into SPI, and the separate existence of QoL shall cease. SPI shall continue its corporate existence under the laws of the Commonwealth of Pennsylvania.

3. Articles of Incorporation. The Articles of Incorporation of the Surviving Corporation shall be the Articles of Incorporation of SPI.

4. Registered Office. The principal and registered office of the Surviving Corporation in the Commonwealth of Pennsylvania shall be 803 Perry Highway, Pittsburgh, Pennsylvania 15229.

5. Bylaws. The Bylaws of the Surviving Corporation shall be the Bylaws of SPI as they exist as of the date hereof.

20050415-1371

6. Directors and Officers. As of the Effective Date, the directors and officers of the Surviving Corporation shall be as follows:

Officers:		Directors:
President	Richard Sassano	Richard Sassano
Secretary-Treasurer	Richard Sassano	Robert Aul
		Michael Huffer

The directors and officers of the Surviving Corporation will continue to serve as such until their successors are duly elected and qualified.

Status of Shares of Stock.

On the Effective Date, by virtue of the Merger:

(a) All of the outstanding stock of QoL, including treasury stock, shall be canceled and the outstanding shares shall be exchanged for common stock of the Surviving Corporation ("Surviving Corporation Common Stock") as follows:

Richard Sassano - 3,000 shares
Daniel Sassano - 375 shares
Jeffrey Schneider - 375 shares
Keith Schneider - 375 shares

Such shares of Surviving Corporation Common Stock shall be delivered by Surviving Corporation to each respective shareholder of QoL on or after the Effective Date only upon surrender of the certificates representing the shares of QoL stock owned by such shareholder.

(b) Immediately upon the Merger's becoming effective, the equity interest of the shareholders of QoL as shareholders of QoL shall and be extinguished and their sole right shall be to receive the consideration as set forth above unless statutory dissenters rights have been preserved.

(c) Each outstanding share of Surviving Corporation Common Stock shall remain outstanding.

8. Effect of Merger. Upon this merger becoming effective:

(a) The Surviving Corporation shall possess all the rights, privileges, powers, licenses and franchises and shall be subject to all the restrictions, disabilities, obligations and duties of QoL;

(b) The Surviving Corporation shall be vested with all property, real, personal or mixed, and all debts due to QoL on whatever account, as well as all other choses in action relating to said corporation; and

2005045-1372

(c) All property, rights, privileges, powers, licenses and franchises of QoL shall be the property of the Surviving Corporation; provided, however, that all rights of creditors and all liens upon any such property shall be preserved unimpaired, limited in lien to the property affected by such liens immediately prior to the Effective Date; and provided further, that all debts, obligations, liabilities and duties of QoL shall, as of the Effective Date, attached to and be assumed by the Surviving Corporation as if such debts, liabilities, obligations and duties had been incurred or contracted by it.

9. Shareholder Approval. Upon approval and execution of this Agreement and Plan of Merger by the Board of Directors and the shareholders of SPI and QoL, the Articles of Merger shall be duly executed on behalf of both corporations and said Articles shall be filed with the Department of State of the Commonwealth of Pennsylvania and the Department of State of the State of Florida.

10. Delivery of Documents. QoL agrees, as and when requested by the Surviving Corporation, to execute and deliver, or cause to be executed and delivered all documents, and to take or cause to be taken all actions as the Surviving Corporation may deem necessary or desirable in order to vest in the Surviving Corporation title to and possession of any property of QoL acquired or to be acquired by reason of this merger, and otherwise to carry out the intent and purposes hereof, and the proper officers and directors of QoL until the Effective Date, and the proper officers and directors of the Surviving Corporation after the Effective Date, are fully authorized in the name of QoL to take any and all such actions.

IN WITNESS WHEREOF, the parties have executed this Agreement and Plan of Merger as of the date and year first above written.

SPECIALIZED PHARMACEUTICALS, INC.

By: _____
Its: President

QoL MEDS OF FLORIDA, INC.

By: _____
Its: President

12-05-2006 02:27pm From-HOUSTON HARBAUGH 4122814498 T-

Entity #: 2944023
Date Filed: 12/05/2006
Pedro A. Cortés
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Articles of Amendment-Domestic Corporation
(15 Pa.C.S.)

Entity Number
2944023

_X_ Business Corporation (§ 1915)
____ Nonprofit Corporation (§ 5915)

Name PENNCORP SERVICEGROUP, INC.
Address ~~600 NORTH SECOND STREET~~ PO BOX 1210
City ~~HARRISBURG, PA 17108-1210~~ 17108

Document will be returned to the name and address you enter to the left. ⇐

Fee: $70

Commonwealth of Pennsylvania
ARTICLES OF AMENDMENT-BUSINESS 3 Page(s)
100340600014

In compliance with the requirements of the applicable provisions (relating to articles of amendment), the undersigned, desiring to amend its articles, hereby states that:

1. The name of the corporation is:
Specialized Pharmaceuticals, Inc.

2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
803 Perry Highway	Pittsburgh	Pennsylvania	15229	Allegheny

(b) Name of Commercial Registered Office Provider — County
c/o

3. The statute by or under which it was incorporated: Pennsylvania Business Corporation Law of 1988

4. The date of its incorporation: May 26, 2000

5. *Check, and if appropriate complete, one of the following:*

_X_ The amendment shall be effective upon filing these Articles of Amendment in the Department of State.

____ The amendment shall be effective on: ____ Date ____ at ____ Hour

2006 DEC -5 PM 4:15

DSCB:15-1915/5915-2

6. *Check one of the following:*

X The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).

___ The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).

7. *Check, and if appropriate, complete one of the following:*

X The amendment adopted by the corporation, set forth in full, is as follows

"RESOLVED, that the proper officers of this corporation be and they hereby are authorized and directed to file the prescribed form of Articles of Amendment with the Office of the Secretary of the Commonwealth of Pennsylvania, amending Article 4 of the corporation's Articles of Incorporation to be and read as follows and that upon the filing of said Articles of Amendment with the Secretary of State, it is hereby directed that a date-stamped copy thereof be inserted in the corporation's minute book as a part of the corporation's permanent records:

"4. The aggregate number of shares authorized is 40,000.""

8. *Check if the amendment restates the Articles:*

___ The restated Articles of Incorporation supersede the original articles and all amendments thereto.

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this

24th day of October, 2006.

SPECIALIZED PHARMACEUTICALS, INC.
Name of Corporation

Signature

Richard Sarafan, President
Title

Entity #: 2944023
Date Filed: 07/12/2007
Pedro A. Cortés
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Statement of Change of Registered Office (15 Pa.C.S.)

- [x] Domestic Business Corporation (§ 1507)
- [ ] Foreign Business Corporation (§ 4144)
- [ ] Domestic Nonprofit Corporation (§ 5507)
- [ ] Foreign Nonprofit Corporation (§ 6144)
- [ ] Domestic Limited Partnership (§ 8506)

Name
Richard Rizzo

Address
4900 Perry Highway Bldg 2 3rd Floor

City | State | Zip Code
Pittsburgh | PA | 15229

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Commonwealth of Pennsylvania
DOMESTIC - CHANGE OF REGISTERED OFFICE 2 Page(s)

T072010097

Fee: $70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations), the undersigned corporation or limited partnership, desiring to effect a change of registered office, hereby states that:

1. The name is:
Specialized Pharmaceuticals, Inc

2. The (a) address of its initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and street: 7440 McKnight Road | City: Pittsburgh | State: PA | Zip: 15237 | County: Allegheny

(b) Name of Commercial Registered Office Provider | County
c/o:

3. *Complete part (a) or (b):*

(a) The address to which the registered office of the corporation or limited partnership in this Commonwealth is to be changed is:

4900 Perry Highway Bldg 2 3rd Floor | Pittsburgh | PA | 15229 | Allegheny
Number and street | City | State | Zip | County

(b) The registered office of the corporation or limited partnership shall be provided by:

c/o:
Name of Commercial Registered Office Provider | County

PA DEPT. OF STATE

JUL 19 2007

DSCB:15-1507/4144/5507/6144/8506-2

4. *Strike out if a limited partnership:*

Such change was authorized by the Board of Directors of the corporation.

IN TESTIMONY WHEREOF, the undersigned has caused this Application for Registration to be signed by a duly authorized officer thereof this

13th day of July 2007

Specialized Pharmaceuticals, Inc

Name of Corporation/Limited Partnership

Signature

President/CEO

Title

11-02-2007 12:01pm From-HOUSTON HARBAUGH 4122814403 T-520

Entity #: 2944023
Date Filed: 11/02/2007
Pedro A. Cortés
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Articles of Amendment-Domestic Corporation
(15 Pa.C.S.)

Entity Number
2944023

X Business Corporation (§ 1915)
___ Nonprofit Corporation (§ 5915)

Name: BELINDA SCHORY
Address: ~~PENNCORP SERVICEGROUP, INC.~~ 600 NORTH SECOND ST.
City: ~~HARRISBURG~~ PO BOX 1210 Zip Code: ~~PA 17108-1210~~

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Fee: $70

Commonwealth of Pennsylvania
ARTICLES OF AMENDMENT-BUSINESS 4 Page(s)

T0730547193

In compliance with the requirements of the applicable provisions (relating to articles of amendment), the undersigned, desiring to amend its articles, hereby states that:

1. The name of the corporation is:
Specialized Pharmaceuticals, Inc.

2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
4000 Parry Highway, Building 2	Pittsburgh	Pennsylvania	15229	Allegheny

(b) Name of Commercial Registered Office Provider: c/o ___ County: ___

3. The statute by or under which it was incorporated: Pennsylvania Business Corporation Law of 1988

4. The date of its incorporation: May 26, 2000

5. Check, and if appropriate complete, one of the following:

X The amendment shall be effective upon filing these Articles of Amendment in the Department of State.

___ The amendment shall be effective on: ___ Date at ___ Hour

2007 NOV -2 PM 12:39
PA DEPT. OF STATE

DSCB:15-1915/5915-2

6. *Check one of the following:*

__X__ The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).

_____ The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).

7. *Check, and if appropriate, complete one of the following:*

_____ The amendment adopted by the corporation, set forth in full, is as follows:

__X__ The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof.

8. *Check if the amendment restates the Articles:*

_____ The restated Articles of Incorporation supersede the original articles and all amendments thereto.

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this

__31st__ day of October , 2007 .

SPECIALIZED PHARMACEUTICALS, INC.

Name of Corporation

Signature

President

Title

EXHIBIT "A"

TO ARTICLES OF AMENDMENT OF
ARTICLES OF INCORPORATION

OF

SPECIALIZED PHARMACEUTICALS, INC.

"RESOLVED, that Article 4 of the Articles of Incorporation of this corporation shall be amended to be and read as follows:

"4. The corporation shall have authority to issue twelve million (12,000,000) shares of stock, of which ten million (10,000,000) shares shall be common stock, at no par value per share, and two million (2,000,000) shares shall be preferred stock, at no par value per share. The Board of Directors may issue, in one or more classes or series, shares of preferred stock, with full, limited, multiple, fractional or no voting rights, and with such designations, preferences, qualifications, privileges, limitations, restrictions, options, conversion rights or other special or relative rights as shall be fixed from time to time by the Board of Directors.

Except as otherwise provided in any resolution or resolutions of the Board of Directors providing for the issuance of any particular class or series of preferred stock, the number of shares of stock of any such class or series so set forth in such resolution or resolutions may be increased or decreased (but not below the number of shares of such class or series then outstanding) by a resolution or resolutions adopted by the Board of Directors.

Except as otherwise provided in any resolution or resolutions of the Board of Directors providing for the issuance of any particular class or series of preferred stock, preferred stock redeemed or otherwise acquired by the corporation shall assume the status of authorized but unissued preferred stock, shall be unclassified as to class or series and may thereafter, subject to the provisions of this Article 4 and to any restrictions contained in any resolution or resolutions of the Board of Directors providing for the issue of any such class or series of preferred stock, be reissued in the same manner as other authorized but unissued preferred stock."

12-03-2007 11:40am From-HOUSTON HUBBAUGH 4122914498 T-

Entity #: 2944023
Date Filed: 12/03/2007
Pedro A. Cortés
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Entity Number
2944023

Statement with Respect to Shares
Domestic Business Corporation
(15 Pa.C.S. § 1522)

Name: BELINDA SCHORY
Address: PENNCORP SERVICEGROUP, INC.
600 NORTH SECOND ST. 2nd fl 22
City: PO BOX 1210 Zip Code
HARRISBURG PA 17108-1210

Document will be returned to the name and address you enter to the left.

Fee: $70

Commonwealth of Pennsylvania
STATEMENT WITH RESPECT TO SHARES: 12 Page(s)

T0733047048

In compliance with the requirements of 15 Pa.C.S. § 1522(b) (relating to statement with respect to shares), the undersigned corporation, desiring to state the designation and voting rights, preferences, limitations, and special rights, if any, of a class or series of its shares, hereby states that:

1. The name of the corporation is:
Specialized Pharmaceuticals, Inc.

2. *Check and complete one of the following:*

___ The resolution amending the Articles under 15 Pa.C.S. § 1522(b) (relating to divisions and determinations by the board), set forth in full, is as follows:

_X_ The resolution amending the Articles under 15 Pa.C.S. § 1522(b) is set forth in full in Exhibit A attached hereto and made a part hereof.

3. The aggregate number of shares of such class or series established and designated by (a) such resolution, (b) all prior statements, if any, filed under 15 Pa.C.S. § 1522 or corresponding provisions of prior law with respect thereto, and (c) any other provision of the Articles is two million (2,000,000) shares of preferred stock, at no par value per share, of which ninety thousand (90,000) shares are hereby designated as Series A Preferred Stock, to have the designation, rights, preferences, powers, restrictions and limitations as set forth in the attached resolution.

DC:[illegible] 2:12 PM 3- DEC 2007

DSCB:15-1522-2

4. The resolution was adopted by the Board of Directors or an authorized committee thereon on:
November 16, 2007

5. *Check, and if appropriate complete, one of the following:*

X The resolution shall be effective upon the filing of this statement with respect to shares in the Department of State.

____ The resolution shall be effective on: _____ at _____
Date Hour

IN TESTIMONY WHEREOF, the undersigned corporation has caused this statement to be signed by a duly authorized officer thereof this

27th day of November, 2007.

SPECIALIZED PHARMACEUTICALS, INC.
Name of Corporation

Signature

President
Title

EXHIBIT "A"
CERTIFICATE OF DESIGNATION OF SERIES A PREFERRED STOCK

(No Par Value)

OF

SPECIALIZED PHARMACEUTICALS, INC.

The undersigned duly authorized officer Specialized Pharmaceuticals, Inc., a corporation organized and existing under the laws of the Commonwealth of Pennsylvania (the "Company"), in accordance with the provisions of Section 1522 of the Business Corporation Law of 1988 of the Commonwealth of Pennsylvania, as amended, DOES HEREBY CERTIFY:

WHEREAS the Articles of Incorporation of the Company authorized preferred stock consisting of Two Million (2,000,000) shares, no par value, issuable from time to time in one or more series; and

WHEREAS, the Board of Directors of the Company is authorized, subject to limitations prescribed by law and by the provisions of Article 4 of the Company's Articles of Incorporation, as amended, to establish and fix the number of shares to be included in any series of preferred stock and the designation, rights, preferences, powers, restrictions and limitations of the shares of such series; and

WHEREAS, at a meeting of its members held on November 16, 2007, the Board of Directors established and fixed the number of shares to be included in a new series of preferred stock and the designation, rights, preferences and limitations of the shares of such new series as follows:

NOW, THEREFORE, BE IT RESOLVED that pursuant to Article 4 of the Company's Articles of Incorporation, as amended, there is hereby established a new series of Ninety Thousand (90,000) shares of preferred stock of the Company (the "Series A Preferred") to have the designation, rights, preferences, powers, restrictions and limitations as follows:

1. Dividends.

The holders of the Series A Preferred shall be entitled to receive, out of funds legally available therefore, non-cumulative dividends, when and as declared by the Board of Directors, in preference to any dividend on the common stock at a rate of eight percent (8%) per year of the Original Purchase Price as hereinafter defined.

2. Liquidation, Dissolution or Winding Up.

(a) In the event of any voluntary or involuntary liquidation, dissolution or winding up of the Company, the holders of shares of Series A Preferred then outstanding shall be entitled to be paid out of the assets of the Company available for distribution to its shareholders, after and subject to the payment in full of all amounts required to be distributed to the holders of any other class or series of stock of the Company ranking on liquidation prior and in preference to the Series A Preferred (collectively referred to as "Senior Preferred Stock"), but before any payment shall be made to the holders of the common stock or any inferior preferred stock (the "Junior Stock") by reason of their ownership thereof, an amount equal to Sixty-Six and 67/100 Dollars ($66.67) (the "Original Purchase Price") per share of Series A Preferred plus any declared but unpaid dividends. If upon any such liquidation, dissolution or winding up of the Company the remaining assets of the Company available for distribution to its shareholders shall be insufficient to pay the holders of shares of Series

A Preferred the full amount to which they shall be entitled, the holders of shares of Series A Preferred and any class or series of stock (the "Preferred Stock") ranking on liquidation on a parity with the Series A Preferred shall share ratably in any distribution of the remaining assets and funds of the Company in proportion to the respective amounts which would otherwise be payable in respect of the shares held by them upon such distribution if all amounts payable on or with respect to such shares were paid in full.

(b) After the payment of all preferential amounts required to be upon the dissolution, liquidation, or winding up of the Company, all of the remaining assets and funds of the Company available for distribution to its shareholders shall be distributed ratably among the holders of the Series A Preferred, such other series of Preferred Stock as are constituted as similarly participating, and the common stock, with each share of Series A Preferred being deemed, for such purpose, to be equal to the number of shares of common stock, including fractions of a share, into which such share of Series A Preferred is convertible immediately prior to the close of business on the business day fixed for such distribution.

(c) A consolidation or merger of the Company with or into any other corporation or other entity or person, or any other corporate reorganization, or a sale, lease or other disposition of all or substantially all of the assets of the Company shall not be considered a liquidation under this Section.

3. Voting.

(a) General Rights. Except as otherwise required by law, each holder of Series A Preferred shall not be entitled to vote on any matter except as follows. The vote or written consent by the holders of at least fifty-one percent (51%) of the then outstanding shares of the Series A Preferred, voting separately as a class, shall be require to: (i) authorize or issue additional shares of Series A Preferred, (ii) authorize or issue any other equity security senior to or on a parity with the Series A Preferred as to liquidation preferences, conversion rights, voting rights, dividend rights or otherwise, (iii) sell, assign, lease or otherwise dispose of or voluntarily part with the control of (whether in one transaction or in a series of transactions) all, or substantially all, of the Company's assets (whether now owned or hereinafter acquired) or sell, assign or otherwise dispose of (whether in one transaction or in a series of transactions) any of the Companys's accounts receivable (whether now in existence or hereinafter created) at a discount or with recourse, to any person, or permit any subsidiary to do any of the foregoing, except for sales or other dispositions of assets in the ordinary course of business and except that (A) any subsidiary may merge into or consolidate with or transfer assets to any other subsidiary and (B) any subsidiary may merge into or transfer assets to the Company, (iv) take action that fundamentally alters the principal business of the Company as now conducted or as proposed to be conducted, or (v) authorize any consolidation or merger of the Company with or into any other corporation or other entity or person, or any other corporate reorganization, in which the shareholders of the Company immediately prior to such consolidation, merger or reorganization, own less than 50% of the Company's voting power immediately after such consolidation, merger or reorganization, or any transaction or series of related transactions by the Company in which in excess of fifty percent (50%) of the Company's voting power is transferred.

(b) Election of Board of Directors. The holders of the Series A Preferred, voting together as a class, shall be entitled to elect one (1) member of the Company's Board of Directors. The holders of the common stock shall be entitled to elect all remaining members of the Board of Directors.

4. Optional Conversion.

The holders of the Series A Preferred shall have conversion rights as follows (the "Conversion Rights");

(a) Right to Convert. Each share of Series A Preferred shall be convertible, at the option of the holder thereof, at any time and from time to time, into such number of fully paid and nonassessable shares of common stock as is determined by dividing the Original Purchase Price by the Conversion Price (as defined below) in

effect at the time of conversion. The Conversion Price at which shares of common stock shall be deliverable upon conversion of Series A Preferred without the payment of additional consideration by the holder thereof (the "Conversion Price") shall initially be the Original Purchase Price per share. Such initial Conversion Price, and the rate at which shares of Series A Preferred may be converted into shares of common stock, shall be subject to adjustment as provided below.

In the event of a liquidation of the Company, the Conversion Rights shall terminate at the close of business on the first full day preceding the date fixed for the payment of any amounts distributable on liquidation to the holders of Series A Preferred.

(b) Fractional Shares. No fractional shares of common stock shall be issued upon conversion of the Series A Preferred. In lieu of fractional shares, the Company shall pay cash equal to such fraction multiplied by the then effective Conversion Price.

(c) Mechanics of Conversion.

(i) In order to convert shares of Series A Preferred into shares of common stock, the holder shall surrender the certificate or certificates for such shares of Series A Preferred at the office of the transfer agent (or at the principal office of the Company if the Company serves as its own transfer agent), together with written notice that such holder elects to convert all or any number of the shares represented by such certificate or certificates. Such notice shall state such holder's name or the names of the nominees in which such holder wishes the certificate or certificates for shares of common stock to be issued. If required by the Company, certificates surrendered for conversion shall be endorsed or accompanied by a written instrument or instruments of transfer, in form satisfactory to the Company, duly executed by the registered holder or his or its attorney duly authorized in writing. The date of receipt of such certificates and notice by the transfer agent or the Company shall be the conversion date ("Conversion Date"). The Company shall, as soon as practicable after the Conversion Date, issue and deliver at such office to such holder, or to his nominees, a certificate or certificates for the number of shares of common stock to which such holder shall be entitled, together with cash in lieu of any fraction of a share.

(ii) The Company shall at all times during which the Series A Preferred shall be outstanding, reserve and keep available out of its authorized but unissued stock, for the purpose of effecting the conversion of the Series A Preferred, such number of its duly authorized shares of common stock as shall from time to time be sufficient to effect the conversion of all outstanding Series A Preferred.

(iii) Upon any such conversion, no adjustment to the Conversion Price shall be made for any declared and unpaid dividends on the Series A Preferred surrendered for conversion or on the common stock delivered upon conversion; the holder, by converting, waives his right to such declared but unpaid dividends.

(iv) All shares of Series A Preferred, which shall have been surrendered for conversion as herein provided shall no longer be deemed to be outstanding and all rights with respect to such shares, including the rights, if any, to receive dividends, notices and to vote, shall immediately cease and terminate on the Conversion Date, except only the right of the holders thereof to receive shares of common stock in exchange therefor. Any shares of Series A Preferred so converted shall be retired and cancelled and shall not be reissued, and the Company may from time to time take such appropriate action as may be necessary to reduce the number of shares of authorized Series A Preferred accordingly.

(d) Adjustments to Conversion Price for Diluting Issues.

(i) Special Definitions. For purposes of this Subsection 4(d), the following definitions shall apply:

(A) "Option" shall mean rights, options or warrants to subscribe for, purchase or otherwise acquire common stock or Convertible Securities, excluding rights or options granted to employees, directors or consultants of the Company pursuant to an option plan adopted by the Board of Directors to acquire up to that number of shares of common stock as is equal to ten (10%) percent of the common stock outstanding (provided that, for purposes of this Subsection 4(d)(i)(A), all shares of common stock issuable upon (1) exercise of options granted or available for grant under plans approved by the Board of Directors, (2) conversion of shares of Preferred Stock, or (3) conversion of Preferred Stock issuable upon conversion or exchange of any Convertible Security, shall be deemed to be outstanding), minus the total number of Key Employee Shares (as defined below).

(B) "Original Issue Date" shall mean the date on which the first share of Series A Preferred is first issued.

(C) "Convertible Securities" shall mean any evidences of indebtedness, shares or other securities directly or indirectly convertible into or exchangeable for common stock.

(D) "Additional Shares of common stock" shall mean all shares of common stock issued (or, pursuant to Subsection 4(d)(iii) below, deemed to be issued) by the Company after the Original Issue Date, other than Key Employee Shares (as defined below) and other than shares of common stock issued or issuable:

(1.) as a dividend or distribution on Series A Preferred;

(2.) by reason of a dividend, stock split, split up or other distribution on shares of common stock excluded from the definition of Additional Shares of common stock by the foregoing clause (1);

(3.) upon the exercise of options excluded from the definition of "Option" in Subsection 4(d)(i)(A); or

(4.) upon conversion of shares of Series A Preferred;

(5.) upon conversion of Convertible Securities existing as of the date of this Certificate; or

(6.) upon conversion of the Convertible Line of Credit Note with Daniel Sassano in the amount of $600,000.

(E) "Key Employee Shares" shall mean shares of common stock issued to directors or key employees of or consultants to the Company pursuant to a restricted stock plan or agreement approved by the Board of Directors, up to that number of shares of common stock as is equal to ten (10%) percent of the common stock outstanding (provided that, for purposes of this Subsection 4(d)(i)(E), all shares of common stock issuable upon (1) exercise of options granted or available for grant under plans approved by the Board of Directors, (2) conversion of shares of Preferred Stock, or (3) upon conversion of Preferred Stock issuable upon conversion or exchange of any Convertible Security, shall be deemed to be outstanding), minus the total number of shares subject to or issued pursuant to options excluded from the definition of "Option" in paragraph (A)

above (subject to appropriate adjustment for any stock dividend, stock split, combination or similar recapitalization affecting such shares).

(F) "Rights to Acquire common stock" (or "Rights") shall mean all rights issued by the Company to acquire common stock whatever by exercise of a warrant, option or similar call or conversion of any existing instruments, in either case for consideration fixed, in amount or by formula, as of the date of issuance.

(ii) No Adjustment of Conversion Price. No adjustment in the number of shares of common stock into which the Series A Preferred is convertible shall be made, by adjustment in the applicable Conversion Price thereof: (a) unless the consideration per share (determined pursuant to Subsection 4(d)(v)) below for an Additional Share of common stock issued or deemed to be issued by the Company is less than the applicable Conversion Price in effect on the date of, and immediately prior to, the issue of such additional shares, or (b) if prior to such issuance, the Company receives written notice from the holders of at least fifty one percent (51%) of the then outstanding shares of Series A Preferred agreeing that no such adjustment shall be made as the result of the issuance of Additional Shares of common stock.

(iii) Issue of Securities Deemed Issue of Additional Shares of common stock. If the Company at any time or from time to time after the Original Issue Date shall issue any Options or Convertible Securities or other Rights to Acquire common stock, then the maximum number of shares of common stock (as set forth in the instrument relating thereto without regard to any provision contained therein for a subsequent adjustment of such number) issuable upon the exercise of such Options, Rights or, in the case of Convertible Securities, the conversion or exchange of such Convertible Securities, shall be deemed to be Additional Shares of common stock issued as of the time of such issue, provided that Additional Shares of common stock shall not be deemed to have been issued unless the consideration per share (determined pursuant to Subsection 4(d)(v) hereof) of such Additional Shares of common stock would be less than the applicable Conversion Price in effect on the date of and immediately prior to such issue, or such record date, as the case may be, and provided further that in any such case in which Additional Shares of common stock are deemed to be issued:

(A) No further adjustment in the Conversion Price shall be made upon the subsequent issue of shares of common stock upon the exercise of such Rights or conversion or exchange of such Convertible Securities;

(B) Upon the expiration or termination of any unexercised Option or Right, the Conversion Price shall not be readjusted, but the Additional Shares of common stock deemed issued as the result of the original issue of such Option or Right shall not be deemed issued for the purposes of any subsequent adjustment of the Conversion Price; and

(C) In the event of any change in the number of shares of common stock issuable upon the exercise, conversion or exchange of any Option, Right or Convertible Security, including, but not limited to, a change resulting from the anti dilution provisions thereof, the Conversion Price then in effect shall forthwith be readjusted to such Conversion Price as would have obtained had the adjustment that was made upon the issuance of such Option, Right or Convertible Security not exercised or converted prior to such change been made upon the basis of such change, but no further adjustment shall be made for the actual issuance of common stock upon the exercise or conversion of any such Option, Right or Convertible Security.

(iv) Adjustment of Conversion Price upon Issuance of Additional Shares of common stock. If the Company shall at any time after the Original Issue Date issue Additional Shares of common stock (including Additional Shares of common stock deemed to be issued pursuant to Subsection 4(d)(iii), but excluding shares issued as a dividend or distribution as provided in Subsection 4(f) or upon a stock split or combination as provided in Subsection 4(e)), without consideration or for a consideration per share less than the

applicable Conversion Price in effect on the date of and immediately prior to such issue, then and in such event, such Conversion Price shall be reduced, concurrently with such issue to a price (calculated to the nearest cent) determined by multiplying such Conversion Price by a fraction, (a) the numerator of which shall be (1) the number of shares of common stock outstanding immediately prior to such issue plus (2) the number of shares of common stock which the aggregate consideration received by the Company for the total number of Additional Shares of common stock so issued would purchase at such Conversion Price; and (b) the denominator of which shall be (1) the number of shares of common stock outstanding immediately prior to such issue plus (2) the number of such Additional Shares of common stock so issued.

Notwithstanding the foregoing, the applicable Conversion Price shall not be reduced if the amount of such reduction would be an amount less than $.05, but any such amount shall be carried forward and reduction with respect thereto made at the time of and together with any subsequent reduction which, together with such amount and any other amount or amounts so carried forward, shall aggregate $.05 or more.

(v) Determination of Consideration. For purposes of this Subsection 4(d), the consideration received by the Company for the issue of any Additional Shares of common stock shall be computed as follows:

(A) Cash and Property: Such consideration shall:

(1.) insofar as it consists of cash, be computed at the aggregate of cash received by the Company, excluding amounts paid or payable for accrued interest or accrued dividends;

(2.) insofar as it consists of property other than cash, be computed at the fair market value thereof at the time of such issue, as determined in good faith by the Board of Directors; and

(3.) in the event Additional Shares of common stock are issued together with other shares or securities or other assets of the Company for consideration which covers both, be the proportion of such consideration so received, computed as provided in clauses (1) and (2) above, as determined in good faith by the Board of Directors.

(B) Options, Rights and Convertible Securities. The consideration per share received by the Company for Additional Shares of common stock deemed to have been issued pursuant to Subsection 4(d)(iii), relating to Options, Rights and Convertible Securities, shall be determined by dividing

(1.) the total amount, if any, received or receivable by the Company as consideration for the issue of such Options, Rights or Convertible Securities, plus the minimum aggregate amount of additional consideration (as set forth in the instruments relating thereto, without regard to any provision contained therein for a subsequent adjustment of such consideration) payable to the Company upon the exercise of such Options, Rights or the conversion or exchange of such Convertible Securities, by

(2.) the maximum number of shares of common stock (as set forth in the instruments relating thereto, without regard to any provision contained therein for a subsequent adjustment of such number) issuable upon the exercise of such Options or the conversion or exchange of such Convertible Securities.

(e) Adjustment for Stock Splits and Combinations. If the Company shall at any time or from time to time after the Original Issue Date effect a subdivision of the outstanding common stock, the Conversion Price then in effect immediately before that subdivision shall be proportionately decreased. If the Company shall at any time or from time to time after the Original Issue Date combine the outstanding shares of common stock, the Conversion Price then in effect immediately before the combination shall be proportionately increased. Any

adjustment under this paragraph shall become effective at the close of business on the date the subdivision or combination becomes effective.

(f) Adjustment for Certain Dividends and Distributions. In the event the Company at any time, or from time to time after the Original Issue Date shall make or issue, a dividend or other distribution payable in Additional Shares of common stock, then and in each such event the Conversion Price shall be decreased as of the time of such issuance, by multiplying the Conversion Price by a fraction:

(i) the numerator of which shall be the total number of shares of common stock issued and outstanding immediately prior to the time of such issuance, and

(ii) the denominator of which shall be the total number of shares of common stock issued and outstanding immediately prior to the time of such issuance plus the number of shares of common stock issuable in payment of such dividend or distribution.

(g) Adjustments for Other Dividends and Distributions. In the event the Company at any time or from time to time after the Original Issue Date shall make or issue a dividend or other distribution payable in securities of the Company other than shares of common stock, then and in each such event provision shall be made so that the holders of shares of the Series A Preferred shall receive upon conversion thereof in addition to the number of shares of common stock receivable thereupon, the amount of securities of the Company that they would have received had their Series A Preferred been converted into common stock on the date of such event and had thereafter, during the period from the date of such event to and including the conversion date, retained such securities receivable by them as aforesaid during such period given application to all adjustments called for during such period, under this paragraph with respect to the rights of the holders of the Series A Preferred.

(h) Adjustment for Reclassification, Exchange, or Substitution. If the common stock issuable upon the conversion of the Series A Preferred shall be changed into the same or a different number of shares of any class or classes of stock, whether by capital reorganization, reclassification, or otherwise (other than a subdivision or combination of shares or stock dividend provided for above, or a reorganization, merger, consolidation, or sale of assets for below), then and in each such event the holder of each share of Series A Preferred shall have the right thereafter to convert such share into the kind and amount of shares of stock and other securities and property receivable upon such reorganization, reclassification, or other change, by holders of the number of shares of common stock into which such shares of Series A Preferred might have been converted immediately prior to such reorganization, reclassification, or change, all subject to further adjustment as provided herein.

(i) Adjustment for Merger or Reorganization, etc. In case of any consolidation or merger of the Company with or into another corporation or the sale of all or substantially all of the assets of the Company to another corporation,

(i) if the surviving entity shall consent in writing to the following provisions, then each share of Series A Preferred shall thereafter be convertible into the kind and amount of shares of stock or other securities or property to which a holder of the number of shares of common stock of the Company deliverable upon conversion of such Series A Preferred would have been entitled upon such consolidation, merger or sale; and, in such case, appropriate adjustment (as determined in good faith by the Board of Directors) shall be made in the application of the provisions in this Section 4 set forth with respect to the rights and interest thereafter of the holders of the Series A Preferred, to the end that the provisions set forth in this Section 4 (including provisions with respect to changes in and other adjustments of the Conversion Price) shall thereafter be applicable, as nearly as reasonably may be, in relation to any shares of stock or other property thereafter deliverable upon the conversion of the Series A Preferred; or

(ii) if the surviving entity shall not so consent, then each holder of Series A Preferred may, after receipt of notice specified in subsection (l), elect to convert such Stock into Common Shares as provided in this Section 4 or to accept the distributions to which he shall be entitled under Section 2(a) through (c).

(j) No Impairment. The Company will not, by amendment of its Articles of Incorporation or through any reorganization, transfer of assets, consolidation, merger, dissolution, issue or sale of securities or any other voluntary action, avoid or seek to avoid the observance or performance of any of the terms to be observed or performed hereunder by the Company, but will at all times in good faith assist in the carrying out of all the provisions of this Section 4 and in the taking of all such action as may be necessary or appropriate in order to protect the Conversion Rights of the holders of the Series A Preferred against impairment.

(k) Certificate as to Adjustments. Upon the occurrence of each adjustment or readjustment of the Conversion Price pursuant to this Section 4, the Company at its expense shall promptly compute such adjustment or readjustment in accordance with the terms hereof and furnish to each holder, if any, of Series A Preferred a certificate setting forth such adjustment or readjustment and showing in detail the facts upon which such adjustment or readjustment is based and shall file a copy of such certificate with its corporate records. The Company shall, upon the written request at any time of any holder of Series A Preferred, furnish or cause to be furnished to such holder a similar certificate setting forth (1) such adjustments and readjustments, (2) the Conversion Price then in effect, and (3) the number of shares of common stock and the amount, if any, of other property which then would be received upon the conversion of Series A Preferred. Despite such adjustment or readjustment, the form of each or all Series A Preferred Certificates, if the same shall reflect the initial or any subsequent conversion price, need not be changed in order for the adjustments or readjustments to be valued in accordance with the provisions of this Certificate of Designation, which shall control.

(l) Notice of Record Date. In the event:

(i) that the Company declares a dividend (or any other distribution) on its common stock payable in common stock or other securities of the Company;

(ii) that the Company subdivides or combines its outstanding shares of common stock;

(iii) of any reclassification of the common stock of the Company (other than a subdivision or combination of its outstanding shares of common stock or a stock dividend or stock distribution thereon), or of any consolidation or merger of the Company into or with another corporation, or of the sale of all or substantially all of the assets of the Company; or

(iv) of the involuntary or voluntary dissolution, liquidation or winding up of the Company;

then the Company shall cause to be filed at its principal office or at the office of the transfer agent of the Series A Preferred, and shall cause to be mailed to the holders of the Series A Preferred at their last addresses as shown on the records of the Company or such transfer agent, at least ten days prior to the record date specified in (A) below or twenty days before the date specified in (B) below, a notice stating

(A) the record date of such dividend, distribution, subdivision or combination, or, if a record is not to be taken, the date as of which the holders of common stock of record to be entitled to such dividend, distribution, subdivision or combination are to be determined, or

(B) the date on which such reclassification, consolidation, merger, sale, dissolution, liquidation or winding up is expected to become effective, and the date as of which it is expected that holders of common stock of record shall be entitled to exchange their shares of common stock for securities or other property deliverable upon such reclassification, consolidation, merger, sale, dissolution or winding up.

5. Mandatory Conversion.

(a) The holders of shares of Series A Preferred then outstanding shall be required to convert all their shares of Series A Preferred into shares of common stock, at the then effective conversion rate pursuant to Section 4, (1) immediately prior to the closing of the sale of shares of common stock, at a price per share which exceeds 300% of the Conversion Price then in effect, in a fully, underwritten public offering pursuant to an effective registration statement under the Securities Act of 1933, as amended, other than a registration relating solely to a transaction under Rule 145 under such Act (or any successor thereto) or to an employee benefit plan of the Company, underwritten by a reputable underwriter acceptable to the holders of a majority of the then outstanding Series A Preferred, resulting in at least $10,000,000 of gross proceeds to the Company, or (2), upon the vote of Sixty-Six and 67/100 percent (66.67%) of the outstanding shares of Series A Preferred.

(b) All holders of record of shares of Series A Preferred then outstanding will be given at least ten (10) days prior written notice of the date fixed and the place designated for mandatory conversion of all such shares of Series A Preferred pursuant to this Section 5. Such notice will be sent by first class or registered mail, postage prepaid, to each record holder of Series A Preferred at such holder's address last shown on the records of the transfer agent for the Series A Preferred (or the records of the Company, if it serves as its own transfer agent).

6. Redemption of the Series A Preferred.

(a) Commencing not earlier than October 30, 2012, the Company shall, at the written request of holders of a majority of the outstanding shares of Series A Preferred, redeem all of the Series A Preferred. The redemption price for each share of Series A Preferred shall be the Original Purchase Price per share plus all declared and unpaid dividends. The redemption shall occur within One Hundred and Twenty (120) days of the request from holders of the Series A Preferred.

(b) Commencing not earlier than October 30, 2012, the Company shall have the option by delivery of notice to all the holders of the outstanding shares of Series A Preferred, to redeem all of the Series A Preferred. The Notice shall be provided to all the holders of the outstanding shares of Series A Preferred not less than sixty (60) days prior to the date of redemption. The redemption price for each share of Series A Preferred shall be One Hundred and Twenty ($120.00) per share plus all declared and unpaid dividends.

(c) The notice by the Company of the exercise of the redemption option pursuant to Section 6(a) or (b) of this Section 6 shall be sent by first class certified mail, postage prepaid and return receipt requested to all holders of the shares of Series A Preferred at their respective addresses as the same shall appear on the books of the Company.

(d) If upon the Redemption Date the assets of the Company available for redemption are insufficient to pay the holders of outstanding shares of Series A Preferred the full amounts to which they are entitled, such holders of shares of Series A Preferred shall share ratably according to the respective amounts which would be payable in respect of such shares to be redeemed by the holders thereof, if all amounts payable on or with respect to such shares were paid in full.

(e) Any shares of Series A Preferred redeemed pursuant to this Section or otherwise acquired by the Company in any manner whatsoever shall be canceled and shall not under any circumstances be reissued; the Company may from time to time take such appropriate corporate action as may be necessary to reduce accordingly the number of authorized shares of the Company's capital stock.

[illegible]

(f) Anything contained in this Section 6 to the contrary notwithstanding, the holders of shares of Series A Preferred to be redeemed in accordance with this Section shall have the right, exercisable at any time up to the close of business on the applicable redemption date (unless the Company is legally prohibited from redeeming such shares on such date, in which event such right shall be exercisable until the removal of such legal disability), to convert all or any part of such shares to be redeemed as herein provided into shares of common stock pursuant to Section 4 hereof.

7. Amendment.

This Certificate of Designation constitutes an agreement between the Company and the holders of the Series A Preferred. It may be amended by vote of the Board of Directors of the Company and the holders of a majority of the outstanding shares of Series A Preferred.

MAR-01-2010 10:57 From:HOUSTON HARBAUGH 412 281 4499 To:9*50305 P.02/04

Entity#: 2944023
Date Filed: 03/01/2010
Pedro A. Cortés
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Articles of Amendment-Domestic Corporation
(15 Pa.C.S.)

Entity Number
2944023

_X_ Business Corporation (§ 1915)
____ Nonprofit Corporation (§ 5915)

Name
PENNCORP SERVICEGROUP, INC.
600 NORTH SECOND STREET
PO BOX 1210
HARRISBURG, PA 17108-1210 1597

Document will be returned to the name and address you enter to the left.

Fee: $70

Commonwealth of Pennsylvania
ARTICLES OF AMENDMENT-BUSINESS 4 Page(s)

T1006147049

In compliance with the requirements of the applicable provisions (relating to articles of amendment), the undersigned, desiring to amend its articles, hereby states that:

1. The name of the corporation is:
Specialized Pharmaceuticals, Inc.

2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
4900 Perry Highway, Building 2	Pittsburgh	Pennsylvania	15229	Allegheny

(b) Name of Commercial Registered Office Provider — County
c/o

3. The statute by or under which it was incorporated: Pennsylvania Business Corporation Law of 1988

4. The date of its incorporation: May 26, 2000

5. *Check, and if appropriate complete, one of the following:*

_X_ The amendment shall be effective upon filing these Articles of Amendment in the Department of State.

____ The amendment shall be effective on: _____ at _____
Date Hour

2010 MAR -1 PM 12:43

PA ... STATE

DSCB:15-1915/5915-2

6. *Check one of the following:*

____ The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).

__X__ The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).

7. *Check, and if appropriate, complete one of the following:*

____ The amendment adopted by the corporation, set forth in full, is as follows

__X__ The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof.

8. *Check if the amendment restates the Articles:*

____ The restated Articles of Incorporation supersede the original articles and all amendments thereto.

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this

25th day of February, 2010.

SPECIALIZED PHARMACEUTICALS, INC.
Name of Corporation

Signature

James Smith, President
Title

EXHIBIT "A"

TO ARTICLES OF AMENDMENT OF
ARTICLES OF INCORPORATION

OF

SPECIALIZED PHARMACEUTICALS, INC.

RESOLVED, that for the purpose of facilitating doing business in other states and reducing the amount of franchise tax paid to those states, the Board of Directors hereby proposes that the *Corporation's Articles of Incorporation* be so amended as to designate a par value of one cent ($.01) to each share of the Corporation's authorized capital stock; and be it further

"RESOLVED, that in order to effect this change in the par value of the Corporation's stock, the proper officers of this Corporation be and they hereby are authorized and directed to file the prescribed form of Articles of Amendment with the Secretary of the *Commonwealth of Pennsylvania* so as to amend the first paragraph of Article 4 thereof so that, as amended, said paragraph shall be and read as follows:

> '4. The corporation shall have authority to issue twelve million (12,000,000) shares of stock of which ten million (10,000,000) shares shall be common stock, at one cent ($.01) par value per share, and two million (2,000,000) shares shall be preferred stock, at one cent ($.01) par value per share. The Board of Directors may issue, in one or more classes or series, shares of preferred stock, with full, limited, multiple, fractional or no voting rights, and with such designations, preferences, qualifications, privileges, limitations, restrictions, options, conversion rights or other special or relative rights as shall be fixed from time to time by the Board of Directors.'

RESOLVED, that upon the filing of the Articles of Amendment with the Secretary of the Commonwealth of Pennsylvania, the Secretary of the Corporation is hereby authorized and directed to insert a date-stamped copy thereof in the minute book of the Corporation as a part of the Corporation's permanent records."

Entity #: 2644023
Date Filed: 12/05/2013
Carol Aichele
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Articles/Certificate of Merger

(15 Pa.C.S.)

__X__ Domestic Business Corporation (§ 1926)
____ Domestic Nonprofit Corporation (§ 5926)
____ Limited Partnership (§ 8547)

Name

910469-005 Ker
Corporation Service Company

Commonwealth of Pennsylvania
ARTICLES OF MERGER-BUSINESS 6 Page(s)

T13340111009

Fee: $150 plus $40 additional for each
Party in additional to two

In compliance with the requirements of the applicable provisions (relating to articles of merger or consolidation), the undersigned, desiring to effect a merger, hereby state that:

1. The name of the corporation/limited partnership surviving the merger is:
Specialized Pharmaceuticals, Inc.

2. *Check and complete one of the following:*

__X__ The surviving corporation/limited partnership is a domestic business/nonprofit corporation/limited partnership and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
4900 Perry Hwy., Bldg. 2, 3rd Floor	Pittsburgh	PA	15229	Allegheny

(b) Name of Commercial Registered Office Provider — County
c/o

____ The surviving corporation/limited partnership is a qualified foreign business/nonprofit corporation/limited partnership incorporated/formed under the laws of _____ and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street — City — State — Zip — County

(b) Name of Commercial Registered Office Provider — County
c/o

____ The surviving corporation/limited partnership is a nonqualified foreign business/nonprofit corporation/limited partnership incorporated/formed under the laws of _____ and the address of its principal office under the laws of such domiciliary jurisdiction is:

Number and Street — City — State — Zip

2013 DEC -5 PM 4:39
PA DEPT OF STATE

DSCB:15-1926/5926/8547-2

3. The name and the address of the registered office in this Commonwealth or name of its commercial registered office provider and the county of venue of each other domestic business/nonprofit corporation/limited partnership and qualified foreign business/nonprofit corporation/limited partnership which is a party to the plan of merger are as follows:

Name	Registered Office Address	Commercial Registered Office Provider	County
SPI Merger Sub, Inc. (DE not qualified in PA)			

4. *Check, and if appropriate complete, one of the following:*

X The plan of merger shall be effective upon filing these Articles/Certificate of Merger in the Department of State.

___ The plan of merger shall be effective on: ___ (Date) at ___ (Hour).

5. The manner in which the plan of merger was adopted by each domestic corporation/limited partnership is as follows:

Name	Manner of Adoption
Specialized Pharmaceuticals, Inc.	Adopted by the directors and shareholders pursuant to 15 Pa.C.S. § 1924(a)

6. *Strike out this paragraph if no foreign corporation/limited partnership is a party to the merger.* The plan was authorized, adopted or approved, as the case may be, by the foreign business/nonprofit corporation/limited partnership (or each of the foreign business/nonprofit corporations/limited partnerships) party to the plan in accordance with the laws of the jurisdiction in which it is incorporated/organized.

7. *Check, and if appropriate complete, one of the following:*

___ The plan of merger is set forth in full in Exhibit A attached hereto and made a part hereof.

X Pursuant to 15 Pa.C.S. § 1901/§ 8547(b) (relating to omission of certain provisions from filed plans) the provisions, if any, of the plan of merger that amend or constitute the operative provisions of the Articles of Incorporation/Certificate of Limited Partnership of the surviving corporation/limited partnership as in effect subsequent to the effective date of the plan are set forth in full in Exhibit A attached hereto and made a party hereof. The full text of the plan of merger is on file at the principal place of business of the surviving corporation/limited partnership, the address of which is:

c/o Gol...meds, LLC, 4900 Par... Hwy., Bldg. 2, 3rd Floor,	Pittsburgh,	PA	15229	
Number and Street	City	State	Zip	County

DSCB: 15-1926/5926/8547-3

IN TESTIMONY WHEREOF, the undersigned corporation/limited partnership has caused these Articles/Certificate of Merger to be signed by a duly authorized officer thereof this

5th day of December,

2018.

SPECIALIZED PHARMACEUTICALS, INC.

Name of Corporation/Limited Partnership

Signature

Chief Executive Officer

Title

SPI MERGER SUB, INC.

Name of Corporation/Limited Partnership

Signature

President

Title

DSCB: 15-1926/5926/8547-3

IN TESTIMONY WHEREOF, the undersigned corporation/limited partnership has caused these Articles/Certificate of Merger to be signed by a duly authorized officer thereof this

5th day of December

2013

SPECIALIZED PHARMACEUTICALS, INC.
Name of Corporation/Limited Partnership

Signature

Chief Executive Officer
Title

SPI MERGER SUB, INC.
Name of Corporation/Limited Partnership

Signature

President
Title

AMENDED AND RESTATED ARTICLES OF INCORPORATION

OF

SPECIALIZED PHARMACEUTICALS, INC.

Specialized Pharmaceuticals, Inc., a corporation organized and existing under the laws of the Commonwealth of Pennsylvania (the "Corporation"), hereby amends and restates, under the provisions and subject to the requirements of the Pennsylvania Business Corporation Law of 1988, as amended (the "PaBCL") and hereby certifies as follows:

1. The name of the Corporation is Specialized Pharmaceuticals, Inc.

2. The Corporation filed, with the Secretary of the Commonwealth of Pennsylvania, its original Articles of Incorporation on May 26, 2000 (as amended from time to time, the "Current Articles of Incorporation").

3. The text of the Current Articles of Incorporation is hereby amended and restated in its entirety to provide as follows:

FIRST: The name of the corporation (hereinafter called the "Corporation") is Specialized Pharmaceuticals, Inc.

SECOND: The name of the Corporation's Commercial Registered Office Provider is c/o Corporation Service Company and the county of venue is Dauphin.

THIRD: The nature of the business or purposes to be conducted by and promoted by the Corporation is to engage in any lawful act or activity for which corporations may be organized under the PaBCL.

FOURTH: The total number of shares of stock which the Corporation shall have authority to issue is three thousand (3,000) shares of Common Stock with a par value of $.01 per share.

FIFTH: To the fullest extent permitted by the PaBCL, a Director of the Corporation shall not be personally liable to the Corporation or its stockholders for monetary damages for breach of fiduciary duty as a Director, provided, however, that the foregoing clause shall not apply to any liability of a Director for acts or omissions taken in bad faith or which involve fraud or intentional misconduct. This Article shall not eliminate or limit the liability of a Director for any act or omission occurring prior to the time this Article became effective.

SIXTH: The Corporation is to have perpetual existence.

SEVENTH: Elections of Directors need not be by written ballot unless the By-laws of the Corporation so provide.

EIGHTH: In furtherance and not in limitation of the powers conferred by the laws of Pennsylvania, the Board of Directors of the Corporation is authorized and empowered to adopt, alter, amend and repeal the By-laws of the Corporation in any manner not inconsistent with the laws of Pennsylvania.

NINTH: The Corporation shall indemnify its officers, directors, employees and agents to the extent set forth in the By-laws of the Corporation. Such indemnification shall not be exclusive of other indemnification rights arising under any by-law, agreement, vote of directors or stockholders or otherwise and shall inure to the benefit of the heirs and legal representatives of such person.

TENTH: Meetings of the stockholders may be held within or without the Commonwealth of Pennsylvania, as the By-laws may provide. The books of the Corporation may be kept (subject to any provision contained in the statutes) outside the Commonwealth of Pennsylvania at such place or places as may be designated from time to time by the Board of Directors or in the By-laws of the Corporation.

ELEVENTH: The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation, in the manner now or hereafter prescribed by statute.

IN WITNESS WHEREOF, this Amended and Restated Articles of Incorporation has been executed by a duly authorized officer of this Corporation on this 6th day of December, 2013.

Name: James Smith
Title: President / CEO

Entity #: 2843023
Date Filed: 12/04/2014
Carol Aichele
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement or Certificate of Change of Registered Office (15 Pa.C.S.) for

(check one):

- ___ Domestic Business Corporation (§ 1507)
- X Foreign Business Corporation (§ 4144)
- ___ Domestic Nonprofit Corporation (§ 5507)
- ___ Foreign Nonprofit Corporation (§ 6144)
- ___ Domestic Limited Partnership (§ 8506)
- ___ Domestic Limited Liability Company (§ 8906)

Name: CT - COUNTER

Address:

City: 936428 State: SOPA Zip Code: 10

Document will be returned to the name and address you enter above.

Commonwealth of Pennsylvania
FOREIGN BUSINESS CHARGE OF REGISTERED OFFICE 2 Page(s)

T1434341057

Fee: $5

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to change of registered office), the undersigned corporation, limited partnership or limited liability company, desiring to effect a change of registered office, hereby states that:

1. The name is:
SPECIALIZED PHARMACEUTICALS, INC.

2. Current address as registered with the Department of State. *Complete part (a) or (b) - not both:*

(a) The address of its current registered office in this Commonwealth is:

Number and Street	City	State	Zip	County
4900 Parry Hwy Bldg 2 3rd Fl	Pittsburgh	PA	15229	Allegheny

(b) The name of its current commercial registered office provider and the county of venue is:

c/o:
Name of Commercial Registered Office Provider — County

3. New address. *Complete part (a) or (b) – not both:*

(a) The address in this Commonwealth to which the registered office of the corporation, limited partnership or limited liability company is to be changed is:

Number and Street	City	State	Zip	County

(b) The registered office of the corporation, limited partnership or limited liability company shall be provided by:

c/o: C T Corporation System — Dauphin
Name of Commercial Registered Office Provider — County

Revised 8/2013

2014 DEC -4 AM 11:34
PA. DEPT. OF STATE

DSCB:15-1507/4144/5507/6144/8506/8906-2

4. *For corporations only:*

Such change was authorized by the Board of Directors of the corporation.

IN TESTIMONY WHEREOF, the undersigned has caused this Statement or Certificate of Change of Registered Office to be signed by a duly authorized officer, general partner, member or manager thereof this

3 day of December, 2014.

Specialized Pharmaceuticals

Name of Corporation/Limited Partnership/
Limited Liability Company

Signature

Secretary

Title

Entity# : 2944023
Date Filed : 07/24/2017
Pedro A. Cortés
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

☐ Return document by mail to:
Corporation Service Company
Name
Order No. 731516/116
Address
City State Zip Code
☑ Return document by email to: aml.casper@cscglobal.com

Change of Registered Office
DSCB:15-1507/5507/8625/8825
TC0170725DP0528

Read all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov/.

Fee: $5 The type of domestic association (check only one):

☑ Business Corporation ☐ Limited Liability Company ☐ Limited Liability Limited Partnership
☐ Nonprofit Corporation ☐ Limited Partnership

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 1507/5507/8625/8825 (relating to change of registered office), the undersigned domestic corporation, limited liability company, limited partnership or limited liability limited partnership, desiring to effect a change of registered office, hereby states that:

1. The name of the association is: Specialized Pharmaceuticals, Inc.

2. The current registered office address as on file with the Department of State. *Complete part (a) OR (b) – not both:*

(a) _____ _____ _____ _____ _____
Number and street City State Zip County

(b) c/o: CT CORPORATION SYSTEM Dauphin
Name of Commercial Registered Office Provider County

3. New address. *Complete part (a) OR (b) – not both:*

(a) The address in this Commonwealth to which the registered office of the corporation, limited partnership, limited liability limited partnership or limited liability company is to be changed is:

_____ _____ _____ _____ _____
Number and street City State Zip County

(b) The registered office of the corporation, limited partnership, limited liability partnership, limited liability limited partnership or limited liability company shall be provided by:

c/o: Corporation Service Company Dauphin
Name of Commercial Registered Office Provider County

4. *For corporations only:* Such change was authorized by the Board of Directors of the corporation.

IN TESTIMONY WHEREOF, the undersigned has caused this Statement or Certificate of Change of Registered Office to be signed by a duly authorized officer, general partner, member or manager thereof this 19th day of July, 2017.

Specialized Pharmaceuticals, Inc.
Name of Corporation/Limited Partnership/
Limited Liability Limited Partnership/Limited Liability Company

Signature

Jill Cilmi, Vice President
Title

2017 JUL 24 PM 2:03
PA. DEPT. OF STATE

THIRD AMENDED AND RESTATED
BY-LAWS
OF
SPECIALIZED PHARMACEUTICALS, INC.
a Pennsylvania corporation

Adopted as of: October, 17, 2016

These By-Laws are adopted by the Corporation and are supplemental to the Pennsylvania Business Corporation Law (the "PBCL") as the same shall from time to time be in effect.

ARTICLE I

IDENTIFICATION; OFFICES

SECTION 1.1 Name. The name of or the corporation is Specialized Pharmaceuticals, Inc. (the "Corporation").

SECTION 1.2 Registered Office; Other Offices. The registered office of the Corporation in the Commonwealth of Pennsylvania shall be located in the City of Harrisburg, County of Dauphin, Commonwealth of Pennsylvania. The Corporation may have such other offices, either within or without the Commonwealth of Pennsylvania, as the business of the Corporation may require from time to time.

ARTICLE II

SHAREHOLDERS

SECTION 2.1 Annual Meeting. An annual meeting of the Shareholders shall be held each year within five (5) months after the close of the fiscal year of the Corporation. At each annual meeting, the Shareholders shall elect the Directors of the Corporation as provided in Section 3.2 of these By-Laws, and may conduct any additional proper business.

SECTION 2.2 Special Meeting. A special meeting of the Shareholders may be called by the President of the Corporation, by the Chairman of the Board of Directors, or by such other officers or persons as the Board of Directors may designate.

SECTION 2.3 Place of Shareholder Meetings. The Board of Directors may designate any place, either within or without the Commonwealth of Pennsylvania, as the place of meeting for any annual meeting or for any special meeting. If no such place is designated by the Board of Directors, the place of meeting will be the principal business office of the Corporation.

SECTION 2.4 Notice of Meetings. Unless waived as herein provided, whenever Shareholders are required or permitted to take any action at a meeting, written notice of the meeting shall be given stating the place, date and hour of the meeting, and, in the case of a special meeting, the purpose or purposes for which the meeting is called. The written notice shall be given not less than ten (10) days nor more than sixty (60) days before the date of the meeting to each Shareholder entitled to vote at the meeting or in the event of a merger,

consolidation, share exchange, dissolution or sale, lease or exchange of all or substantially all of the Corporation's property, business or assets not less than twenty (20) days before the meeting date. If mailed, notice is given when deposited in the United States mail, postage prepaid, directed to the Shareholder at the Shareholder's address as it appears on the records of the Corporation.

When a meeting is adjourned to another time or place in accordance with Section 2.5 of these By-Laws, notice need not be given of the adjourned meeting if the time and place thereof are announced at the meeting in which the adjournment is taken. At the adjourned meeting the Corporation may conduct any business which might have been transacted at the original meeting. If the adjournment is for more than thirty days (30), or if after the adjournment a new record date is fixed for the adjourned meeting, a notice of the adjourned meeting shall be given to each Shareholder of record entitled to vote at the meeting.

SECTION 2.5 Quorum and Adjourned Meetings. Unless otherwise provided by law or the Corporation's Articles of Incorporation, a majority of the shares entitled to vote, present in person or represented by proxy, shall constitute a quorum at a meeting of Shareholders. If less than a majority of the shares entitled to vote at a meeting of Shareholders is present in person or represented by proxy at such meeting, a majority of the shares so represented may adjourn the meeting from time to time without further notice. At any adjourned meeting at which a quorum is present, any business may be transacted which might have been transacted at the original meeting. The Shareholders present at a meeting may continue to transact business until adjournment, notwithstanding the withdrawal of such number of Shareholders may leave less than a quorum.

SECTION 2.6 Fixing of Record Date.

(a) For the purpose of determining Shareholders entitled to notice of or to vote at any meeting of Shareholders or any adjournment thereof, the Board of Directors may fix a record date, which record date shall not precede the date upon which the resolution fixing the record date is adopted by the Board of Directors, and which record date shall not be more than sixty (60) nor less than ten (10) days before the date of such meeting. If no record date is fixed by the Board of Directors, the record date for determining Shareholders entitled to notice of or to vote at a meeting of Shareholders shall be at the close of business on the day next preceding the day on which notice is given, or, if notice is waived, at the close of business on the day next preceding the day on which the meeting is held. A determination of Shareholders of record entitled to notice of or to vote at a meeting of Shareholders shall apply to any adjournment of the meeting; provided, however, that the Board of Directors may fix a new record date for the adjourned meeting.

(b) For the purpose of determining Shareholders entitled to consent to corporate action in writing without a meeting, the Board of Directors may fix a record date, which record date shall not precede the date upon which the resolution fixing the record date is established by the Board of Directors, and which date shall not be more than ten (10) days after the date on which the resolution fixing the record date is adopted by the Board of Directors. If no record date has been fixed by the Board of Directors, the record date for determining Shareholders entitled to consent to corporate action in writing without a meeting, when no prior action by the

Board of Directors is required by law, shall be the first date on which a signed written consent setting forth the action taken or proposed to be taken is delivered to the Corporation by delivery to its registered office in the Commonwealth of Pennsylvania, its principal office, or an officer or agent of the Corporation having custody of the book in which the proceedings of meetings of Shareholders are recorded. Delivery to the Corporation's registered office shall be by hand or by certified or registered mail, return receipt requested. If no record date has been fixed by the Board of Directors and prior action by the Board of Directors is required by law, the record date for determining Shareholders' consent to corporate action in writing without a meeting shall be the close of business on the day on which the Board of Directors adopts the resolution taking such prior action.

(c) For the purpose of determining the Shareholders entitled to receive payment of any dividend or other distribution or allotment of any rights or the Shareholders entitled to exercise any rights in respect to any change, conversion or exchange of stock, or for the purpose of any other lawful action, the Board of Directors may fix the record date, which record date shall not precede the date upon which the resolution fixing the record date is adopted, and which record date shall be not more than sixty (60) days prior to such action. If no record date is fixed, the record date for determining the Shareholders for any such purpose shall be the close of business on the day on which the Board of Directors adopts the resolution relating thereto.

SECTION 2.7 Voting List. The officer in charge of the stock ledger of the Corporation shall prepare, at least ten (10) days prior to every meeting of Shareholders, a complete list of Shareholders entitled to vote at the meeting, arranged in alphabetical order, and showing the address of each shareholder and the number of shares registered in the name of each shareholder. Such list shall be open to the examination of any Shareholder, for any purpose germane to the meeting, during ordinary business hours, for a period of at least ten (10) days prior to the meeting, either at a place within the city where the meeting is to be held, which place shall be specified in the notice of the meeting, or, if not so specified, at the place where the meeting is to be held. The list shall also be produced and kept at the meeting during the whole time thereof, and may be inspected by any Shareholder who is present. The stock ledger shall be the only evidence as to who are the Shareholders entitled to examine the stock ledger, the list required by this Section 2.7 or the books of the corporation or to vote in person or by proxy at any meeting of Shareholders.

SECTION 2.8 Voting. Unless otherwise provided by the Articles of Incorporation, each Shareholder shall be entitled to one (1) vote for each share of capital stock held by each Shareholder. In all matters other than the election of Directors, the affirmative vote of the majority of shares present in person or represented by proxy at the meeting and entitled to vote on the subject matter shall be the act of the Shareholders. Directors shall be elected by plurality of the votes of the shares present in person or represented by a proxy at the meeting entitled to vote on the election of Directors.

SECTION 2.9 Proxies. Each Shareholder entitled to vote at a meeting of Shareholders or to express consent or dissent to corporate action in writing without a meeting may vote either in person or by proxy, but no such proxy shall be voted or acted upon after three (3) years from its date, unless the proxy provides for a longer period. A duly executed proxy shall be irrevocable if it states that it is irrevocable and if, and only as long as, it is coupled with

an interest sufficient in law to support an irrevocable power. A proxy may remain irrevocable regardless of whether the interest with which it is coupled is an interest in the stock itself or an interest in the Corporation generally. Every proxy shall be in writing, subscribed by the Shareholder or his duly authorized attorney-in-fact, but need not be sealed, witnessed or acknowledged.

SECTION 2.10 Ratification of Acts of Directors and Officers. Except as otherwise provided by law or by the Articles of Incorporation of the Corporation, any transaction or contract or act of the Corporation or of the Directors or the officers of the Corporation may be ratified by the affirmative vote of the holders of the number of shares which would have been necessary to approve such transaction, contract or act at a meeting of Shareholders, or by the written consent of Shareholders in lieu of a meeting.

SECTION 2.11 Written Action of Shareholders. Any action required to be taken at any annual or special meeting of Shareholders of the Corporation, or any action which may be taken at any annual or special meeting of such Shareholders, may be taken without a meeting, without prior notice and without a vote, if a consent or consents in writing, setting forth the action so taken, shall be signed by the holders of outstanding stock having not less than the minimum number of votes that would be necessary to authorize or take such action at a meeting at which all shares entitled to vote thereon were present and voted. Prompt notice of the taking of the corporate action without a meeting by less than unanimous written consent shall be given to those Shareholders who have not consented in writing.

SECTION 2.12 Organization. Such person as the Board of Directors may designate or, in the absence of such a designation, the President of the Corporation or, in his or her absence, such person as may be chosen by the holders of a majority of the shares entitled to vote who are present, in person or by proxy, shall call to order any meeting of the Shareholders and act as chairman of such meeting. In the absence of a Secretary of the Corporation, the chairman of the meeting shall appoint a person to serve as secretary at the meeting.

ARTICLE III

BOARD OF DIRECTORS

SECTION 3.1 General Powers. The business, property and affairs of the Corporation shall be managed by the Board of Directors.

SECTION 3.2 Constitution of the Board; Rights and Powers of the Board; Meetings of the Board.

(a) Number. The size of the Board shall be two (2) or such larger number as may be fixed from time to time by action of the Shareholders or the Board, unless otherwise specified in the Certificate of Incorporation. The current Directors are and shall continue to be as follows, with the following designees being duly elected Directors of the Company:

(i) John Figueroa; and

(ii) Victor Breed.

(b) Any Directors designed by the Board may be removed from the Board by the Shareholders, with or without cause. In the event any vacancy in the Board shall occur as a result of death, disability, resignation, removal or other termination of a Director, such vacancy may be filled by the Shareholders, and prior to such time, the corresponding vacancy in the Board shall remain vacant.

(c) Except as specifically provided otherwise in this Agreement or by non-waivable provisions of the PBCL, any action taken by the Board may only be taken with the approval, either in writing or at a duly called meeting, of Directors holding (in accordance with this Section 3.2(c)) a majority of the votes held by the Directors then serving on the Board. Each Director shall be entitled to one (1) vote on matters coming before the Board.

(d) The Board may establish one or more committees, which shall be comprised solely of Directors.

(e) Unless otherwise required by law or as approved by the Board, the composition of the Board of Directors (or body serving a similar function) of each Subsidiary of the Company, if any (each, a "Sub Board"), shall be the same as that of the Board, and the provisions of this Section 3.2 shall apply equally to each Sub Board (including as to the number of votes for Directors pursuant to Section 3.2 and the designation and replacement of Sub Board members)

(f) The Company shall reimburse each Director for all reasonable out-of-pocket expenses incurred in connection with his or her duties as a Board member or committee member.

SECTION 3.3 Meetings of Board.

(a) The Board may hold its meetings in such place or places in the State of Delaware or outside the State of Delaware as it shall determine from time to time.

(b) Meetings of the Board or a Board committee shall be held whenever called by at least two (2) Directors. Notice of the day, hour and place of holding of each meeting of the Board or any meeting of a Board committee shall be given to each Director or committee member by email or any other method under Article X, at least twenty four (24) hours before the meeting. Unless otherwise indicated in the notice thereof, any and all business may be transacted at any such meeting. At any meeting at which every Director or committee member shall be present, even though without any notice, any business may be transacted.

(c) A quorum for the transaction of business by the Board shall consist of Directors holding (in accordance with Section 3.2(c)) a majority of votes held by the Directors then serving on the Board, and a quorum for the transaction of business by a Board committee shall consist of committee members holding a majority of the votes held by the committee members then serving on such committee. If at any meeting of the Board or committee thereof, there is less than a quorum present, holders of a majority of the votes held by those present may adjourn the meeting from time to time until a quorum is present.

(d) Any Director may participate in any meeting of the Board or a Board committee by means of conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other, and such participation shall constitute

presence in person at such meeting. Any Director may participate in any meeting either in person or by proxy.

(c) Any action required or permitted to be taken at any meeting of the Board or a committee thereof may be taken without a meeting if a consent in writing, setting forth the action so taken, is signed by Directors holding (in accordance with Section 3.2(c)) a majority of the votes held by the Directors then serving on the Board or such committee. Prompt notice of the taking of an action without a meeting by less than unanimous written consent shall be given to those Directors who have not consented in writing. All such writings shall be filed with the minutes of proceedings of the Board or committee, as the case may be.

ARTICLE IV

WAIVER OF NOTICE

SECTION 4.1 Written Waiver of Notice. A written waiver of any required notice, signed by the person entitled to notice, whether before or after the date stated therein, shall be deemed equivalent to notice. Neither the business to be transacted at, nor the purpose of, any regular or special meeting of Shareholders, Directors or members of a committee of Directors need be specified in any written waiver of notice.

SECTION 4.2 Attendance as Waiver of Notice. Attendance of a person at a meeting shall constitute a waiver of notice of such meeting, except when the person attends a meeting for the express purpose of objecting, and objects at the beginning of the meeting, to the transaction of any business because the meeting is not lawfully called or convened.

SECTION 4.3 Notices. All demands, notices, requests, consents and other communications required or permitted under this agreement shall be in writing and shall be personally delivered or sent by facsimile machine (with a confirmation copy sent by one of the other methods authorized in this section), electronic mail, reputable commercial overnight delivery service (including Federal Express and U.S. Postal Service overnight delivery service) or deposited with the U.S. Postal Service mailed first class, registered or certified mail, postage prepaid, as set forth below:

(a) If to the Company, to:

Specialized Pharmaceuticals, Inc.
18300 Cascade Avenue South, Suite 251
Tukwila, WA 98188
Attention: Victor Breed
Email: vbreed@genoa-qol.com
Facsimile: (425) 656-8200

(b) If to any other Director, to its address set forth on Schedule A.

Notices shall be deemed given and delivered upon the earlier to occur of (i) receipt by the party to whom such notice is directed; (ii) if sent by facsimile machine, on the day (other than a Saturday, Sunday or legal holiday in the jurisdiction to which such notice is directed) such notice

is sent if sent (as evidenced by the facsimile confirmed receipt) prior to 5:00 p.m. Eastern Time and, if sent after 5:00 p.m. Eastern Time, on the day (other than a Saturday, Sunday or legal holiday in the jurisdiction to which such notice is directed) after which such notice is sent; (iii) on the first day (other than a Saturday, Sunday or legal holiday in the jurisdiction to which such notice is directed) following the day the same is deposited with the commercial courier if sent by commercial overnight delivery service; or (iv) the fifth day (other than a Saturday, Sunday or legal holiday in the jurisdiction to which such notice is directed) following deposit thereof with the U.S. Postal Service as aforesaid. Each party, by notice duly given in accordance herewith, may specify a different address for the giving of any notice hereunder.

ARTICLE V

OFFICERS

SECTION 5.1 Number. The principal officers of the Corporation shall be a Chief Executive Officer, a President, a Chief Financial Officer, an Executive Vice President and a Secretary. In addition, there may be such other or subordinate officers, agents and employees as may be appointed in accordance with the provisions of Section 5.3. Any two or more offices may be held by the same person, except that if there are two or more officers of the Corporation, the office of Secretary shall be held by a person other than the person holding the office of Chief Executive Officer or President.

SECTION 5.2 Election, Qualifications and Term of Office. Each officer of the Corporation, except such officers as may be appointed in accordance with the provisions of Section 5.3, shall be elected annually by the Board of Directors and shall hold office until his successor shall have been duly elected and qualified, or until his death, or until he shall have resigned or shall have been removed in the manner herein provided.

SECTION 5.3 Other Officers. The Corporation may have such other officers, agents, and employees as the Board of Directors may deem necessary, including a Chairman, a Controller, one or more Assistant Controllers, a Treasurer, one or more Assistant Treasurers and one or more Assistant Secretaries, each of whom shall hold office for such period, have such authority, and perform such duties as the Board of Directors, any committee of the Board designated by it to so act, or the Chief Executive Officer, the President, the Chief Financial Officer, or the Chairman, if any, may from time to time determine. The Board of Directors may delegate to any principal officer the power to appoint or remove any such subordinate officers, agents or employees.

SECTION 5.4 Removal. Any officer may be removed, either with or without cause, by the vote of a majority of the whole Board of Directors or, except in case of any officer elected by the Board of Directors, by any committee of officers upon whom the power of removal may be conferred by the Board of Directors.

SECTION 5.5 Resignation. Any officer may resign at any time by giving written notice to the Board of Directors or the Chief Executive Officer, the President, the Chief Financial Officer, or the Chairman, if any, or the Secretary of the Corporation. Any such resignation shall take effect at the date of receipt of such notice or at any later time specified therein; and, unless

otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective.

SECTION 5.6 Vacancies. A vacancy in any office because of death, resignation, removal, disqualification or any other cause shall be filled for the unexpired portion of the term in the manner prescribed in these By-Laws for regular election or appointment to such office.

SECTION 5.7 Chairman of the Board. The Chairman of the Board, if any, shall be a director and shall preside at all meetings of the Board of Directors and shareholders. Subject to determination by the Board of Directors, the Chairman, if any, shall have general executive powers and such specific powers and duties as from time to time may be conferred or assigned by the Board of Directors.

SECTION 5.8 Chief Executive Officer. Under the direction of and, at all times, subject to the authority of the Board of Directors, the Chief Executive Officer will have general supervision over the day to day business, operations and affairs of the Corporation and will perform such duties and exercise such powers as are incident to the office of Chief Executive Officer of a corporation organized under the PBCL. The Chief Executive Officer will have such other powers and perform such other duties as may from time to time be prescribed by the Board of Directors.

SECTION 5.9 President. Under the direction of and, at all times, subject to the authority of the Board of Directors, the President of the Corporation will perform such duties and exercise such powers as are incident to the offices of president of a corporation organized under the PBCL. In the absence of the Chief Executive Officer, the President will perform the duties of the Chief Executive Officer. The President will have such other powers and perform such other duties as may from time to time be prescribed by the Board of Directors.

SECTION 5.10 Chief Financial Officer. The Chief Financial Officer will keep and maintain, or cause to be kept and maintained, adequate and correct books and records of accounts of the properties and business transactions of the Corporation, including accounts of its assets, liabilities, receipts, disbursements, gains, losses, capital and capital securities, and, in general, will perform all the duties incident to the office of the Chief Financial Officer of a corporation organized under the PBCL. The Chief Financial Officer will have the custody of the funds and securities of the Corporation, and will keep full and accurate accounts of receipts and disbursements in books belonging to the Corporation. The Chief Financial Officer will have such other powers and perform such other duties as may from time to time be prescribed by the Board of Directors, the Chief Executive Officer and/or the President.

SECTION 5.11 Secretary. The Secretary of the Corporation will (i) keep the minutes of the meetings of the Shareholders and the Board of Directors in one or more books provided for that purpose; (ii) see that all notices are duly given in accordance with the provisions of the Articles of Incorporation or these By-Laws and as required by applicable law; (iii) be custodian of the Corporation's records; (iv) keep a register of the address of each Shareholder which will be furnished to the Secretary by such Shareholder; and (v) in general perform all duties incident to the office of the Secretary of a corporation organized under the PBCL. The Secretary will

have such other powers and perform such other duties as may from time to time be prescribed by the Board of Directors, the Chief Executive Officer and/or the President.

SECTION 5.12 **The Assistant Secretaries.** At the request, or in the absence or disability, of the Secretary, the Assistant Secretary, if any, designated by the Secretary or the Board of Directors shall perform all the duties of the Secretary and, when so acting, shall have all the powers of the Secretary. The Assistant Secretaries shall perform such other duties as from time to time may be assigned to them by the Board of Directors or any committee of the Board designated by it so to act, or by the Chief Executive Officer and/or the President, if any, or the Secretary.

SECTION 5.13 **Treasurer.** The Treasurer, if any, shall have such powers and perform such duties as from time to time may be conferred upon or assigned to him by the Board of Directors or any committee of the Board designated by it to so act, or by the President and/or Chief Executive Officer.

SECTION 5.14. **Salaries.** The salaries of the principal officers of the Corporation shall be fixed from time to time by the Board of Directors or a special committee thereof, and none of such officers shall be prevented from receiving a salary by reason of the fact that he is a director of the Corporation.

ARTICLE VI

CERTIFICATES FOR SHARES

SECTION 6.1 **Certificates of Shares.** The shares of the Corporation shall be represented by certificates, provided that the Board of Directors of the Corporation may provide by resolution or resolutions that some or all of any or all classes or series of its stock shall be uncertificated shares. Any such resolution shall not apply to shares represented by a certificate until such certificate is surrendered to the Corporation. Notwithstanding the adoption of such a resolution by the Board of Directors, every holder of stock represented by certificates and upon request every holder of uncertificated shares shall be entitled to have a certificate signed by, or in the name of the Corporation by the Chairman or Vice Chairman of the Board of Directors, Chief Executive Officer, or the President or Vice President, and by the Treasurer or an Assistant Treasurer, or the Secretary or an Assistant Secretary of the Corporation representing the number of shares registered in certificate form. Any or all the signatures on the certificate may be a facsimile.

SECTION 6.2 **Signatures of Former Officer, Transfer Agent or Registrar.** In case any officer, transfer agent, or registrar who has signed or whose facsimile signature has been placed upon a certificate shall have ceased to be such officer, transfer agent or registrar before such certificate is issued, it may be issued by the Corporation with the same effect as if such person or entity were such officer, transfer agent or registrar at the date of issue.

SECTION 6.3 **Transfer of Shares.** Transfers of shares of the Corporation shall be made only on the books of the Corporation by the holder of record thereof or by his legal representative, who shall furnish proper evidence of authority to transfer, or by his or her

attorney thereunto authorized by power of attorney duly executed and filed with an officer of the Corporation, and on surrender for cancellation of certificate for such shares. Prior to due presentment of a certificate for shares for registration of transfer, the Corporation may treat a registered owner of such shares as the person exclusively entitled to vote, to receive notifications and otherwise have and exercise all of the right and powers of an owner of shares.

SECTION 6.4 Lost, Destroyed Certificates. Whenever a certificate representing shares of the Corporation has been lost, destroyed or stolen, the holder thereof may file in the office of the Corporation an affidavit setting forth, to the best of his knowledge and belief, the time, place, and circumstance of such loss, destruction or theft together with a statement of indemnity sufficient in the opinion of the Board of Directors to indemnify the Corporation against any claim that may be made against it on amount of the alleged loss of any such certificate. Thereupon the Board may cause to be issued to such person or such person's legal representative a new certificate or duplicate of the certificate alleged to have been lost, destroyed or stolen. In the exercise of its discretion, the Board of Directors may waive the indemnification requirements provided herein.

ARTICLE VII

DIVIDENDS

SECTION 7.1 Dividends. The Board of Directors of the Corporation may declare and pay dividends upon the shares of the Corporation's capital stock in any form determined by the Board of Directors, in the manner and upon the terms and conditions provided by law.

ARTICLE VIII

CONTRACTS, LOANS, CHECKS AND DEPOSITS, INDEMNIFICATION AND FISCAL YEAR END

SECTION 8.1 Contracts. The Board of Directors may authorize any officer or officers, agent or agents, to enter into any contract or execute and deliver any instrument in the name of and on behalf of the Corporation, and such authority may be general or confined to specific instances.

SECTION 8.2 Loans. No loans shall be contracted on behalf of the Corporation and no evidences of indebtedness shall be issued in its name unless authorized by a resolution of the Board of Directors. Such authority may be general or confined to specific instances.

SECTION 8.3 Signatories. All checks, drafts or other orders for the payment of money, notes or other evidences of indebtedness issued in the name of the Corporation shall be signed by one (1) or more officers or agents of the Corporation and in such manner as shall from time to time be determined by resolution of the Board of Directors.

SECTION 8.4 Deposits. The funds of the Corporation may be deposited or invested in such bank account, in such investments or with such other depositaries as determined by the Board of Directors.

SECTION 8.5 Indemnification of Directors and Officers.

(a) No director of the Corporation or any other Covered Person ("QoL Covered Person") shall be liable to the Corporation or any other QoL Covered Person for any loss, damage or claim incurred by reason of any act or omission performed or omitted by such QoL Covered Person in good faith on behalf of the Corporation, its Subsidiaries or any Persons which at such time own, directly or indirectly through another Person, at least a majority of the outstanding Capital Securities of the Corporation ("Parents" and each a "Parent"), and in a manner reasonably believed to be within the scope of authority conferred on such QoL Covered Person by these By-Laws, except that a QoL Covered Person shall not be released from liability for any such loss, damage or claim incurred by reason of such QoL Covered Person's fraud, intentional misconduct or bad faith violation of the implied contractual covenant of good faith and fair dealing, and this provision shall not reduce or limit the contractual liability of an QoL Covered Person for breach of any Related Agreement or other agreement with the Corporation or a Subsidiary or Parent to which such QoL Covered Person is a party.

(b) A QoL Covered Person shall be fully protected in relying in good faith upon the records of the Corporation and its Subsidiaries and Parents and upon such information, opinions, reports or statements presented to the Corporation and its Subsidiaries and Parents by any Person as to matters the QoL Covered Person reasonably believes are within such other Person's professional or expert competence and who has been selected with reasonable care by or on behalf of the Corporation and its Subsidiaries and Parents, including information, opinions, reports or statements as to the value and amount of the assets, liabilities, profits, losses or income or any other facts pertinent to the existence and amount of assets from which distributions to Corporation's stockholders might properly be paid.

(c) To the fullest extent permitted by applicable law, no QoL Covered Person shall have any duty (including any fiduciary duty or any other duty or standard of care that may arise by default principles of law) to the Corporation or any Subsidiary, Parent, stockholder, director or other Persons, provided, however, that nothing in these By-Laws eliminates the implied contractual covenant of good faith and fair dealing. Without limitation of the foregoing, whenever in these By-Laws or at law or in equity a QoL Covered Person is permitted or required to exercise such Person's discretion in acting in such capacity, including making any elections or granting, withholding or conditioning any consent, such QoL Covered Person shall be entitled to consider only such interests and factors as such QoL Covered Person elects and shall have no duty or obligation to give any consideration to any interests of or factors affecting the Corporation or any Subsidiary, Parent, stockholder, director or other Persons, or to disclose any such real, perceived or potential conflicts. The Corporation and each stockholder agree that the provisions of these By-Laws, to the extent such provisions eliminate, restrict or limit the duties (including, without limitation, fiduciary duties) or liabilities of QoL Covered Persons that may otherwise exist at law or in equity, shall replace such duties and liabilities of QoL Covered Persons to the fullest extent permitted by applicable law.

(d) The Corporation shall indemnify and hold harmless each QoL Covered Person to the fullest extent permitted by applicable law from and against any and all losses, claims, demands, costs, damages, liabilities (joint or several), expenses of any nature (including reasonable legal and accounting fees and expenses, costs of investigation and sums paid in

settlement), judgments, fines, settlements, and other amounts ("Indemnified Costs") arising from any and all claims, demands, actions, suits, or proceedings, whether civil, criminal, administrative or investigative, in which the QoL Covered Person may be involved, or threatened to be involved as a party or otherwise, incurred by reason of any act or omission performed or omitted by such QoL Covered Person in connection with matters relating to the Corporation and its Subsidiaries and Parents, and in a manner reasonably believed to be within the scope of authority conferred on such QoL Covered Person, regardless of whether the QoL Covered Person is a QoL Covered Person at the time any such Indemnified Cost is paid or incurred, except that no QoL Covered Person shall be entitled to be indemnified in respect of (and this provision shall not reduce or limit the liability of a QoL Covered Person with respect to) any Indemnified Cost incurred by such QoL Covered Person by reason of such QoL Covered Person's fraud, intentional misconduct or bad faith violation of the implied contractual covenant of good faith and fair dealing, and this provision shall not reduce or limit the contractual liability of a QoL Covered Person for breach of a Related Agreement or other agreement with the Corporation or a Subsidiary or Parent to which such QoL Covered Person is a party; provided, however, that any indemnity under this Section 8.5 shall be provided out of and to the extent of the assets of the Corporation's and its Subsidiaries', and no QoL Covered Person shall have any personal liability on account thereof. Further, the Corporation shall not indemnify any QoL Covered Person in connection with a proceeding (or part thereof) initiated by such Person against the Corporation or any Subsidiary or Parent or any other QoL Covered Person, whether by direct claim, counterclaim or otherwise, unless the initiation thereof was approved or ratified by the Board of Directors of the Corporation.

(e) The indemnification provided by this Article VIII shall be in addition to any other rights to which a QoL Covered Person may be entitled under any agreement, vote of the Board of Directors of the Corporation, as a matter of law or equity, or otherwise, both as to an action in the QoL Covered Person's capacity as a QoL Covered Person, and as to an action in another capacity, and shall continue as to a QoL Covered Person who has ceased to serve in such capacity and shall inure to the benefit of the heirs, successors, assigns, and administrators of each QoL Covered Person.

(f) Notwithstanding any other provision of this Article VIII, the Corporation shall reimburse Indemnified Costs incurred by a QoL Covered Person in connection with such Person's appearance as a witness on behalf of the Corporation or its Subsidiaries or Parents or other participation at the request of the Corporation or a Subsidiary or Parent in a proceeding involving or affecting the Corporation or its Subsidiaries or Parents at a time when the QoL Covered Person is not a named defendant or respondent in the proceeding.

(g) The Board of Directors of the Corporation shall cause the Corporation to purchase and maintain directors' and officers' insurance on behalf of the applicable QoL Covered Persons and/or the Corporation and its Subsidiaries and Parents against liabilities asserted against any such QoL Covered Person and incurred by any such QoL Covered Person in such Person's capacity as such or arising out of such QoL Covered Person's status in such capacity, regardless of whether the Corporation would have the power to indemnify the QoL Covered Person against that liability under this Article VIII, to the extent that such insurance is available on commercially reasonable terms. In furtherance of the foregoing, the Corporation shall obtain and maintain directors' and officers' liability insurance with coverage in a face amount determined

by the Board of Directors of the Corporation. The indemnification provided by this Article VIII shall be in addition to any other rights to which the QoL Covered Persons may be entitled under any agreement, vote of the Board of Directors of the Corporation, as a matter of law, or otherwise, shall continue as to a QoL Covered Person who has ceased to serve in such capacity, and shall inure to the benefit of the heirs, successors, assigns and administrators of the QoL Covered Persons.

(h) A QoL Covered Person shall not be denied indemnification in whole or in part under this Article VIII solely because the QoL Covered Person had an interest in the transaction with respect to which the indemnification applies if the transaction was otherwise permitted by the terms of any Related Agreement.

(i) To the fullest extent permitted by applicable law, the Corporation may, in the sole discretion of the Board of Directors of the Corporation, from time to time advance expenses (including reasonable legal fees and expenses, and costs of investigation) incurred by a QoL Covered Person in defending or settling any claim, demand, action, suit or proceeding prior to the final disposition of such claim, demand, action, suit or proceeding that may be subject to a right of indemnification hereunder upon receipt by the Corporation of a written undertaking by or on behalf of the QoL Covered Person to repay such amount if it shall be finally determined that the QoL Covered Person is not entitled to be indemnified as authorized in this Article VIII.

(j) (1) The rights set forth in this Article VIII are contractual in nature and may not be revised as applied to prior actions of a QoL Covered Person by a subsequent amendment of these By-Laws without such QoL Covered Person's prior written approval.

(k) For the avoidance of doubt, the exculpation, indemnification and advancement of expenses provisions set forth in Article 6 of the Amended and Restated Bylaws of the Corporation that were adopted on December 11, 2007 and that were in effect immediately prior to the SPI Effective Time (as defined in that certain Agreement and Plan of Merger, dated October 14, 2013, by and among the Corporation and the other parties thereto) shall govern the rights of the current and former directors and officers of the Corporation for any and all actions or omissions occurring prior to the SPI Effective Time. The provisions set forth in Sections 8.5(a) through 8.5(l) of these By-Laws shall govern the rights of QoL Covered Persons for any and all actions or omissions occurring at or following the SPI Effective Time.

SECTION 8.6 Fiscal Year. Except as from time to time otherwise determined by the Board of Directors, the fiscal year of the Corporation shall end on December 31.

ARTICLE IX

AMENDMENTS

SECTION 9.1 Amendments. These By-Laws may be adopted, amended or repealed by a majority vote of either the Corporation's Board of Directors or its Shareholders.

SCHEDULE A

Director Notice Information

1. If to John Figueroa:

18300 Cascade Avenue South, Suite 251
Tukwila, WA 98188
Attention: John Figueroa
Email: jfigueroa@genoa-qol.com

2. If to Victor Breed:

18300 Cascade Avenue South, Suite 251
Tukwila, WA 98188
Attention: Victor Breed
Email: vbreed@genoa-qol.com

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

05/04/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

Genoa Healthcare LLC

I, Robert Torres, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Creation Filing filed on Jul 15, 2009 - Pages (2)
Amendment filed on Dec 5, 2013 - Pages (2)
Survivor filed on Dec 5, 2013 - Pages (4)
Change of Address filed on Dec 4, 2014 - Pages (2)
Amendment filed on Jan 13, 2015 - Pages (2)
Survivor filed on Apr 30, 2015 - Pages (3)
Amendment filed on Jul 24, 2017 - Pages (1)
Amendment filed on Dec 14, 2017 Effective Dec 15, 2017 - Pages (2)
Merger filed on Feb 27, 2018 Effective Feb 28, 2018 - Pages (17)

which appear of record in this department.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Robert Torres

Acting Secretary of the Commonwealth

Certification Number: TSC180504100450-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify

Entity #: 3893748
Date Filed: 07/15/2008
Pedro A. Cortés
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Entity Number

Certificate of Organization
Domestic Limited Liability Company
(15 Pa.C.S. § 8913)

Name
Address — CT - COUNTER
City State Zip Code
7610473 SQ PA

Document will be returned to the name and address you enter to the left.

Fee: $125

Commonwealth of Pennsylvania
CERTIFICATE OF ORGANIZATION 3 Page(s)
T0919947054

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company *(designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation)*:
QoL meds, LLC

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street	City	State	Zip	County
4900 Perry Highway, Building 2	Pittsburgh	Pennsylvania	15229	Allegheny

(b) Name of Commercial Registered Office Provider — County

3. The name and address, including street and number, if any, of each organizer is *(all organizers must sign on page 2)*:

Name	Address
Lisa M. Jaras	401 Liberty Avenue, 22nd Floor, Three Gateway Center Pittsburgh, PA 15222-1005

2008 JUL 15 AM 10:15

[CLIENT WORKS\4177002\1255941.1]

DSCB:15-8913-2

4. *Strike out if inapplicable term*
~~A member's interest in the company is to be evidenced by a certificate of membership interest.~~

5. *Strike out if inapplicable:*
Management of the company is vested in a manager or managers.

6. The specified effective date, if any is: upon filing
month date year hour, if any

7. *Strike out if inapplicable:* ~~The company is a restricted professional company organized to render the following restricted professional service(s):~~

8. The term for which the Company is to exist is perpetual.

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this

15th day of July, 2009.

Lisa M. Jaras

Lisa M. Jaras, Sole Organizer

Entity #: 3693743
Date Filed: 12/05/2013
Carol Aichele
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Certificate of Amendment-Domestic
(15 Pa.C.S.)

___ Limited Partnership (§ 8512)
_x_ Limited Liability Company (§ 8951)

Name

910469-015 KLA
Corporation Service Company

Commonwealth of Pennsylvania
LIMITED LIABILITY AMENDMENT 3 Page(s)

T1334011011

Fee: $70

In compliance with the requirements of the applicable provisions (relating to certificate of amendment), the undersigned, desiring to amend its Certificate of Limited Partnership/Organization, hereby certifies that:

1. The name of the limited partnership/limited liability company is:
QoL meds, LLC

2. The date of filing of the original Certificate of Limited Partnership/Organization: 07/15/2009

3. *Check, and if appropriate complete, one of the following:*

_x_ The amendment adopted by the limited partnership/limited liability company, set forth in full, is as follows:
Article 4 is hereby added as follows: "A member's interest in the company is to be evidenced by a certificate of membership interest."

___ The amendment adopted by the limited partnership/limited liability company is set forth in full in Exhibit A attached hereto and made a part hereof.

4. *Check, and if appropriate complete, one of the following:*

_x_ The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.

___ The amendment shall be effective on _____ (Date) at _____ (Hour)

PA DEPT. OF STATE
DEC 05 2013

DSCB:15-8512/8951-2

5. *Check if the amendment restates the Certificate of Limited Partnership/Organization:*

— The restated Certificate of Limited Partnership/Organization supersedes the original Certificate of Limited Partnership/Organization and all previous amendments thereto.

IN TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate of Amendment to be executed this

13th day of December, 2013.

QoL meds, LLC

Name of Limited Partnership/Limited Liability Company

Signature

President / CEO

Title

Entity #: 3893746
Date Filed: 12/05/2013
Carol Aichele
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Certificate of Merger or Consolidation
Limited Liability Company
(15 Pa. C.S. § 8988)

Name

910469-010 KCA
Corporation Service Company

Commonwealth of Pennsylvania
ARTICLES MERGER/CONSOLIDATION-ALL TYPES 5 Page(s)

T1334011010

Fee: $150 plus $40 additional for each party in addition to two

In compliance with the requirements of the 15 Pa.C.S. § 8988 (relating to articles of merger or consolidation), the undersigned limited liability company(s), desiring to effect a merger or consolidation, hereby state that:

1. The name of the limited liability company surviving the merger or consolidation is:
Qol. media, LLC

2. *Check and complete one of the following:*

X The surviving limited liability company is a domestic limited liability company and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
4900 Perry Hwy., Bldg. 2, 3rd Floor	Pittsburgh	PA	15229	Allegheny

(b) Name of Commercial Registered Office Provider — County

c/o:

___ The surviving limited liability company is a qualified foreign limited liability company formed under the laws of _____ and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street — City — State — Zip — County

(b) Name of Commercial Registered Office Provider — County

c/o:

___ The surviving limited liability company is a nonqualified foreign limited liability company formed under the laws of _____ and the address of its principal office under the laws of such domiciliary jurisdiction is:

Number and Street — City — State — Zip

DEPT. OF STATE

DEC 05 2013

DSCB:15-8958-2

3. The name and the address of the current registered office in this Commonwealth or name of its commercial registered office provider and the county of venue of each other domestic limited liability company and qualified foreign limited liability company which is a party to the plan of merger or consolidation are as follows:

Name	Registered Office Address	Commercial Registered Office Provider	County
Cot. Merger Sub, LLC	(DE not qualified in PA)		

4. *Check, and if appropriate complete, one of the following:*

__X__ The plan of merger or consolidation shall be effective upon filing these Articles of Merger in the Department of State.

___ The plan of merger or consolidation shall be effective on: _____ at _____
Date Hour

5. The manner in which the plan of merger or consolidation was adopted by each domestic limited liability company is as follows:

Name of Limited Liability Company	Manner of Adoption
Cot. media, LLC	*Adopted by the members and managers pursuant to 15 Pa.C.S. § 8957(g)*

6. *Strike out this paragraph if no foreign limited liability company is a party to the merger or consolidation:* The plan was authorized, adopted or approved, as the case may be, by the foreign limited liability company (or each of the foreign limited liability companies) party to the plan in accordance with the laws of the jurisdiction in which it is organized.

7. *Check, and if appropriate complete, one of the following:*

___ The plan of merger or consolidation is set forth in full in Exhibit A attached hereto and made a part hereof.

__X__ Pursuant to 15 Pa.C.S. § 8958 (b) (relating to omission of certain provisions of plan of merger or consolidation) the provisions, if any, of the plan of merger or consolidation that amend or constitute the operative Certificate of Organization of the surviving limited liability company as in effect subsequent to the effective date of the plan are set forth in full in Exhibit A attached hereto and made a part hereof. The full text of the plan of merger or consolidation is on file at the principal place of business of the surviving limited liability company, the address of which is:

Number and street	City	State	Zip	County
4900 Perry Hwy., Bldg. 2, 3rd Floor	Pittsburgh	PA	15229	Allegheny

DSCB: 11-8953-3

IN TESTIMONY WHEREOF, the undersigned limited liability company has caused this Certificate of Merger or Consolidation to be signed by a duly authorized member or manager thereof this

5th day of December, 2018

QOL MEDS, LLC

Name of Limited Liability Company

Signature

Chief Executive Officer

Title

QOL MERGER SUB, LLC

Name of Limited Liability Company

Signature

President

Title

DSCB: 15-8958-3

IN TESTIMONY WHEREOF, the undersigned limited liability company has caused this Certificate of Merger or Consolidation to be signed by a duly authorized member or manager thereof this

5th day of December, 2013

QOL MEDS, LLC

Name of Limited Liability Company

Signature

Chief Executive Officer

Title

QOL MERGER SUB, LLC

Name of Limited Liability Company

President

Title

Entity #: 3989749
Date Filed: 12/04/2014
Carol Aichele
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement or Certificate of Change of Registered Office (15 Pa.C.S.) for (check one):

- ___ Domestic Business Corporation (§ 1507)
- ___ Foreign Business Corporation (§ 4144)
- ___ Domestic Nonprofit Corporation (§ 5507)
- ___ Foreign Nonprofit Corporation (§ 6144)
- ___ Domestic Limited Partnership (§ 8506)
- X Domestic Limited Liability Company (§ 8906)

Name: CT - COUNTER

Address:

City: 9364128 State: SDPA Zip Code: 50

Document will be returned to the name and address you enter to the left.

Commonwealth of Pennsylvania
DOMESTIC - CHANGE OF REGISTERED OFFICE 2 Page(s)

T1434341656

Fee: 35

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to change of registered office), the undersigned corporation, limited partnership or limited liability company, desiring to effect a change of registered office, hereby states that:

1. The name is:
QoL media, LLC

2. Current address as registered with the Department of State. *Complete part (a) or (b) – not both:*

(a) The address of its current registered office in this Commonwealth is:

Number and street	City	State	Zip	County
4900 Penry Highway Building#2	Pittsburgh	PA	15229	Allegheny

(b) The name of its current commercial registered office provider and the county of venue is:

c/o:
Name of Commercial Registered Office Provider — County

3. New address. *Complete part (a) or (b) – not both:*

(a) The address in this Commonwealth to which the registered office of the corporation, limited partnership or limited liability company is to be changed is:

Number and street — City — State — Zip — County

(b) The registered office of the corporation, limited partnership or limited liability company shall be provided by:

c/o: C T Corporation System — Dauphin
Name of Commercial Registered Office Provider — County

Revised 8/2013

2014 DEC -4 AM 11:34
PA. DEPT. OF STATE

DSCB:15-1507/4144/5307/5144/8506/8906-2

4. *For corporations only:*

Such change was authorized by the Board of Directors of the corporation.

IN TESTIMONY WHEREOF, the undersigned has caused this Statement or Certificate of Change of Registered Office to be signed by a duly authorized officer, general partner, member or manager thereof this

3 day of December, 2014.

Qof Media LLC

Name of Corporation/Limited Partnership/ Limited Liability Company

Signature

Manager

Title

Entity #: 3513748
Date Filed: 01/13/2015
Carol Aichele
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Certificate of Amendment-Domestic
(15 Pa.C.S.)

___ Limited Partnership (§ 8512)
x Limited Liability Company (§ 8951)

Name: CT - COUNTER
Address:
City: 94066034 State: 30DA Zip Code: 1

Document will be returned to the name and address you enter to the left.

Commonwealth of Pennsylvania
LIMITED LIABILITY AMENDMENT 3 Page(s)

T1501367031

Fee: $70

In compliance with the requirements of the applicable provisions (relating to certificate of amendment), the undersigned, desiring to amend its Certificate of Limited Partnership/Organization, hereby certifies that:

1. The name of the limited partnership/limited liability company is:
QoL meds, LLC

2. The date of filing of the original Certificate of Limited Partnership/Organization: July 15, 2009

3. *Check, and if appropriate complete, one of the following:*

x The amendment adopted by the limited partnership/limited liability company, set forth in full, is as follows:

The name of the limited liability company be changed to: Genoa, a QoL Healthcare Company, LLC

___ The amendment adopted by the limited partnership/limited liability company is set forth in full in Exhibit A attached hereto and made a part hereof.

4. *Check, and if appropriate complete, one of the following:*

x The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.

___ The amendment shall be effective on: ___ (Date) at ___ (Hour).

2015 JAN 13 PM 9:30
PA. DEPT. OF STATE

DSCB:15-8512/8951-2

5. *Check if the amendment restates the Certificate of Limited Partnership/Organization:*

___ The restated Certificate of Limited Partnership/Organization supersedes the original Certificate of Limited Partnership/Organization and all previous amendments thereto.

IN TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate of Amendment to be executed this

7th day of January, 2016.

Genoa, a QoL Healthcare Company, LLC
Name of Limited Partnership/Limited Liability Company

Signature

Assistant Secretary
Title

Entity #: 3503748
Date Filed: 04/30/2015
Pedro A. Cortés
Acting Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Certificate of Merger or Consolidation
Limited Liability Company
(15 Pa. C.S. § 8958)

Name: CT - COUNTER
Address:
City: 95331 State: dn3 Zip Code: 19

Commonwealth of Pennsylvania
CERTIFICATE OF MERGER 4 Page(s)

T151207914

Fee: $150 plus $40 additional for each party in addition to two

In compliance with the requirements of the 15 Pa.C.S. § 8958 (relating to articles of merger or consolidation), the undersigned limited liability company(s), desiring to effect a merger or consolidation, hereby state that:

1. The name of the limited liability company surviving the merger or consolidation is:
Genoa, a QoL Healthcare Company, LLC

2. *Check and complete one of the following:*

☑ The *surviving limited liability company* is a *domestic* limited liability company and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street | City | State | Zip | County

(b) Name of Commercial Registered Office Provider: c/o: CT Corporation System | County: Dauphin

☐ The surviving limited liability company is a qualified foreign limited liability company formed under the laws of _____ and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) *Number and Street* | City | *State* | Zip | County

(b) Name of Commercial Registered Office Provider: c/o: | County

☐ The *surviving limited liability company* is a *nonqualified foreign* limited *liability* company formed under the laws of _____ and the address of its principal office under the laws of such domiciliary jurisdiction is:

Number and Street | City | State | Zip

2015 APR 30 AM 10:48
PA. DEPT. OF STATE

DSCB:15-8958-2

3. The name and the address of the current registered office in this Commonwealth or name of its commercial registered office provider and the county of venue of each other domestic limited liability company and qualified foreign limited liability company which is a party to the plan of merger or consolidation are as follows:

Name	Registered Office Address	Commercial Registered Office Provider	County
Genoa Holding Company, Inc.		(DE not qualified in PA)	

4. *Check, and if appropriate complete, one of the following:*

☒ The plan of merger or consolidation shall be effective upon filing these Articles of Merger in the Department of State.

☐ The plan of merger or consolidation shall be effective on: _____ at _____.
Date Hour

5. The manner in which the plan of merger or consolidation was adopted by each domestic limited liability company is as follows:

Name of Limited Liability Company	Manner of Adoption
Genoa QuL Healthcare Company, LLC	Adopted by the members and managers pursuant to 15 Pa.C.S. § 8957(g)

6. *Strike out this paragraph if no foreign limited liability company is a party to the merger or consolidation:*

7. *Check, and if appropriate complete, one of the following:*

☐ The plan of merger or consolidation is set forth in full in Exhibit A attached hereto and made a part hereof.

☒ Pursuant to 15 Pa.C.S. § 8958 (b) (relating to omission of certain provisions of plan of merger or consolidation) the provisions, if any, of the plan of merger or consolidation that amend or constitute the operative Certificate of Organization of the surviving limited liability company as in effect subsequent to the effective date of the plan are set forth in full in Exhibit A attached hereto and made a part hereof. The full text of the plan of merger or consolidation is on file at the principal place of business of the surviving limited liability company, the address of which is:

Number and street	City	State	Zip	County
18300 Cascade Ave S #251	Tukwila	WA	98188	King

DSCH: 15-05913

IN TESTIMONY WHEREOF, the undersigned limited liability company has caused this Certificate of Merger or Consolidation to be signed by a duly authorized member or manager thereof this

30 day of April 2015.

[redacted] LLC
Name of Limited Liability Company

[redacted]
Signature

[redacted] CEO & Secretary
Title

[redacted]
Name of Limited Liability Company

[redacted]
Signature

President, CEO & Secretary
Title

Entity# : 3893746
Date Filed : 07/24/2017
Pedro A. Cortés
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

☐ Return document by mail to:
Corporation Service Company
Name
Order No. 731516/062
Address
City State Zip Code
☑ Return document by email to: eml.cas.per@csc-lobal.com

Change of Registered Office
[redacted]
TCO170725DP0545

Read all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov/.

Fee: $5 The type of domestic association (check only one):

☐ Business Corporation ☑ Limited Liability Company ☐ Limited Liability Limited Partnership
☐ Nonprofit Corporation ☐ Limited Partnership

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 1507/5507/8625/8825 (relating to change of registered office), the undersigned domestic corporation, limited liability company, limited partnership or limited liability limited partnership, desiring to effect a change of registered office, hereby states that:

1. The name of the association is: Genoa, a QoL Healthcare Company, LLC

2. The current registered office address as on file with the Department of State. *Complete part (a) OR (b) – not both:*

(a) _____ _____ _____ _____ _____
Number and street City State Zip County

(b) c/o: CT CORPORATION SYSTEM Dauphin
Name of Commercial Registered Office Provider County

3. New address. *Complete part (a) OR (b) – not both:*

(a) The address in this Commonwealth to which the registered office of the corporation, limited partnership, limited liability limited partnership or limited liability company is to be changed is:

_____ _____ _____ _____ _____
Number and street *City* *State* *Zip* *County*

(b) The registered office of the corporation, limited partnership, limited liability partnership, limited liability limited *partnership* or *limited liability company* shall be provided by:

c/o: Corporation Service Company Dauphin
Name of Commercial Registered Office Provider County

4. *For corporations only:* Such change was authorized by the Board of Directors of the corporation.

IN TESTIMONY WHEREOF, the undersigned has caused this Statement or Certificate of Change of Registered Office to be signed by a duly authorized officer, general partner, member or manager thereof this 19th day of July, 2017.

Genoa, a QoL Healthcare Company, LLC
Name of Corporation/Limited Partnership/
Limited Liability Limited Partnership/Limited Liability Company

Signature

Jill Ciminelli, Attorney in Fact
Title

2017 JUL 24 PM 2:02
PA DEPT. OF STATE

Entity# : 3893746
Date Filed : 12/14/2017
Effective Date : 12/15/2017
Robert Torres
Acting Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

☐ Return document by mail to:
CSC order #9543620-5 (BJ)
Name

CSC
(x)Return document by email to: cscpa@cscglobal.com

Certificate of Amendment - Domestic Limited Partnership/Limited Liability Company

TC0171214.050244

Read all instructions prior to completing. This form may be submitted online at http://www.corporations.pa.gov.

Fee: $70

Check one: ☐ Limited Partnership (§ 8622) ☒ Limited Liability Company (§ 8822)

In compliance with the requirements of the applicable provisions (relating to Amendment or Restatement of Certificate), the undersigned, desiring to amend or restate its Certificate of Limited Partnership/Certificate of Organization, hereby certifies that:

1. The name of the limited partnership/limited liability company is: Genoa, a QoL Healthcare Company, LLC

2. The date of filing of the original Certificate of Limited Partnership/Certificate of Organization is:

07/15/2009
Date (MM/DD/YYYY)

3. The current registered office address on file with the Department of State. *Complete part (a) OR (b) – not both:*

(a) _____
Number and street City State Zip County

(b) c/o: Corporation Service Company Dauphin
Name of Commercial Registered Office Provider County

4. *Check, and if appropriate complete, one of the following:*

☒ The amendment adopted by the limited partnership/limited liability company, set forth in full, is as follows:

Name of the limited liability company: Genoa Healthcare LLC

☐ The amendment adopted by the limited partnership/limited liability company is set forth in full in Exhibit A attached hereto and made a part hereof.

5. Effective date of amendment (*check, and if appropriate complete, one of the following):*

☐ The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.
☒ The amendment shall be effective on: 12/15/2017 at _____.
Date (MM/DD/YYYY) Hour (if any)

2017 DEC 14 AM 9:40
PA. DEPT. OF STATE

DSCB:15-8622/8822-2

6. *Check if the amendment restates the Certificate of Limited Partnership/Certificate of Organization:*

☐ The restated Certificate of Limited Partnership/Certificate of Organization supersedes the original Certificate of Limited Partnership/Certificate of Organization and all previous amendments thereto.

IN TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate of Amendment to be executed by a duly authorized person thereof this 13th day of December, 20 17.

Genoa, a QoL Healthcare Company, LLC
Name of Limited Partnership/Limited Liability Company

Signature

Member
Title

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger - Addendum

DSCB:15-335AD
(7/1/2015)

335Ad

This form is used to identify additional merging parties and must be submitted with the Statement of Merger form (DSCB:15-335).

B. For the merging association(s) that are not surviving the merger (continued):

1. The name of the merging association is: Advanced Care Pharmacy EM LLC

2. The jurisdiction of formation of the merging association: MI

3. The type of association is (check only one):

☐ Business Corporation	☐ Limited Partnership	☐ Business Trust
☐ Nonprofit Corporation	☐ Limited Liability (General) Partnership	☐ Professional Association
☒ Limited Liability Company	☐ Limited Liability Limited Partnership	☐ Other _____

4. Check and complete one of the following addresses.

☐ **If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as an file with the Department of State.**
Complete part (a) OR (b) – not both:

(a) _____
Number and street | City | State | Zip | County

(b) c/o: _____
Name of Commercial Registered Office Provider | County

☐ **If the merging association is a domestic association that is *not* a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:**

_____
Number and street | City | State | Zip | County

☒ **If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:**

Suite 251 18300 Cascade Avenue S. Tukwila, WA 98188
Number and street | City | State | Zip

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Merger-Addendum to be signed by an authorized officer thereof this 28th day of Februa., 2016.

Advanced Care Pharmacy EM LLC
Name of Merging Association

Signature

Authorized Representative
Title

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger - Addendum

DSCB:15-335AD
(7/1/2015)

335Ad

This form is used to identify additional merging parties and must be submitted with the Statement of Merger form (DSCB:15-335).

B. For the merging association(s) that are not surviving the merger (continued):

1. The name of the merging association is: Advanced Care Pharmacy NEGC LLC

2. The jurisdiction of formation of the merging association: MI

3. The type of association is (check only one):

☐ Business Corporation	☐ Limited Partnership	☐ Business Trust
☐ *Nonprofit Corporation*	☐ Limited Liability (*General*) *Partnership*	☐ Professional Association
☒ Limited Liability Company	☐ Limited Liability Limited Partnership	☐ Other

4. Check and complete one of the following addresses.

☐ **If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State.**
Complete part (a) OR (b) – not both:

(a) _____
Number and street | City | State | Zip | County

(b) c/o: _____
Name of Commercial Registered Office Provider | County

☐ **If the *merging association* is a *domestic association* that is *not* a domestic filing association or *limited* liability partnership, the address, including street and number, if any, of its principal office:**

_____
Number and street | City | State | Zip | County

☒ **If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:**

Suite 251 18300 Cascade Avenue S. Tukwila, WA 98188
Number and street | City | State | Zip

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Merger-Addendum to be signed by an authorized officer thereof this 28th day of February, 2018.

Advanced Care Pharmacy NEGC LLC
Name of Merging Association

Signature

Authorized Representative
Title

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger – Addendum
DSCB:15-335AD
(7/1/2015)

335Ad

This form is used to identify additional merging parties and must be submitted with the Statement of Merger form (DSCB:15-335).

B. For the merging association(s) that are not surviving the merger (continued):

1. The name of the merging association is: Advanced Care Pharmacy Services - Genesee LLC

2. The jurisdiction of formation of the merging association: MI

3. The type of association is (check only one):
   - ☐ Business Corporation
   - ☐ Nonprofit Corporation
   - ☒ Limited Liability Company
   - ☐ Limited Partnership
   - ☐ Limited Liability (General) Partnership
   - ☐ Limited Liability Limited Partnership
   - ☐ Business Trust
   - ☐ Professional Association
   - ☐ Other _____

4. Check and complete one of the following addresses.

☐ **If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State.**
Complete part (a) OR (b) – not both:

(a) _____
Number and street | City | State | Zip | County

(b) c/o: _____
Name of Commercial Registered Office Provider | County

☐ **If the merging association is a domestic association that is *not* a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:**

_____
Number and street | City | State | Zip | County

☒ **If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:**

Suite 251 16300 Cascade Avenue S. Tukwila, WA 98188
Number and street | City | State | Zip

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Merger-Addendum to be signed by an authorized officer thereof this 28th day of February, 2018.

Advanced Care Pharmacy Services - Genesee LLC
Name of Merging Association

Signature

Authorized Representative
Title

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger - Addendum

DSCB:15-335AD
(7/1/2015)

335Ad

This form is used to identify additional merging parties and must be submitted with the Statement of Merger form (DSCB:15-335).

B. For the merging association(s) that are not surviving the merger (continued):

1. The name of the merging association is: Advanced Care Pharmacy Services - Port Huron LLC

2. The jurisdiction of formation of the merging association: MI

3. The type of association is (check only one):

☐ Business Corporation	☐ Limited Partnership	☐ Business Trust
☐ Nonprofit Corporation	☐ Limited Liability (General) Partnership	☐ Professional Association
☒ Limited Liability Company	☐ Limited Liability Limited Partnership	☐ Other

4. Check and complete one of the following addresses.

☐ **If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State.**
Complete part (a) OR (b) – not both:

(a) _____
Number and street | City | State | Zip | County

(b) c/o: _____
Name of Commercial Registered Office Provider | County

☐ **If the merging association is a domestic association that is *not* a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:**

_____
Number and street | City | State | Zip | County

☒ **If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:**

Suite 251 18300 Cascade Avenue S. Tukwila, WA 98188
Number and street | City | State | Zip

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Merger-Addendum to be signed by an authorized officer thereof this 28th day of February, 2018.

Advanced Care Pharmacy Services - Port Huron LLC
Name of Merging Association

Signature

Authorized Representative
Title

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger - Addendum
DSCB:15-335AD
(7/1/2015)

335Ad

This form is used to identify additional merging parties and must be submitted with the Statement of Merger form (DSCB:15-335).

B. For the merging association(s) that are not surviving the merger (continued):

1. The name of the merging association is: Advanced Care Pharmacy Services - Saginaw, LLC

2. The jurisdiction of formation of the merging association: MI

3. The type of association is (check only one):
☐ Business Corporation ☐ Limited Partnership ☐ Business Trust
☐ Nonprofit Corporation ☐ Limited Liability (General) Partnership ☐ Professional Association
☒ Limited Liability Company ☐ Limited Liability Limited Partnership ☐ Other

4. Check and complete one of the following addresses.

☐ **If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State.**
Complete part (a) OR (b) – not both:

(a) _____
Number and street City State Zip County

(b) c/o: _____
Name of Commercial Registered Office Provider County

☐ **If the merging association is a domestic association that is *not* a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:**

_____
Number and street City State Zip County

☒ **If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:**

Suite 251 18300 Cascade Avenue S. Tukwila, WA 98188
Number and street City State Zip

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Merger-Addendum to be signed by an authorized officer thereof this 28th day of February, 2016.

Advanced Care Pharmacy Services - Saginaw, LLC
Name of Merging Association

Signature

Authorized Representative
Title

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger - Addendum

DSCB:15-335AD
(7/1/2015)

335Ad

This form is used to identify additional merging parties and must be submitted with the Statement of Merger form (DSCB:15-335).

B. For the merging association(s) that are not surviving the merger (continued):

1. The name of the merging association is: Group Med Inc.

2. The jurisdiction of formation of the merging association: MI

3. The type of association is (check only one):

☒ Business Corporation	☐ Limited Partnership	☐ Business Trust
☐ Nonprofit Corporation	☐ Limited Liability (General) Partnership	☐ Professional Association
☐ Limited Liability Company	☐ Limited Liability Limited Partnership	☐ Other

4. Check and complete one of the following addresses.

☐ **If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State.**
Complete part (a) OR (b) – not both:

(a) _____
Number and street | City | State | Zip | County

(b) c/o: _____
Name of Commercial Registered Office Provider | County

☐ **If the merging association is a domestic association that is *not* a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:**

_____
Number and street | City | State | Zip | County

☒ **If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:**

Suite 251 18300 Cascade Avenue S. Tukwila, WA 98188
Number and street | City | State | Zip

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Merger-Addendum to be signed by an authorized officer thereof this 28th day of February, 2018.

Group Med Inc.
Name of Merging Association

[signature]
Signature

Authorized Representative
Title

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger - Addendum

DSCB:15-335AD
(7/1/2015)

335Ad

This form is used to identify additional merging parties and must be submitted with the Statement of Merger form (DSCB:15-335).

B. For the merging association(s) that are not surviving the merger (continued):

1. The name of the merging association is: HDI Pharmacy Services Inc.

2. The jurisdiction of formation of the merging association: MI

3. The type of association is (check only one):

☒ Business Corporation	☐ Limited Partnership	☐ Business Trust
☐ Nonprofit Corporation	☐ Limited Liability (General) Partnership	☐ Professional Association
☐ Limited Liability Company	☐ Limited Liability Limited Partnership	☐ Other

4. Check and complete one of the following addresses.

☐ **If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State.**
Complete part (a) OR (b) – not both:

(a) _____ _____ _____ _____ _____
Number and street | City | State | Zip | County

(b) c/o: _____ _____
Name of Commercial Registered Office Provider | County

☐ **If the merging association is a domestic association that is *not* a domestic filing association or limited liability partnership, the *address, including street and number,* if any, of its principal office:**

_____ _____ _____ _____ _____
Number and street | City | State | Zip | County

☒ **If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:**

Suite 251 18300 Cascade Avenue S. Tukwila, WA 98188 _____
Number and street | City | State | Zip

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Merger-Addendum to be signed by an authorized officer thereof this 28th day of February, 2018.

HDI Pharmacy Services Inc.
Name of Merging Association

Signature

Authorized Representative
Title

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger - Addendum

DSCB:15-335AD
(7/1/2015)

335Ad

This form is used to identify additional merging parties and must be submitted with the Statement of Merger form (DSCB:15-335).

B. For the merging association(s) that are not surviving the merger (continued):

1. The name of the merging association is: Tricare Pharmacy Inc.

2. The jurisdiction of formation of the merging association: MI

3. The type of association is (check only one):

☒ Business Corporation	☐ Limited Partnership	☐ Business Trust
☐ Nonprofit Corporation	☐ Limited Liability (General) Partnership	☐ Professional Association
☐ Limited Liability Company	☐ Limited Liability Limited Partnership	☐ Other

4. Check and complete one of the following addresses.

If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State.
Complete part (a) OR (b) – not both:

☐ (a) _____ (Number and street) _____ (City) _____ (State) _____ (Zip) _____ (County)

(b) c/o: _____ (Name of Commercial Registered Office Provider) _____ (County)

☐ **If the merging association is a domestic association that is *not* a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:**

_____ (Number and street) _____ (City) _____ (State) _____ (Zip) _____ (County)

☒ **If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:**

Suite 251 18300 Cascade Avenue S. Tukwila, WA 98188
(Number and street) (City) (State) (Zip)

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Merger-Addendum to be signed by an authorized officer thereof this 28th **day of** February, **20** 18.

Tricare Pharmacy Inc.
Name of Merging Association

Signature

Authorized Representative
Title

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger - Addendum

DSCB:15-335AD
(7/1/2015)

335Ad

This form is used to identify additional merging parties and must be submitted with the Statement of Merger form (DSCB:15-335).

B. For the merging association(s) that are not surviving the merger (continued):

1. The name of the merging association is: Drace Holdings LLC

2. The jurisdiction of formation of the merging association: MI

3. The type of association is (check only one):

☐ Business Corporation	☐ Limited Partnership	☐ Business Trust
☐ Nonprofit Corporation	☐ Limited Liability (General) Partnership	☐ Professional Association
☒ Limited Liability Company	☐ Limited Liability Limited Partnership	☐ Other

4. Check and complete one of the following addresses.

☐ **If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State.**
Complete part (a) OR (b) – not both:

(a) _____
Number and street | City | State | Zip | County

(b) c/o: _____
Name of Commercial Registered Office Provider | County

☐ **If the merging association is a domestic association that is *not* a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:**

_____
Number and street | City | State | Zip | County

☒ **If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:**

Suite 251 18300 Cascade Avenue S. Tukwila, WA 98188
Number and street | City | State | Zip

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Merger-Addendum to be signed by an authorized officer thereof this 28th day of February, 2018.

Drace Holdings LLC
Name of Merging Association

Signature

Authorized Representative
Title

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger - Addendum

DSCB:15-335AD
(7/1/2015)

335Ad

This form is used to identify additional merging parties and must be submitted with the Statement of Merger form (DSCB:15-335).

B. For the merging association(s) that are not surviving the merger (continued):

1. The name of the merging association is: Advanced Care Pharmacy Services LLC

2. The jurisdiction of formation of the merging association: MI

3. The type of association is (check only one):

☐ Business Corporation	☐ Limited Partnership	☐ Business Trust
☐ Nonprofit Corporation	☐ Limited Liability (General) Partnership	☐ Professional Association
☒ Limited Liability Company	☐ Limited Liability Limited Partnership	☐ Other _____

4. Check and complete one of the following addresses.

☐ **If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State.**
Complete part (a) OR (b) – not both:

(a) _____
Number and street | City | State | Zip | County

(b) c/o: _____
Name of Commercial Registered Office Provider | County

☐ **If the merging association is a domestic association that is *not* a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:**

_____
Number and street | City | State | Zip | County

☒ **If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:**

Suite 251 18300 Cascade Avenue S. Tukwila, WA 98188
Number and street | City | State | Zip

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Merger-Addendum to be signed by an authorized officer thereof this 28th day of February, 2018.

Advanced Care Pharmacy Services LLC
Name of Merging Association

Signature

Authorized Representative
Title

Entity# : 3893748
Date Filed : 02/27/2018
Effective Date : 02/28/2018
Robert Torres
Acting Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

☐ Return document by mail to:
CSC order #6082390-10 UBH
Name

CSC
(a)Return document by email to: cscpa@cscglobal.com

Statement of Merger
DSCB:15-335
(7/1/2015)

TC0180227UZ1294

Read all instructions prior to

Fee: $70 plus $40 for *each* association that is a party to the merger
The minimum amount to be submitted with this filing is $150

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 335 (relating to Statement of merger), the undersigned, desiring to effect a merger, hereby states that:

A. For the surviving association:

1. The name of the surviving association is: Genoa Healthcare LLC
2. The jurisdiction of formation of the surviving association: Pennsylvania
3. The type of association of the surviving association is (check only one):
   - ☐ Business Corporation
   - ☐ Nonprofit Corporation
   - ☑ Limited Liability Company
   - ☐ Limited Partnership
   - ☐ Limited Liability (General) Partnership
   - ☐ Limited Liability Limited Partnership
   - ☐ Business Trust
   - ☐ Professional Association
   - ☐ Other

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PA. DEPT. OF STATE

DSCB:15-335-2

4. The surviving association is a (check only one box, provide address and follow instructions for attachments):

☑ Domestic (Pennsylvania) filing entity already in existence on Department of State records
If applicable, attach to this Statement any amendment to its public organic record approved as part of the plan of merger.

☐ NEW domestic (Pennsylvania) filing entity (includes limited liability limited partnership)
Attach to this Statement the public organic record of the new entity.

☐ Foreign filing association or foreign limited liability partnership already registered with the Department.
If applicable, attach to this Statement any amendment to or transfer of its foreign registration approved as part of the plan of merger.

☐ Foreign filing association or foreign limited liability partnership simultaneously seeking registration with the Department of State
Attach to this Statement a completed form DSCB:15-412 (Foreign Registration Statement) with applicable fee and attachments.

Its current registered office address. *Complete part (a) OR (b) – not both:*

(a) _____ _____ _____ _____ _____
Number and street City State Zip County

(b) c/o: CORPORATION SERVICE COMPANY Dauphin
Name of Commercial Registered Office Provider County

☐ NEW domestic (Pennsylvania) limited liability partnership or electing partnership
Attach completed DSCB:15-8201 (Statement of Registration) or DSCB:15-8701A (Statement of Election)

☐ Domestic association that is not a domestic filing association
Attach to this Statement tax clearance certificates.

The address, including street and number, if any, of its principal office:

_____ _____ _____ _____ _____
Number and street City State Zip County

☐ Foreign association that is not, and will not, be registered with the Department of State
Attach to this Statement tax clearance certificates.

The address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:

_____ _____ _____ _____
Number and street City State Zip

DSCB:15-335-3

B. For the merging association(s) that are not surviving the merger:

1. The name of the merging association is: Advanced Care Pharmacy Services - Saginaw LLC

2. The jurisdiction of formation of the merging association: MI

3. The type of association is (check only one):

☐ Business Corporation	☐ Limited Partnership	☐ Business Trust
☐ Nonprofit Corporation	☐ Limited Liability (General) Partnership	☐ Professional Association
☑ Limited Liability Company	☐ Limited Liability Limited Partnership	☐ Other

4. Check and complete one of the following addresses.

☐ **If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State.**
Complete part (a) OR (b) – not both:

(a) _____
Number and street — City — State — Zip — County

(b) c/o: _____
Name of Commercial Registered Office Provider — County

☐ **If the merging association is a domestic association that is *not* a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:**

_____
Number and street — City — State — Zip — County

☑ **If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:**

Suite 251 18300 Cascade Avenue S. Tukwila, WA 98188
Number and street — City — State — Zip

**Use Statement of Merger – Addendum (DSCB:15-335AD)
for additional merging parties that are not surviving the merger.**

DSCB:15-335-4

C. Effective date of statement of merger (check, and if appropriate complete, one of the following):
☐ This Statement of Merger shall be effective upon filing in the Department of State.
☑ This Statement of Merger shall be effective on: 02/28/2018 (Date (MM/DD/YYYY)) at _____ (Hour (if any)).

D. Approval of merger by merging associations (check all applicable statement(s)):
☑ For domestic entities – The merger was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter C (relating to merger).
☑ For foreign associations – The merger was approved in accordance with the laws of the jurisdiction of formation.
☐ For domestic associations that are not domestic entities – The merger was approved by the interest holders of the merging association in the manner required by its organic law.

E. Attachments (see instructions for required and optional attachments).

IN TESTIMONY WHEREOF, the undersigned merging associations have caused this Statement of Merger to be signed by duly authorized officers thereof this 28th day of February, 20 18.

Genoa Healthcare LLC	Advanced Care Pharmacy Services - San Jose LLC
Name of Merging Association	Name of Merging Association
Signature	Signature
Authorized Representative	Authorized Representative
Title	Title

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger – Addendum

DSCB:15-335AD
(7/1/2015)

335Ad

This form is used to identify additional merging parties and must be submitted with the Statement of Merger form (DSCB:15-335).

B. For the merging association(s) that are not surviving the merger (continued):

1. The name of the merging association is: ACPS - Detroit LLC

2. The jurisdiction of formation of the merging association: MI

3. The *type of association* is (check *only* one):

☐ Business Corporation	☐ Limited Partnership	☐ Business Trust
☐ Nonprofit Corporation	☐ Limited Liability (General) Partnership	☐ Professional Association
☒ Limited Liability Company	☐ Limited Liability Limited Partnership	☐ Other

4. Check and complete one of the following addresses.

☐ **If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State.**
Complete part (a) OR (b) – not both:

(a) _____
Number and street | City | State | Zip | County

(b) c/o: _____
Name of Commercial Registered Office Provider | County

☐ **If the merging association is a domestic association that is *not* a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:**

_____
Number and street | City | State | Zip | County

☒ **If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:**

Suite 251 18300 Cascade Avenue S. Tukwila, WA 98188
Number and street | City | State | Zip

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Merger-Addendum to be signed by an authorized officer thereof this 28th **day of** February, **20** 18.

ACPS - Detroit LLC
Name of Merging Association

Signature

Authorized Representative
Title

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger - Addendum

DSCB:15-335AD
(7/1/2015)

335Ad

This form is used to identify additional merging parties and must be submitted with the Statement of Merger form (DSCB:15-335).

B. For the merging association(s) that are not surviving the merger (continued):

1. The name of the merging association is: ACPS - New Center LLC

2. The jurisdiction of formation of the merging association: MI

3. The type of association is (check only one):

☐ Business Corporation	☐ Limited Partnership	☐ Business Trust
☐ Nonprofit Corporation	☐ Limited Liability (General) Partnership	☐ Professional Association
☒ Limited Liability Company	☐ Limited Liability Limited Partnership	☐ Other

4. Check and complete one of the following addresses.

☐ **If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State.**
Complete part (a) OR (b) – not both:

(a) _____
Number and street | City | State | Zip | County

(b) c/o: _____
Name of Commercial Registered Office Provider | County

☐ **If the merging association is a domestic association that is *not* a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:**

_____
Number and street | City | State | Zip | County

☒ **If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:**

Suite 251 16300 Cascade Avenue S. Tukwila, WA 98188
Number and street | City | State | Zip

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Merger-Addendum to be signed by an authorized officer thereof this 26th day of February, 2018.

ACPS - New Center LLC
Name of Merging Association

Signature

Authorized Representative
Title

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger - Addendum

DSCB:15-335AD
(7/1/2015)

335Ad

This form is used to identify additional merging parties and must be submitted with the Statement of Merger form (DSCB:15-335).

B. For the merging association(s) that are not surviving the merger (continued):

1. The name of the merging association is: ACPS - Waterford LLC

2. The jurisdiction of formation of the merging association: MI

3. The type of association is (check only one):

☐ Business Corporation	☐ Limited Partnership	☐ Business Trust
☐ Nonprofit Corporation	☐ Limited Liability (General) Partnership	☐ Professional Association
☒ Limited Liability Company	☐ Limited Liability Limited Partnership	☐ Other _____

4. Check and complete one of the following addresses.

☐ **If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State.**
Complete part (a) OR (b) – not both:

(a) _____
Number and street | City | State | Zip | County

(b) *c/o:* _____
Name of Commercial Registered Office Provider | County

☐ **If the merging association is a domestic association that is *not* a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:**

_____
Number and street | City | State | Zip | County

☒ **If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation, or if it is not required to maintain a registered or similar office, its principal office address:**

Suite 251 16300 Cascade Avenue S. Tukwila, WA 98188
Number and street | City | State | Zip

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Merger-Addendum to be signed by an authorized officer thereof this 28th day of February, 2018.

ACPS - Waterford LLC
Name of Merging Association

Signature

Authorized Representative
Title

4DD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located? ■ Nevada ☐ Out-of-State

[a]Is the business also a wholesaler? (NRS 639.016) ☐ Yes ■ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
■ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		■ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: DURABLE MEDICAL EQUIPMENT LLC DBA - DME HEALTHCARE PARTNERS

MDEG Physical Address: 2801 S VALLEY VIEW BLVD STE 6-2

City: LAS VEGAS State: NV Zip: 89102

Mailing Address (if different from physical address): 2801 S VALLEY VIEW BLVD STE 6-2

City: LAS VEGAS State: NV Zip: 89102

Telephone: 480-930-4500 Website: _____

Email: LUIS@THEDMECOMPANY.COM

Name of MDEG Administrator (NAC 639.694): LUIS PATT

Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
■ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	■ Assistive Equipment
☐ Wholesalers[a]	☐ Diabetic Supplies
☐ Other business entities (specify)[a]:	■ Orthotics and Prosthetics
	☐ Others:
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: _____
	Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 8 AM - 3:30PM	■ Tue: 8 AM - 3:30PM	■ Wed: 8 AM -3:30 PM	■ Thurs: 8AM -3:30PM	■ Fri: CLOSED
■ Sat: CLOSED	■ Sun: CLOSED	■ Holidays: CLOSED		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	✓	
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
MCARE - 7734450001
AZ MCAID - 427208
NV MCAID - 250004346

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: NO _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: DURABLE MEDICAL EQUIPMENT LLC DBA - DME HEALTHCARE PARTNERS

Mailing Address: 2801 S VALLEY VIEW BLVD STE 6-2

City: LAS VEGAS State: NV Zip: 89102

Telephone: 480-930-4500 Email: LUIS@THEDMECOMPANY.COM

Contact Person Name: LUIS PATT

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of all Officers and Directors.	✓	✓		
✓ • List of all general and limited partner names and their percent ownership (NAC 639.6942).			✓	
✓ • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
✓ • **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
✓ • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
✓ • **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

LUIS PATT

Print Name of Authorized Person Submitting Application

Luis Patt

Original signature of Authorized Person (copies or stamps not accepted)

7/22/2022

Date

✓ PROCESSED 7/26/22 LB

Board Use Only	Date Received: _____	Amount: 500.00 CC

FILED: 11/7/2017 10:43:12 AM AZ
CORP. COMMISSION

DOCUMENT # 06124886

FILE #: L22329542

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

ARTICLES OF ORGANIZATION

1. **ENTITY TYPE:** LIMITED LIABILITY COMPANY

2. **ENTITY NAME:** DURABLE MEDICAL EQUIPMENT LLC

3. **FILE NUMBER:** L22329542

4. **STATUTORY AGENT NAME AND ADDRESS:**

Street Address:
GEORGE CHARALAMBOUS
3340 E LONG LAKE RD
PHOENIX , AZ 85048

Mailing Address:

5. **ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:**

3340 E LONG LAKE RD
PHOENIX , AZ 85048

6. **DURATION:** Perpetual

7. **MANAGEMENT STRUCTURE:** **Member-Managed**

The names and addresses of all Members are:

1 **GEORGE CHARALAMBOUS** 50%.
[redacted]E LONG LAKE RD
PHOENIX, AZ 85048

2 **LUIS PATT** 50%
[redacted]W ORCHID PLACE CHANDLER
CHANDLER, AZ 85224

SIGNATURE: George Charalambous 11/7/2017

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name:

DURABLE MEDICAL EQUIPMENT LLC

Entity Number:

E23119662022-4

Entity Type:

Foreign Limited-Liability Company

Entity Status:

Active

Formation Date:

05/10/2022

NV Business ID:

NV20222447372

Termination Date:

Perpetual

Annual Report Due Date:

5/31/2023

Series LLC:

Domicile Name:

DURABLE MEDICAL EQUIPMENT LLC

Jurisdiction:

Arizona - United States

OWNERSHIP.
LUIS PATT - 50%
GEORGE CHANALAMBOUS 50%

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:

LUIS PATT

Status:

Active

CRA Agent Entity Type:

Registered Agent Type:

Non-Commercial Registered Agent

NV Business ID:

Office or Position:

Jurisdiction:

Street Address:

2801 SOUTH VALLEY VIEW BLVD, STE#6-2, Las Vegas, NV, 89102, USA

Mailing Address:

Individual with Authority to Act:

Fictitious Website or Domain Name:

OFFICER INFORMATION

☐ **VIEW HISTORICAL DATA**

Title	Name	Address	Last Updated	Status
Authorized Signer	GEORGE CHARALAMBOUS	2449 E TAXIDEA WAY, Phoenix, AZ, 85048, USA	05/10/2022	Active
Managing Member	LUIS PATT	2801 S VALLEY VIEW BLVD, STE# 6-2, Las Vegas, NV, 89102, USA	05/10/2022	Active

Page 1 of 1, records 1 to 2 of 2

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **DURABLE MEDICAL EQUIPMENT LLC**, as a FOREIGN LIMITED-LIABILITY COMPANY duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 05/10/2022, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/22/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202207222864576
You may verify this certificate online at http://www.nvsos.gov

STATE OF ARIZONA

Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

DURABLE MEDICAL EQUIPMENT LLC

ACC file number: L22329542

was incorporated under the laws of the State of Arizona on 11/07/2017, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **05/10/2022**

Matthew Neubert, Executive Director

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/28/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: VGM Insurance Services, Inc 1111 W. San Marnan Dr. Waterloo IA 50701	CONTACT NAME: Darla Porter PHONE (A/C, No, Ext): (800) 522-6535 FAX (A/C, No): E-MAIL ADDRESS: Darla.Porter@vgm.com
INSURED: Durable Medical Equipment LLC DME Healthcare Partners 2801 S Valley View Blvd Ste 6-2 Las Vegas NV 89102	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: BENCHMARK INSURANCE COMPANY — 41394 INSURER B: HARTFORD STEAM BOILER INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			D1021 G6313-3	07/1/2022	07/1/2023	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Professional Liability						MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
B	Cyber Liability			CYD1021 G6313-3	07/1/2022	07/1/2023	Aggregate	100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

National Supplier Clearinghouse-AG-495
PO Box 100142
Columbia SC 29202

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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STATE OF NEVADA SALES TAX PERMIT
DEPARTMENT OF TAXATION

1351

Taxpayer ID: 1043518800-002
Correspondence ID: 2200014898675
Date: 05/10/2022

DURABLE MEDICAL EQUIPMENT LLC
DME HEALTHCARE PARTNERS
2737 W BASELINE RD STE 21
TEMPE AZ 85283-1051

THIS PERMIT:
IS NOT TRANSFERABLE TO ANY OTHER PERSON.
IS VOID IF ALTERED.
IS NOT ISSUED IN LIEU OF ANY LOCALLY REQUIRED BUSINESS LICENSE, PERMIT OR REGISTRATION.

Is authorized to collect Nevada sales tax at the following location if different from above.

Permit Location:
DME HEALTHCARE PARTNERS
2801 S VALLEY VIEW BLVD
LAS VEGAS NV 89102-0116

MUST BE DISPLAYED IN PUBLIC VIEW AT PERMIT LOCATION

(Detach Here)

Attached is your Nevada Sales Tax Permit.

A single number, the TID (Taxpayer Identification Number), identifies a taxpayer for MOST tax types. Please use your TID and LOC (Location Number) on resale certificates, in correspondence or telephone calls to the Department.

Based on your estimated monthly taxable receipts as stated on the Nevada Business Registration Supplemental application, your filing frequency will be quarterly.

As stated on the application, your business start date is 05/02/2022, making your first remittance due on or before 08/01/2022.

The Department of Taxation has forms, publications and information available via internet at **https://tax.nv.gov.**

The Department of Taxation is providing businesses with the ability to view and manage their accounts via the internet through its interactive website, NevadaTax, located at ***http://nevadatax.nv.gov/.*** Businesses can file tax returns, make payments, and view financials associated with their Sales and Use Tax, Modified Business Tax accounts, as well as make payments for other tax types.

A business must first register and receive a username and password before NevadaTax will allow access to view and manage accounts. If you are already registered to use NevadaTax, this tax type will be added to your existing account.

Your business should use the following Pre-approved NevadaTax Activation Code when registering to use NevadaTax:
Pre-approved NevadaTax Activation Code: **68AC7D67-72C3-4678-9B54-988D021FD028.**

The Nevada Sales Tax Permit has been issued pursuant to an application duly filed and payment of prescribed fees, if any. This Sales Tax Permit is subject to the provisions of Nevada Revised Statute 360. This Sales Tax Permit shall be considered valid unless canceled, suspended or revoked for good cause in accordance with Title 32.

If you have questions concerning the permit please call our Department's Call Center at (866) 962-3707

DISTRICT OFFICE LOCATIONS

CARSON CITY MAIN OFFICE	LAS VEGAS OFFICE	HENDERSON OFFICE	RENO OFFICE
1550 College Parkway, Suite 115 Carson City, Nevada, 89706	700 E. Warm Springs Rd Suite 200 Suite 200 Las Vegas, Nevada, 89119	This Office is Closed. Please visit the Las Vegas Office, -	4600 Kietzke Lane Building L, Suite 235 Reno, Nevada, 89502

Jessette Phaynarikone

From: Luis Patt <luis@thedmecompany.com>
Sent: Tuesday, July 26, 2022 8:47 AM
To: Jessette Phaynarikone
Subject: Re: MDEG Application - Durable Medical Equipment LLC dba DME Healthcare Partners

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good morning Jessette,
Thank you very much your prompt response

I am in the process of relocating to Las Vegas on August 1st.
Address: [redacted] Earl Street Las Vegas NV 89101

In regards to my court documents can i email them to you?

Thank you!!

Luis Patt ATP
DME Healthcare Partners
480-930-4500

This transmission is intended only for the use of the person or office to whom it is addressed and contains privileged or confidential information protected by law. All recipients are hereby notified that inadvertent or unauthorized receipt does not waive such privilege, and that unauthorized dissemination, distribution, or copying of this communication is prohibited. If you have received this in error, please destroy the attached document(s) and notify the sender of the error.

From: Jessette Phaynarikone <jphaynarikone@pharmacy.nv.gov>
Sent: Tuesday, July 26, 2022 8:32 AM
To: Luis Patt <luis@thedmecompany.com>
Subject: MDEG Application - Durable Medical Equipment LLC dba DME Healthcare Partners

Good morning,

We are in receipt of your application for Durable Medical Equipment LLC dba DME Healthcare Partners – Las Vegas, NV. Please be advised that we are missing the below documentation.

Personal History Application – Luis Patt needs court documents for "yes" answer
MDEG Administrator – requires the person must be in the same state as the facility

Please refer below,

NAC 639.694 Administrator required. (NRS 639.070)
1. Except as otherwise provided in subsection 4, each medical products provider or medical products wholesaler shall employ an administrator at all times. The administrator must:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

NAC 639.694

1. **Each medical products provider or medical products wholesaler shall employ an administrator at all times. The administrator must:**
   a. Be a natural person;
   b. Have a high school diploma or its equivalent;
   c. Have:
      i. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
      ii. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
   d. Be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
   e. Be approved by the Board.
2. The administrator shall ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.
3. A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business days after the beginning of the employment.
4. A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

NAC 639.6946

1. Except as otherwise provided in NAC 639.6945, a medical products provider shall:
   a. Provide services for all medical products sold, leased or otherwise provided by the medical products provider, including, without limitation, set up, repair and maintenance.
   b. Employ an administrator and other employees sufficient to provide the services described in paragraph (a).

NAC 639.6957

1. A medical products wholesaler shall:
   a. Employ a facility administrator and other employees sufficient to operate, set up, repair, maintain and service all medical products sold, leased or otherwise provided by the medical products wholesaler.

Please mail this completed application and all other required documents with your MDEG and/or Wholesaler Application to the address indicated above.

If you have any questions, please contact the Nevada State Board of Pharmacy at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG DURABLE MEDICAL EQUIPMENT LLC MDEG License # (if applicable) _____

Physical Address 2801 S VALLEY VIEW BLVD STE 6-2

City LAS VEGAS State NV Zip 89102

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First LUIS Middle ANTONIO Last PATT

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]W ORCHID LANE

City CHANDLER State AZ Zip 85224

Telephone [redacted] Email LUIS@THEDMECOMPANY.COM

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
RESNA (RESNA ATP)		11/2014	
Address	**City**	**State**	**Zip**
2001 K Street NW	Washington	DC	20006
Diploma/Degree obtained, if any			
ATP CERTIFICATION			
School Name		**From - To (MM/YY – MM/YY)**	
CENTRAL AMERICA HEALTH SCIENCES UNIVERSITY SCHOOL OF MEDICINE		09/2000- 03/11/2005	
Address	**City**	**State**	**Zip**
PO. Box 989	Belize City, Central America		
Diploma/Degree obtained, if any			
DOCTOR OF MEDICINE			
School Name		**From - To (MM/YY – MM/YY)**	
BELIZE ADVENTIST COLLEGE		1996-2000	
Address	**City**	**State**	**Zip**
COROZAL	BELIZE		
Diploma/Degree obtained, if any			
COLLEGE DIPLOMA			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2012 - present	[redacted]W Orchid Lane	Chandler	AZ	85224
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
DURABLE MEDICAL EQUIPMENT LLC / DME HEALTHCARE PARTNERS			03/01/2019 - PRESENT
Business Address	**City**	**State**	**Zip**
2737 W BASELINE RD STE 21	TEMPE	AZ	85283
Phone	**Title**		**Number of Employed Hours**
480-930-4500	CEO / ATP / OFFICE MANAGER		6500+
Description of Duties			
ASSESS PATIENTS FOR DME/ CUSTOM MOBILITY DEVICES MANAGE OFFICE AND EMPLOYEES			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✓	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/27/2013	9/18/2014	AZ	CHANDLER	MARICOPA
Case #	**Governing, licensing, Arresting Presiding Body/Agency/Court**			
14-C-4033421	CITY OF CHANDLER			
Reason/Charge				
DUI				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

12/27/2013 ARRESTED FOR DUI. COMPLIED WITH ALL COURT ORDERS AND PAID FINES. CASE CLOSED

Luis Patlo

Original Signature (electronic, copies or stamps not accepted)

7/22/2022

Date

I, LUIS PATT, **certify that as the MDEG Administrator for**

DURABLE MEDICAL EQUIPMENT LLC / DME HEALTHCARE PARTNERS,

that I (initial that you have read and meet the following requirements):

1. LP Have a high school diploma or its equivalent;
2. LP Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. LP Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. LP Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

LUIS PATT
Print Name (First, Last)

Luis Patt
Original Signature (electronic, copies or stamps not accepted)

07/22/2022
Date

Board Use Only	Date Received: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler DURABLE MEDICAL EQUIPMENT LLC / DBA DME HEALTHCARE PARTNERS

Physical Address 2801 S VALLEY VIEW BLVD STE 6-2

City LAS VEGAS State NV Zip 89102

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 480-930-4500 Website _____

Licensing Company Email LUIS@THEDMECOMPANY.COM

Section 2: Personal Information

First LUIS Middle ANTONIO Last PATT

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]W ORCHID LANE

City CHANDLER State AZ Zip 85224

Telephone 480-930-4500 Email LUIS@THEDMECOMPANY.COM

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
RESNA (RESNA ATP)		11/2014	
Address	**City**	**State**	**Zip**
2001 K Street NW	Washington	DC	20006
Diploma/Degree obtained, if any			
ATP CERTIFICATION			
School Name		**From - To (MM/YY – MM/YY)**	
CENTRAL AMERICA HEALTH SCIENCES UNIVERSITY SCHOOL OF MEDICINE		09/2000- 03/11/2005	
Address	**City**	**State**	**Zip**
PO. Box 989	Belize City, Central America		
Diploma/Degree obtained, if any			
DOCTOR OF MEDICINE			
School Name		**From - To (MM/YY – MM/YY)**	
BELIZE ADVENTIST COLLEGE		1996-2000	
Address	**City**	**State**	**Zip**
COROZAL	BELIZE		
Diploma/Degree obtained, if any			
COLLEGE DIPLOMA			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2012 - present	[redacted] W Orchid Lane	Chandler	AZ	85224
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
DURABLE MEDICAL EQUIPMENT LLC DBA DME HEALTHCARE PARTNERS			03/01/2019 - PRESENT
Business Address	**City**	**State**	**Zip**
2737 W BASELINE RD STE 21	TEMPE	AZ	85283
Phone	**Title**		
480-930-4500	CEO / ATP / OFFICE MANAGER		
Description of Duties			
ASSESS PATIENTS FOR DME/ CUSTOM MOBILITY DEVICES MANAGE OFFICE AND EMPLOYEES			

Business Name			From - To (MM/YY – MM/YY)
CHOICE HEALTHCARE INC			07/01/2009 - 02/28/2019
Business Address	**City**	**State**	**Zip**
500 N 56TH STREET STE 10	CHANDLER	AZ	85226
Phone	**Title**		
480-940-7676	ATP / OFFICE MANAGER		
Description of Duties			
ASSESS PATIENTS FOR DME AND MANAGE EMPLOYEES			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/27/2013	9/18/2014	AZ	CHANDLER	MARICOPA
Case #	**Governing, licensing, Arresting Presiding Body/Agency/Court**			
14-C-4033421	CITY OF CHANDLER			
Reason/Charge				
DUI				
Plaintiff/Defendant/Claimant/Respondent	**Lawsuit/Arbitration/Bankruptcy**			
Name of Business/Industry/Entity				

Provide explanation below:

12/27/2013 ARRESTED FOR DUI. COMPLIED WITH ALL COURT REQUIRMENTS AND PAID FINES CASE CLOSED.

Luis Ruiz

Original Signature (electronic, copies or stamps not accepted)

07/22/2022

Date

Applicant's initials LR

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

LUIS PATT

Print Name (First, Last)

Luis Patt

Original Signature (electronic, copies or stamps not accepted)

07/22/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Luis Patt, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Luis Patt

Original Signature

07/22/2022

Date

Subscribed and Sworn to before me this 22nd day of July.

Notary Public Signature

TYLER QUINN-TOMCZYK
Notary Public - Arizona
Maricopa County
Commission # 580504
My Comm. Expires Feb 16, 2024

(Seal)

Applicant's initials

3020116707620 3900860 176945 34 R633701 100720 07:48 093020 N400 ELIS-21251

IN THE CHANDLER MUNICIPAL COURT
COUNTY OF MARICOPA, STATE OF ARIZONA
Mail Drop 302, PO Box 4008, Chandler, Arizona 85244-4008

STATE OF ARIZONA
Plaintiff,

vs.

LUIS ANTONIO PATT
DOB: [redacted]

Defendant

JUDGMENT AND SENTENCE
14-C-4033421

IT IS THE JUDGMENT OF THE COURT, that the defendant is:

1. Guilty on 14-C-4033421 28-1381A1 DUI-LIQUOR/DRUGS/VAPORS/COMBO, a class 1 Misdemeanor.

Reasonable efforts were made to give the victim, if any, notice of a plea/sentencing proceeding, to inform the victim of the right to be present and heard. Any statements submitted by a victim have been reviewed by the court prior to accepting a plea and imposing sentence. The prosecutor has informed the court of the victim's position, if known, regarding the plea.

IT IS THE ORDER OF THE COURT, that the defendant pay the following:

Case Number	Violation	Type	Balance Due
14-C-4033421	28-1381A1	Fine	$1,537.00
14-C-4033421	28-1381A1	Jail Recovery Fee	$267.00
14-C-4033421	28-1381A1	Dui Monitoring Fee	$80.00
		Total Amount Due:	1,884.00

Total amount of $1,884.00 is due 09/18/14.

Payments received will be applied to civil traffic offenses first. If sanctions are not paid as ordered, the entire sanction is declared due and your driver's license may be suspended until sanction is paid in full plus additional assessments.

IF PAYMENTS FOR MISDEMEANORS ARE NOT MADE AS ORDERED, YOU, THE DEFENDANT MUST APPEAR IN COURT ON THE PAYMENT DATE AT 9:00 A.M. AND SHOW CAUSE WHY YOU SHOULD NOT BE HELD IN CONTEMPT OF COURT FOR FAILURE TO MAKE PAYMENTS. Failure to either pay or appear may result in a WARRANT for your arrest. If each payment is not paid as ordered, the entire balance is due.

ORDER FOR SCREENING, SUBSTANCE ABUSE EDUCATION, COUNSELING OR TREATMENT

Case Number	Violation
14-C-4033421	28-1381A1
14-C-4033421	28-1381A1

For good cause appearing IT IS ORDERED that the defendant shall report to
ARIZONA BEHAVIORAL COUNSELING, P.O. BOX 22152 , PHOENIX, AZ 85028 (602) 788-1116 today/date released from custody to enroll in and complete screening and APPEAR IN COURT ON 10/16/14 AT 01:30 PM for determination of further education, counseling, and/or treatment requirements. The Defendant shall comply with any education and/or treatment as directed by the probation officer. The Defendant shall pay the screening fee to the service provider. Any fees for subsequent education counseling or treatment shall be paid for by the Defendant.

MOTHERS AGAINST DRUNK DRIVERS, CALL 602-240-6500 FOR ENGLISH PRESS #2, PARA ESPANOL OPRIMA #7, THEN FOLLOW, INSTRUCTIONS GIVEN, today/date released from custody to enroll in and complete Impact Panel. APPEAR IN COURTROOM#:2 ON 10/16/14 AT 01:30 PM and PROVIDE PROOF OF COMPLIANCE WITH THIS ORDER. Any fees for subsequent education counseling or treatment shall be paid for by the Defendant.

INCARCERATION

14-C-4033421 - Serve 10 days, suspend 9 days upon Alcohol/Drug Abuse Screening and successful completion of education/counseling, credit for 0 days served (flat time).

IT IS FURTHER ORDERED:

Defendant shall comply with any order for screening education or treatment.

Appear in the Court for review(s) as directed

The Defendant shall serve a jail term detailed in the Commitment Order of the Court.

Defendant shall attend one Alcohol Impact Session sponsored by MADD (phone #602-240-6500). Written proof of attendance shall be provided to the court within 2 months. Failure to provide official proof of attendance will subject Defendant to serving suspended jail time. DEFENDANT IS REQUIRED TO EQUIP ANY MOTOR VEHICLE THE DEFENDANT OPERATES WITH A CERTIFIED IGNITION INTERLOCK DEVISE FOR NOT LESS THAN 12 MONTHS. AVOWAL: The Defendant avows to the Court as part of this plea agreement that he/she has disclosed to the State the existence of any other pending, non-adjudicated DUI related arrests, charges, or citations in this or any other jurisdiction. Additionally, if the violation date of the current DUI charge is prior to September 21, 2006, the Defendant avows to the Court that he/she has disclosed to the State the existence of any other DUI related incidents occurring within 60 months of the current violation date that resulted in a DUI related conviction in this or any other jurisdiction. If the violation date of the current DUI charge is on or after September 21, 2006, the Defendant avows to the Court that he/she has disclosed to the State the existence of any other DUI related incidents occurring within 84 months of the current violation date that resulted in a DUI related conviction in this or any other jurisdiction.

September 18, 2014
Date

GARY LAFLEUR
GARY J. LAFLEUR

I promise to appear as ordered by the Court and pay any amounts due, and understand that if I fail to appear as directed, a warrant will be issued for my arrest.

By entering a plea of guilty/no contest, I waived my right to a direct appeal but I have the right to request post conviction relief. In order to exercise this right, I must file a Notice of Post Conviction Relief within 90 days of the entry of judgment and sentence or I waive these rights.

Luis. P

DEFENDANT

[redacted]

TELEPHONE

[redacted] W ORCHID LANE

ADDRESS Apt#

CHANDLER AZ 85224.

CITY/STATE/ZIP

END OF DOCUMENT (Judgment and Sentence)

3020116707620 3900860 176945 34 R633701 100720 07:48 093020 N400 ELIS-21251

IN THE CHANDLER MUNICIPAL COURT
COUNTY OF MARICOPA, STATE OF ARIZONA
200 East Street, Chandler, Arizona 85225

STATE OF ARIZONA, Plaintiff,
vs.
LUIS ANTONIO PATT, Defendant

GUILTY/NO CONTEST PLEA PROCEEDING FORM
14-C-4033421

1. The Defendant understands the nature of the charge(s), to wit 28-1381A1 DUI-LIQUOR/DRUGS/VAPORS/COMBO
2. The Court advised the Defendant:
   If you are not a citizen of the United States, pleading guilty or no contest to a crime may affect your immigration status. Admitting guilt may result in deportation even if the charge is later dismissed. Your plea or admission of guilt could result in your deportation or removal, could prevent you from ever being able to get legal status in the United States, or could prevent you from becoming a United States citizen.
3. The Defendant appeared with a lawyer.
   _____The Defendant has entered into a plea agreement, and consents to its terms.
4. The Defendant's not guilty plea is changed to guilty/no contest.
5. 28-1381A1: The maximum penalty is 6 months in jail, a $2500 fine plus surcharges and assessments and 5 years probation. The mandatory minimum penalty, with no prior convictions, is 10 consecutive days in jail, a $250 fine plus surcharges, two $500 assessments, completion of a substance abuse screening session and education or treatment as directed. The Court at sentencing may suspend all but 1 day of jail if the Defendant completes the court ordered substance abuse screening, education and treatment. The Defendant is required to equip any motor vehicle the Defendant operates with a certified ignition interlock device for at least 12 months. Unless the driving privileges of a Defendant convicted of DUI, with no prior convictions, has been suspended by the Motor Vehicle Division pursuant to ARS 28-1321 or 28-1385, said privileges shall be suspended by the Motor Vehicle Division upon notice of the conviction. If the Defendant was under the age of 18 years of age when the offense was committed, the Motor Vehicle Division will suspend the Defendant's driving privileges for 2 years upon notice of the conviction. The Motor Vehicle Division shall revoke the driving privileges of a Defendant convicted of ARS 28-1381 involving drugs. The mandatory minimum penalty with a prior conviction within 84 months is 90 days in jail, a $500 fine plus surcharges, two $1250 assessments, a one year revocation of driving privileges, completion of a substance abuse screening, education and treatment, 30 hours of community restitution work, and the Defendant is required to equip any motor vehicle the Defendant operates with a certified ignition interlock device for not less than 12 months after the end of the revocation. The Court at sentencing may suspend all but 30 consecutive days of jail if the Defendant completes court ordered substance abuse screening, education and treatment. A third conviction within 84 months or a conviction while the Defendant's driver license or driving privileges are suspended is a class 4 felony.
6. The Court has inquired as to Defendant's probation or parole/community supervision status.
7. The Defendant understands the following constitutional rights which are given up by this change of plea:
   A. The right to plead not guilty and require the State to prove guilt beyond a reasonable doubt.
   B. The right to trial by Jury (on 28-1381A1)
   C. Unless represented by a lawyer, the right to the assistance of a lawyer at all stages of the proceeding including appeal, and to an appointed lawyer if eligible.
   D. The right to confront the State's witnesses and to cross examine them as to the truthfulness of their testimony.
   E. The right to present evidence and to have the Court compel the attendance of witnesses the Defendant chooses to appear and testify free of charge.
   F. The privilege against self incrimination, the right to remain silent, and to be presumed innocent until proven guilty beyond a reasonable doubt.
   G. The right to appeal.
8. The Defendant wishes to give up these constitutional rights.
9. A basis in fact exists for believing the Defendant guilty of the offense(s) charged.
10. The plea is voluntary and not the result of force or threats. No promises were made to the Defendant, other than those appearing in a plea agreement if one was presented by the Court.

11. The Defendant may file a Rule 32 petition for post-conviction relief and if denied may file a petition for review.

On the basis of these findings, I conclude that the Defendant knowingly, voluntarily and intelligently pleads guilty/no contest to the above charge(s) and I accept the Defendant's plea.

SEP 18 2014

Date

GARY LAFLEUR

GARY J. LAFLEUR

I certify that the Judge personally advised me of the matters noted above, that I understand the constitutional rights which I give up by entering this plea, that I have been advised there may be possible immigration consequences from this plea, and that I still desire to plead guilty/no contest to the charge(s).

Defendant

Defense Counsel

END OF DOCUMENT (Guilty Plea Proceeding)

20201167076Z0 3900860 176945 34 8633701 100720 07:48 093020 8400_ELIS-21251

IN THE CHANDLER MUNICIPAL COURT
COUNTY OF MARICOPA, STATE OF ARIZONA

STATE OF ARIZONA, Plaintiff,
vs.
LUIS ANTONIO PATT
D.O.B. [redacted]
Defendant

COMMITMENT ORDER

14-C-4033421 28-1381A1 DUI-LIQUOR/DRUGS/VAPORS/COMBO

IT IS ORDERED that the Defendant shall serve 10 days, in custody, of which, 9 days are suspended conditional upon Alcohol/Drug Abuse Screening and successful completion of education/counseling . Defendant shall be given credit for 0 days served.

Sentence, 1 days, in the Maricopa County Jail to be served as follows:
Beginning 10/10/14 at 04:00 PM serve 1 consecutive day.

Flat Time: No two for one credit.

IT IS FURTHER ORDERED that the Defendant report to:
Lower Buckeye Jail, 3250 W Lower Buckeye Rd, Phoenix, AZ (602) 876-0322

You must appear promptly at the time(s) indicated on your Court order without having consumed any alcohol or drugs. If you fail to abide by the orders, you may be committed for the balance of the sentence without benefit of work release at the discretion of the sheriff/peace officer and without the benefit of the home detention.

It is a felony, under A.R.S 31-129, punishable by imprisonment for up to five (5) years in the Arizona State Prison, to bring narcotics, liquor or weapons into jail.

You must bring your copy of this Commitment Order, a photo ID, and if necessary, the Healthcare Provider's Certification when you surrender. Call (602) 876-0322 for jail information, including directions and what, if anything you may bring with you.

SEP 18 2014
Date

GARY J. LAFLEUR

WRITTEN PROMISE TO APPEAR

I promise to appear as directed and comply as ordered above. Failure to comply may result in a warrant for my arrest and a complaint may be issued pursuant to A.R.S. 13-2810

Luis Patt
Defendant

[redacted]
Telephone

9/18/2014
Date

[redacted] W ORCHID LANE
Address

CHANDLER AZ 85224
City/State/Zip

END of DOCUMENT (Commitment Order)

3020116707620 3900860 176945 34 R633701 100720 07:48 093020 N400_ELIS-21251

IN THE CHANDLER MUNICIPAL COURT
COUNTY OF MARICOPA, STATE OF ARIZONA
Mail Drop 302, PO Box 4008, Chandler, Arizona 85244-4008

STATE OF ARIZONA

Plaintiff,

vs.

LUIS ANTONIO PATT

DOB: [redacted]

Defendant

JUDGMENT AND SENTENCE
14-C-4033421

IT IS THE JUDGMENT OF THE COURT, that the defendant is:

1. Guilty on 14-C-4033421 28-1381A1 DUI-LIQUOR/DRUGS/VAPORS/COMBO, a class 1 Misdemeanor.

Reasonable efforts were made to give the victim, if any, notice of a plea/sentencing proceeding, to inform the victim of the right to be present and heard. Any statements submitted by a victim have been reviewed by the court prior to accepting a plea and imposing sentence. The prosecutor has informed the court of the victim's position, if known, regarding the plea.

IT IS THE ORDER OF THE COURT, that the defendant pay the following:

Case Number	Violation	Type	Balance Due
14-C-4033421	28-1381A1	Fine	$1,537.00
14-C-4033421	28-1381A1	Jail Recovery Fee	$267.00
14-C-4033421	28-1381A1	Dui Monitoring Fee	$80.00
		Total Amount Due:	1,884.00

Total amount of $1,884.00 is due 09/18/14.

Payments received will be applied to civil traffic offenses first. If sanctions are not paid as ordered, the entire sanction is declared due and your driver's license may be suspended until sanction is paid in full plus additional assessments.

IF PAYMENTS FOR MISDEMEANORS ARE NOT MADE AS ORDERED, YOU, THE DEFENDANT MUST APPEAR IN COURT ON THE PAYMENT DATE AT 9:00 A.M. AND SHOW CAUSE WHY YOU SHOULD NOT BE HELD IN CONTEMPT OF COURT FOR FAILURE TO MAKE PAYMENTS. Failure to either pay or appear may result in a WARRANT for your arrest. If each payment is not paid as ordered, the entire balance is due.

ORDER FOR SCREENING, SUBSTANCE ABUSE EDUCATION, COUNSELING OR TREATMENT

Case Number	Violation
14-C-4033421	28-1381A1
14-C-4033421	28-1381A1

For good cause appearing IT IS ORDERED that the defendant shall report to ARIZONA BEHAVIORAL COUNSELING, P.O. BOX 22152 , PHOENIX, AZ 85028 (602) 788-1116 today/date released from custody to enroll in and complete screening and APPEAR IN COURT ON 10/16/14 AT 01:30 PM for determination of further education, counseling, and/or treatment requirements. The Defendant shall comply with any education and/or treatment as directed by the probation officer. The Defendant shall pay the screening fee to the service provider. Any fees for subsequent education counseling or treatment shall be paid for by the Defendant.

MOTHERS AGAINST DRUNK DRIVERS, CALL 602-240-6500 FOR ENGLISH PRESS #2, PARA ESPANOL OPRIMA #7, THEN FOLLOW, INSTRUCTIONS GIVEN, today/date released from custody to enroll in and complete Impact Panel. APPEAR IN COURTROOM#:2 ON 10/16/14 AT 01:30 PM and PROVIDE PROOF OF COMPLIANCE WITH THIS ORDER. Any fees for subsequent education counseling or treatment shall be paid for by the Defendant.

INCARCERATION

14-C-4033421 - Serve 10 days, suspend 9 days upon Alcohol/Drug Abuse Screening and successful completion of education/counseling, credit for 0 days served (flat time).

IT IS FURTHER ORDERED:

Defendant shall comply with any order for screening education or treatment.

Appear in the Court for review(s) as directed

The Defendant shall serve a jail term detailed in the Commitment Order of the Court.

Defendant shall attend one Alcohol Impact Session sponsored by MADD (phone #602-240-6500). Written proof of attendance shall be provided to the court within 2 months. Failure to provide official proof of attendance will subject Defendant to serving suspended jail time. DEFENDANT IS REQUIRED TO EQUIP ANY MOTOR VEHICLE THE DEFENDANT OPERATES WITH A CERTIFIED IGNITION INTERLOCK DEVISE FOR NOT LESS THAN 12 MONTHS. AVOWAL: The Defendant avows to the Court as part of this plea agreement that he/she has disclosed to the State the existence of any other pending, non-adjudicated DUI related arrests, charges, or citations in this or any other jurisdiction. Additionally, if the violation date of the current DUI charge is prior to September 21, 2006, the Defendant avows to the Court that he/she has disclosed to the State the existence of any other DUI related incidents occurring within 60 months of the current violation date that resulted in a DUI related conviction in this or any other jurisdiction. If the violation date of the current DUI charge is on or after September 21, 2006, the Defendant avows to the Court that he/she has disclosed to the State the existence of any other DUI related incidents occurring within 84 months of the current violation date that resulted in a DUI related conviction in this or any other jurisdiction.

GARY LAFLEUR

September 18, 2014
Date

GARY J. LAFLEUR

I promise to appear as ordered by the Court and pay any amounts due, and understand that if I fail to appear as directed, a warrant will be issued for my arrest.

By entering a plea of guilty/no contest, I waived my right to a direct appeal but I have the right to request post conviction relief. In order to exercise this right, I must file a Notice of Post Conviction Relief within 90 days of the entry of judgment and sentence or I waive these rights.

DEFENDANT

ADDRESS Apt#

TELEPHONE

CITY/STATE/ZIP

END OF DOCUMENT (Judgment and Sentence)

IN THE CHANDLER MUNICIPAL COURT
COUNTY OF MARICOPA, STATE OF ARIZONA
200 East Street, Chandler, Arizona 85225

STATE OF ARIZONA, Plaintiff,
vs.
LUIS ANTONIO PATT, Defendant

GUILTY/NO CONTEST PLEA PROCEEDING FORM
14-C-4033421

1. The Defendant understands the nature of the charge(s), to wit 28-1381A1 DUI-LIQUOR/DRUGS/VAPORS/COMBO
2. The Court advised the Defendant:
   If you are not a citizen of the United States, pleading guilty or no contest to a crime may affect your immigration status. Admitting guilt may result in deportation even if the charge is later dismissed. Your plea or admission of guilt could result in your deportation or removal, could prevent you from ever being able to get legal status in the United States, or could prevent you from becoming a United States citizen.
3. The Defendant appeared with a lawyer.
   _____The Defendant has entered into a plea agreement, and consents to its terms.
4. The Defendant's not guilty plea is changed to guilty/no contest.
5. 28-1381A1: The maximum penalty is 6 months in jail, a $2500 fine plus surcharges and assessments and 5 years probation. The mandatory minimum penalty, with no prior convictions, is 10 consecutive days in jail, a $250 fine plus surcharges, two $500 assessments, completion of a substance abuse screening session and education or treatment as directed. The Court at sentencing may suspend all but 1 day of jail if the Defendant completes the court ordered substance abuse screening, education and treatment. The Defendant is required to equip any motor vehicle the Defendant operates with a certified ignition interlock device for at least 12 months. Unless the driving privileges of a Defendant convicted of DUI, with no prior convictions, has been suspended by the Motor Vehicle Division pursuant to ARS 28-1321 or 28-1385, said privileges shall be suspended by the Motor Vehicle Division upon notice of the conviction. If the Defendant was under the age of 18 years of age when the offense was committed, the Motor Vehicle Division will suspend the Defendant's driving privileges for 2 years upon notice of the conviction. The Motor Vehicle Division shall revoke the driving privileges of a Defendant convicted of ARS 28-1381 involving drugs. The mandatory minimum penalty with a prior conviction within 84 months is 90 days in jail, a $500 fine plus surcharges, two $1250 assessments, a one year revocation of driving privileges, completion of a substance abuse screening, education and treatment, 30 hours of community restitution work, and the Defendant is required to equip any motor vehicle the Defendant operates with a certified ignition interlock device for not less than 12 months after the end of the revocation. The Court at sentencing may suspend all but 30 consecutive days of jail if the Defendant completes court ordered substance abuse screening, education and treatment. A third conviction within 84 months or a conviction while the Defendant's driver license or driving privileges are suspended is a class 4 felony.
6. The Court has inquired as to Defendant's probation or parole/community supervision status.
7. The Defendant understands the following constitutional rights which are given up by this change of plea:
   A. The right to plead not guilty and require the State to prove guilt beyond a reasonable doubt.
   B. The right to trial by Jury (on 28-1381A1).
   C. Unless represented by a lawyer, the right to the assistance of a lawyer at all stages of the proceeding including appeal, and to an appointed lawyer if eligible.
   D. The right to confront the State's witnesses and to cross examine them as to the truthfulness of their testimony.
   E. The right to present evidence and to have the Court compel the attendance of witnesses the Defendant chooses to appear and testify free of charge.
   F. The privilege against self incrimination, the right to remain silent, and to be presumed innocent until proven guilty beyond a reasonable doubt.
   G. The right to appeal.
8. The Defendant wishes to give up these constitutional rights.
9. A basis in fact exists for believing the Defendant guilty of the offense(s) charged.
10. The plea is voluntary and not the result of force or threats. No promises were made to the Defendant, other than those appearing in a plea agreement if one was presented by the Court.

11. The Defendant may file a Rule 32 petition for post-conviction relief and if denied may file a petition for review.

On the basis of these findings, I conclude that the Defendant knowingly, voluntarily and intelligently pleads guilty/no contest to the above charge(s) and I accept the Defendant's plea.

SEP 18 2014

Date

GARY LAFLEUR

GARY J. LAFLEUR

I certify that the Judge personally advised me of the matters noted above, that I understand the constitutional rights which I give up by entering this plea, that I have been advised there may be possible immigration consequences from this plea, and that I still desire to plead guilty/no contest to the charge(s).

Defendant

Defense Counsel

END OF DOCUMENT (Guilty Plea Proceeding)

IN THE CHANDLER MUNICIPAL COURT
COUNTY OF MARICOPA, STATE OF ARIZONA

STATE OF ARIZONA, Plaintiff,
vs.
LUIS ANTONIO PATT
D.O.B. [redacted]
Defendant

COMMITMENT ORDER

14-C-4033421 28-1381A1 DUI-LIQUOR/DRUGS/VAPORS/COMBO

IT IS ORDERED that the Defendant shall serve 10 days, in custody, of which, 9 days are suspended conditional upon Alcohol/Drug Abuse Screening and successful completion of education/counseling . Defendant shall be given credit for 0 days served.

Sentence, 1 days, in the Maricopa County Jail to be served as follows:
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Flat Time: No two for one credit.

IT IS FURTHER ORDERED that the Defendant report to:
Lower Buckeye Jail, 3250 W Lower Buckeye Rd, Phoenix, AZ (602) 876-0322

You must appear promptly at the time(s) indicated on your Court order without having consumed any alcohol or drugs. If you fail to abide by the orders, you may be committed for the balance of the sentence without benefit of work release at the discretion of the sheriff/peace officer and without the benefit of the home detention.

It is a felony, under A.R.S 31-129, punishable by imprisonment for up to five (5) years in the Arizona State Prison, to bring narcotics, liquor or weapons into jail.

You must bring your copy of this Commitment Order, a photo ID, and if necessary, the Healthcare Provider's Certification when you surrender. Call (602) 876-0322 for jail information, including directions and what, if anything you may bring with you.

SEP 18 2014

Date

GARY J. LAFLEUR

WRITTEN PROMISE TO APPEAR

I promise to appear as directed and comply as ordered above. Failure to comply may result in a warrant for my arrest and a complaint may be issued pursuant to A.R.S. 13-2810

Defendant

Address

Telephone

Date

City/State/Zip

END of DOCUMENT (Commitment Order)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler DURABLE MEDICAL EQUIPMENT LLC -DBA:DME HEALTHCARE PARTNERS

Physical Address 2801 S VALLEY VIEW BLVD STE 6-2

City LAS VEGAS State NV Zip 89102

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 4809304500 Website WWW.THEDMECOMPANY.COM

Licensing Company Email LUIS@THEDMECOMPANY.COM

Section 2: Personal Information

First GEORGE Middle _____ Last CHARALAMBOUS

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]E TAXIDEA WAY

City PHOENIX State AZ Zip 85283

Telephone [redacted] Email GEORGE@THEDMECOMPANY.COM

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's Initials GC

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
ARIZONA STATE UNIVERCITY		08/01-0805	
Address	**City**	**State**	**Zip**
975 S MYRTLE AVE	TEMPE	AZ	85281
Diploma/Degree obtained, if any			
BSC SUPPLY CHAIN MANAGER			
School Name		From - To (MM/YY – MM/YY)	
THE GRAMMAR SCHOOL		09/93-7/20	
Address	**City**	**State**	**Zip**
357 ANTHOUPOLIS HWY	NICOSIA	AZ	1519
Diploma/Degree obtained, if any			
GRADUATE HIGH SCHOOL			
School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/22-CURRENT	[redacted]E TAXIDEA WAY	PHOENIX	AZ	85048
07/21-12/21	[redacted]E PARK AVE	PHOENIX	AZ	85044
10/19-6/21	[redacted]E BIGHORN AVE	PHOENIX	AZ	85044
01/06-09/19	[redacted]E LONG LAKE RD	PHOENIX	AZ	85048
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials GC

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
DURABLE MEDICAL EQUIPMENT LLC-DBA DME HEALTHCARE PARTNERS			11/17-CURRENT
Business Address	**City**	**State**	**Zip**
2737 W BASELINE RD STE#21	TEMPE	AZ	85283
Phone	**Title**		
4809304500	CHIEF FINANCIAL OFFICER		
Description of Duties			
FINANCES AND PROCUREMENT			

Business Name			From - To (MM/YY – MM/YY)
JOG LLC- DBA PITA SOUVLI			11/07-912
Business Address	**City**	**State**	**Zip**
1940 S ALMASCHOOL RD #5	CHANDLER	AZ	85286
Phone	**Title**		
4809075893	OWNER		
Description of Duties			
MANAGED AND ASSIST WITH ALL DUTIES OF RUNNING A RESTAURANT THAT INCLUDED FINANCES, MARKETING, COOKING, CLEANING, ORDERING.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's Initials GC

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials GC

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials GL

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

George Charalambous

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/22/22

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, George Charalambous, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/22/22

Date

Subscribed and Sworn to before me this 22nd day of July.

Notary Public Signature

TYLER QUINN-TOMCZYK
Notary Public - Arizona
Maricopa County
Commission # 580504
My Comm. Expires Feb 16, 2024

(Seal)

Applicant's initials GC

4EE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ☒ Out-of-State

Type of Application (check applicable box)

- ☒ New Pharmacy
- ☐ Ownership Change*
- ☐ Location Change *
- ☐ Name Change*

* If making a change, provide current license number:

PH_____

Ownership Type (check applicable box)

- ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
- ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
- ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
- ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Musely Compounding Pharmacy

Physical Address: 3959 W 1820 S Ste A

City: SALT LAKE CITY State: UT Zip: 84104

Mailing Address (if different from physical address): SAME

City: _____ State: _____ Zip: _____

Telephone: 866-431-5469 Toll Free # (NAC 639.708, NRS 639.23286): 866-431-5469

Fax: 801-456-7861 Contact Email: muselycompounding@gmail.com

Website: musely.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): STACEY JONES ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22865

Type of Pharmacy (check all applicable)

- ☒ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

- ☒ Retail/Community
- ☒ Non-sterile Compounding
- ☐ Sterile Compounding
- ☒ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ☐ Other:

Days of Operation

☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: STACEY JONES	NV Pharmacist Registration #: 22865
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: UT

Parent Company (if any): Trusper Inc.

Corporation/Organization Name: Musely Compounding Pharmacy

Mailing Address: 3959 W 1820 S Ste A

City: Salt Lake City State: UT Zip: 84104

Telephone: 866-431-5469 Email: muselycompounding@gmail.com

Contact Person Name: STACEY JONES

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacist In Charge (title) for Musely Compounding Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Stacey Jones

Print Name of Authorized Person

Stacey Jones

Original signature of Authorized Person (copies or stamps not accepted)

6/8/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Stacey JONES hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist In Charge (title) for Musely Compounding Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Stacey Jones
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 12 day of July, 2022

Notary Public

TERESA RAPP
NOTARY PUBLIC-STATE OF UTAH
COMMISSION# 703375
COMM. EXP. 11-09-2022

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: _____ Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded -** The top 4 shareholder/stockholders. **b. For Partnerships -** All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Stacey Jones

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Stacey Jones — 7/15/22

Original signature of Authorized Person (copies or stamps not accepted) — Date

Board Use Only	Date Received: _____	Amount: 500.00 CE

Musley Compounding Pharmacy LLC

Steve Buchanan-Manager
Address: [redacted] Amanda Court
Alamo, Ca 94507
[redacted]
steve@musley.com
Ownership 0%

Trusper Inc-Parent Company
Address: [redacted] Central Expressway Suite C
Santa Ana, CA 95051
[redacted]
steve@musely.com
Ownership 100%

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Musley Compounding Pharmacy
Physical Address: 3959 W 1820 S Ste A
City: Salt Lake City State: UT Zip: 84104
Mailing Address (if different from physical address): same
City: State: Zip:
Telephone: 801-456-7860 Website: n/a
Licensing Company Email: muselycompounding@gmail.com

Section 2: Personal Information

First: Stacey Middle: Ann Last: Jones
Alias(es, nicknames, name changes, etc.): Maiden - Rubick Prior marriages - Thomason, ~~Knowles~~ Knowles
Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X
Mailing Address: [redacted] S Autumn Ridge Dr
City: Sandy State: UT Zip: 84092
Telephone: [redacted] Email: [redacted]
Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____
Military Occupation/Specialty _____
Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 435.530, NRS 639.1391)

Section A: Federally-Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials SJ

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of Utah			08/11 – 05/15	
Address		City	State	Zip
201 Presidents Circle		Salt Lake City	UT	84112
Diploma/Degree obtained, if any				
Pharm D				

School Name			From - To (MM/YY – MM/YY)	
University of Utah			1108 – 5111	
Address		City	State	Zip
201 Presidents Circle		Salt Lake City	UT	84112
Diploma/Degree obtained, if any				
Pre-Pharmacy requirements				

School Name			From - To (MM/YY – MM/YY)	
Brigham Young University			9183 – 4189	
Address		City	State	Zip
150 E 1230 N		Provo	UT	84604
Diploma/Degree obtained, if any				
Bachelor's Science - Accounting				

School Name			From - To (MM/YY – MM/YY)	
Deer Valley High School			8/80 – 5/83	
Address		City	State	Zip
18424 N 91st Ave		Glendale	AZ	85308
Diploma/Degree obtained, if any				
High School Diploma				

School Name			From - To (MM/YY – MM/YY)	
Thunderbird High School			8/79 – 5/80	
Address		City	State	Zip
1750 W Thunderbird Rd.		Phoenix	AZ	85023
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/99 - 7/22	[redacted] S. Autumn Ridge Dr.	Sandy	UT	84092
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

See Attached

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
see Attached			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✔	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided. see attached

This is in response to Question # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

9/14/2010 - our Black lab left our property. I was charge with Animal at large - case was dismissed.

8/3/2011 - our Black lab left our property and barked at a neighbor. I was charged w/ the animal attacking person + animal at large and was found guilty.

8/10/2011 - our Black lab barked in our backyard. A neighbor complained. I was charged with nuisance animal + found guilty.

Stacey Jones

Original Signature (electronic, copies or stamps not accepted)

7/21/2022

Date

Applicant's initials SAJ

I, Stacey Jones, **certify that as the designated representative for** Musely Compounding Pharmacy, **that I am qualified as follows and will comply with the following:**

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Stacey Jones
Print Name (First, Last)

Stacey Jones
Original Signature (electronic, copies or stamps not accepted)

7/21/2022
Date

Applicant's initials SAJ

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Stacey Jones
Print Name (First, Last)

Stacey Jones — 7/21/2022
Original Signature (electronic, copies or stamps not accepted) — Date

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Please have this section completed in the presence of a Notary Public.

State of Utah, ss. County of Salt Lake

I, Stacey Jones, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Stacey Jones — 7-21-2022
Original Signature — **Date**

Subscribed and Sworn to before me this 21 day of July 2022

Notary Public Signature

TERESA RAPP
NOTARY PUBLIC-STATE OF UTAH
COMMISSION# 703375
COMM. EXP. 11-09-2022

(Seal)

Applicant's initials SAJ

Stacey Ann Jones
Employment history 2002 - 2022

Musely Compounding Pharmacy - PIC
3959 West 1820 South, Salt Lake City, Utah 84104
October 1, 2021 to present

HRx Pharmacy - Pharmacist
4227 South Highland Drive, Suite 6, Holladay, UT 84124
July 1, 2021 to March 31, 2022

Meds in Motion, Holladay - PIC
4624 Holladay Blvd E, Salt Lake City, UT 84117
November 16, 2020 to June 30, 2021

Alta Rx - PIC
9883 South 500 West, Sandy, UT 84070
March 1, 2019 to November 1, 2019

Alta Rx (New Life Pharmacy) - Pharmacist
9883 South 500 West, Sandy, UT 84070
August 1, 2017 to February 28, 2019

Alliance Health, PRN Pharmacist
9883 South 500 West, Sandy, UT 84070
December 1, 2016 to July 31, 2017

CareerStaff Rx, PRN Pharmacist
19401 40th Ave West, Lynnwood, WA
June 1, 2016 to July 31, 2017



SANDY JUSTICE COURT
SALT LAKE COUNTY, STATE OF UTAH

SANDY CITY vs. STACEY ANN THOMASON
CASE NUMBER 101001674 Other Misdemeanor

CHARGES

Charge 1 - 3-L-10 = ANIMAL AT LARGE Infraction
Offense Date: September 14, 2010
Plea: November 29, 2010 No Contest- Abeyance
Disposition: November 29, 2010 Dismissed (w/o prej)

CURRENT ASSIGNED JUDGE
SUSAN WEIDAUER

PARTIES

Plaintiff - SANDY CITY
Defendant - STACEY ANN THOMASON

DEFENDANT INFORMATION:

Defendant Name: STACEY ANN THOMASON
Offense tracking number: 34129692
Date of Birth: [redacted]
Law Enforcement Agency: SANDY CITY POLICE
LEA Case Number: 10E008906
Prosecuting Agency: SANDY CITY
Citation Number: S100122977

ACCOUNT SUMMARY

TOTAL REVENUE	Amount Due:	200.00
	Amount Paid:	200.00
	Credit:	0.00
	Balance:	0.00
REVENUE DETAIL - TYPE: PLEA ABEY. MISDMNR		
	Amount Due:	200.00
	Amount Paid:	200.00
	Amount Credit:	0.00
	Balance:	0.00

PROCEEDINGS

09-27-10 Judge SUSAN WEIDAUER assigned.

CASE NUMBER 101001674 Other Misdemeanor

09-27-10 ARRAIGNMENT scheduled on October 07, 2010 at 09:00 AM in COURTROOM #2 with Judge SAWAYA.

09-27-10 Notice - NOTICE for Case 101001674 ID 1521824
ARRAIGNMENT is scheduled.
Date: 10/07/2010
Time: 09:00 a.m.
Location: COURTROOM #2
SANDY JUSTICE COURT
210 W SEGO LILY DR
SANDY, UT 84070-3282
Before Judge: DONALD SAWAYA

Defendants should not bring small children with them into the courtroom. Please make necessary child care arrangements before coming to court.
Court starts promptly on time. If you are late you will not be allowed into the courtroom. Proper dress is required for all court appearances. People appearing in shorts, tank-tops or mini-skirts will not be allowed into the courtroom.

09-27-10 Note: Set court date and mailed notice to STACEY ANN THOMASON

09-27-10 Case filed

09-27-10 Filed: From an Information

09-27-10 Filed: Information

10-07-10 Charge 1 Plea is Not Guilty

10-07-10 Charge 2 Plea is Not Guilty

10-07-10 Minute Entry - Minutes for Arraignment
Judge: DONALD SAWAYA
PRESENT
Clerk: pcrosby
Prosecutor: JOHNSON, DOUGLAS A
Defendant Present
Defendant pro se

ARRAIGNMENT

Advised of rights and penalties.
The defendant is advised of right to counsel.
Defendant is arraigned.

CASE NUMBER 101001674 Other Misdemeanor

DEFENDANT PRESENT WITHOUT COUNSEL. CITY IS REPRESENTED. NOT GUILTY. DEFENDANT TO RETAIN OR CONSULT WITH COUNSEL. SET BENCH TRIAL. NOTICE AND PAMPHLET GIVEN IN COURT. REPORT TO SANDY POLICE DEPT FOR FINGERPRINTS.
BENCH TRIAL is scheduled.
Date: 11/08/2010
Time: 02:00 p.m.
Location: COURTROOM #1
SANDY JUSTICE COURT
210 W SEGO LILY DR
SANDY, UT 84070-3282
Before Judge: SUSAN WEIDAUER

10-07-10 BENCH TRIAL scheduled on November 08, 2010 at 02:00 PM in COURTROOM #1 with Judge WEIDAUER.

10-12-10 Filed: FORMAL INFORMATION FROM PROSECUTING ATTORNEY'S OFFICE

10-14-10 Note: Received OTN sheet from PD; records updated.

10-19-10 Filed: Motion for Continuance of Bench Trial by City Prosecutor

10-19-10 Filed order: City's Motion for Continuance of Bench Trial -- Granted
Judge SUSAN WEIDAUER
Signed October 19, 2010

10-21-10 Note: Notified Marrla, City Attorney's Office, by phone of City's Motion being - Granted.

10-22-10 BENCH TRIAL rescheduled on November 29, 2010 at 02:00 PM
Reason: Plaintiff's request..

10-22-10 Notice - NOTICE for Case 101001674 ID 1525357
BENCH TRIAL.
Date: 11/29/2010
Time: 02:00 p.m.
Location: COURTROOM #1
SANDY JUSTICE COURT
210 W SEGO LILY DR
SANDY, UT 84070-3282
Before Judge: SUSAN WEIDAUER
The reason for the change is Plaintiff's request.
Court starts promptly on time. If you are late you will not be allowed into the courtroom. Proper dress is required for all court appearances. People appearing in shorts, tank-tops or mini-skirts will not be allowed into the courtroom.

CASE NUMBER 101001674 Other Misdemeanor

Defendants should not bring small children with them into the courtroom. Please make necessary child care arrangements before coming to court.

10-22-10 Note: Spoke w/the Defendant by phone, notified them of the Bench Trial being Continued. Rescheduled the Bench Trial. Notice mailed to the Defendant.

11-29-10 Minute Entry - Minutes for Bench Trial

Judge: SUSAN WEIDAUER

PRESENT

Clerk: faithw

Prosecutor: JOHNSON, DOUGLAS A

Defendant Present

Defendant pro se

ARRAIGNMENT

Advised of rights and penalties.

The defendant is advised of right to counsel.

The defendant waives right to counsel.

Defendant is arraigned.

CITY SUBMITTED WRITTEN RECOMMENDATION OR MOTION

TRIAL

TIME: 2:05 PM CHANGE OF PLEA AT TIME OF TRIAL

PLEA IN ABEYANCE

Defendant's plea is held in abeyance.

Conditions of Agreement:

005 Defendant to pay all court costs and/or fines.

Tracking review date for Plea in Abeyance: 11/29/2010

The defendant is ordered to pay the fee of 200.00 for PLEA ABEY. MISDMNR.

The fine is to be paid in full by 11/29/2010.

Pay fine to The Court.

11-29-10 Charge 1 Disposition is Plea in abeyanc

11-29-10 Fee Account created Total Due: 200.00

11-29-10 PLEA ABEY. MISDMNR Payment Received: 200.00

CASE NUMBER 101001674 Other Misdemeanor

11-29-10 Charge 1 Disposition is Dismissed
Stay ends: November 29, 2010
11-29-10 Case Closed
Disposition Judge is SUSAN WEIDAUER
02-06-12 Note: Case shredded

SANDY JUSTICE COURT
SALT LAKE COUNTY, STATE OF UTAH

SANDY CITY vs. STACEY ANN THOMASON
CASE NUMBER 111001394 Other Misdemeanor

CHARGES

Charge 1 - 3-1-15 - ANIMALS ATTACKING PERSONS / ANIMALS Class B Misdemeanor
Offense Date: August 03, 2011
Plea: September 06, 2011 Not Guilty
Disposition: October 19, 2011 Guilty - Bench
Charge 2 - 3-1-10 - ANIMAL AT LARGE Infraction
Offense Date: August 03, 2011
Plea: October 19, 2011 Guilty
Disposition: October 19, 2011 {Guilty}

CURRENT ASSIGNED JUDGE
SUSAN WEIDAUER

PARTIES
Defendant - STACEY ANN THOMASON
Plaintiff - SANDY CITY

DEFENDANT INFORMATION
Defendant Name: STACEY ANN THOMASON
Offense tracking number: 34140749
Date of Birth: [redacted]
Jail Booking Number:
Law Enforcement Agency: SANDY CITY POLICE
LEA Case Number: 11E006773
Officer Name: DAPHNE TURNER
Prosecuting Agency: SANDY CITY
Agency Case Number:
Citation Number: G10005608
Sheriff Office Number:

ACCOUNT SUMMARY

TOTAL REVENUE	Amount Due:	235.00
	Amount Paid:	235.00
	Credit:	0.00

CASE NUMBER 111001394 Other Misdemeanor

Balance:	0.00

REVENUE DETAIL - TYPE: FINE

Amount Due:	235.00
Amount Paid:	235.00
Amount Credit:	0.00
Balance:	0.00

PROCEEDINGS

08-10-11 Judge SUSAN WEIDAUER assigned.
08-10-11 Case filed
08-10-11 Filed: From an Information
08-10-11 Filed: Information
08-12-11 Note: Scheduled Arraignment and mailed the Notice to the defendant.
08-12-11 ARRAIGNMENT scheduled on August 29, 2011 at 09:00 AM in COURTROOM #1 with Judge WEIDAUER.
08-12-11 Notice - NOTICE for Case 111001394 ID 6334256
ARRAIGNMENT is scheduled.
Date: 08/29/2011
Time: 09:00 a.m.
Location: COURTROOM #1
SANDY JUSTICE COURT
210 W SEGO LILY DR
SANDY, UT 84070-3282
Before Judge: SUSAN WEIDAUER
08-26-11 ARRAIGNMENT rescheduled to September 06, 2011 at 02:00 PM in COURTROOM #1 with Judge WEIDAUER.
09-06-11 Note: STACEY ANN THOMASON phoned to reset court. Unable. She has had one resetting of court
09-06-11 Minute Entry - Minutes for Arraignment
Judge:
PRESENT
Clerk: faithw
Prosecutor: JOHNSON, DOUGLAS A
Defendant Present
Defendant pro se

ARRAIGNMENT

CASE NUMBER 111001394 Other Misdemeanor

Defendant is arraigned.
NO RESOLUTION. BENCH TRIAL DATE SET. NOTICE AND PAMPHLET GIVEN TO DEFENDANT IN COURT. REPORT FOR FINGERPRINTING TODAY.
BENCH TRIAL is scheduled.
Date: 10/19/2011
Time: 09:00 a.m.
Location: COURTROOM #2
SANDY JUSTICE COURT
210 W SEGO LILY DR
SANDY, UT 84070-3282
Before Judge: DONALD SAWAYA

09-06-11 BENCH TRIAL scheduled on October 19, 2011 at 09:00 AM in COURTROOM #2 with Judge SAWAYA.

09-06-11 Judge DONALD SAWAYA assigned.

09-08-11 Filed: FORMAL INFORMATION FILED BY SANDY CITY PROSECUTOR

09-15-11 BENCH TRIAL rescheduled to October 19, 2011 at 09:00 AM in COURTROOM #1 with Judge WEIDAUER.

10-19-11 Minute Entry - Minutes for BENCH TRIAL
Judge: SUSAN WEIDAUER
PRESENT
Clerk: faithw
Prosecutor: JOHNSON, DOUGLAS A
Defendant Present
Defendant pro se

TRIAL

TIME: 9:50 AM COPY OF THE INFORMATION GIVEN TO THE DEFENDANT IN COURT, DEF PG TO CT 2. CITY CALLS MR MORCAL TO THE STAND AND IS SWORN IN, TESTIMONY GIVEN BY DIRECT EXAM, NO CROSS BY DEFENDANT. CITY RESTS.
CITY CALLS SANDY CITY POLICE OFFCER DAPHANE TURNER TO THE STAND AND IS SWORN IN, TESTIMONY GIVEN ON OWN BEHALF, NO CROSS BY CITY, DEFENDANT RESTS. CITY SUBMITS.
BASED ON THE EVIDENCE PRESENTED TO THE COURT, THE JUDGE FINDS THE DEFENDANT GUILTY OF CT 1. NOTIFIED OF APPEALS PROCESS, JUDGMENT FILED.

CASE NUMBER 111001394 Other Misdemeanor

SENTENCE FINE
Charge # 1 Fine: $185.00
Suspended: $0.00
Surcharge: $87.63
Due: $185.00

Charge # 2 Fine: $50
Suspended: $0.00
Surcharge: $12.96
Due: $50.00

Total Fine: $235.00
Total Suspended: $0
Total Surcharge: $100.59
Total Principal Due: $235.00
Plus Interest
The fine is to be paid in full by 10/19/2011.
Pay fine to The Court.
10-19-11 Charge 1 Disposition is Guilty - Bench
10-19-11 Charge 2 Disposition is {Guilty}
10-19-11 Fine Account created Total Due: 235.00
10-19-11 Judge SUSAN WEIDAUER assigned.
10-19-11 Fine Payment Received: 235.00
10-19-11 Case Closed
Disposition Judge is SUSAN WEIDAUER
09-30-13 Note: CASE FILE SHREDDED

SANDY JUSTICE COURT
SALT LAKE COUNTY, STATE OF UTAH

SANDY CITY vs. STACEY ANN THOMASON
CASE NUMBER 111001431 Other Misdemeanor

CHARGES

Charge 1 - 3-1-16(A)6 - NUISANCE ANIMAL- EXCESSIVE NOISE
Infraction
Offense Date: August 10, 2011
Plea: October 19, 2011 Guilty
Disposition: October 19, 2011 (Guilty)

CURRENT ASSIGNED JUDGE
DONALD SAWAYA

PARTIES
Defendant - STACEY ANN THOMASON
Plaintiff - SANDY CITY

DEFENDANT INFORMATION
Defendant Name: STACEY ANN THOMASON
Date of Birth: [redacted]
Law Enforcement Agency: SANDY CITY POLICE
Officer Name: KRIS PEASE
Prosecuting Agency: SANDY CITY
Citation Number: G10009226

ACCOUNT SUMMARY

TOTAL REVENUE	Amount Due:	150.00
	Amount Paid:	150.00
	Credit:	0.00
	Balance:	0.00
REVENUE DETAIL - TYPE: FINE		
	Amount Due:	150.00
	Amount Paid:	150.00
	Amount Credit:	0.00
	Balance:	0.00

CASE NOTE
eCitation REPORT 08/16/2011 J1873 #64 by KRIS PEASE

CASE NUMBER 111001431 Other Misdemeanor

PROCEEDINGS

08-16-11 Judge SUSAN WEIDAUER assigned.

08-16-11 Case filed

08-17-11 Note: Scheduled Arraignment for the same date and time as the defendant's other scheduled court date.

08-17-11 ARRAIGNMENT scheduled on August 29, 2011 at 09:00 AM in COURTROOM #1 with Judge WEIDAUER.

08-31-11 OPEN CASE REVIEW scheduled on September 06, 2011 at 02:00 PM in COURTROOM #1 with Judge WEIDAUER.

09-06-11 BENCH TRIAL scheduled on October 19, 2011 at 09:00 AM in COURTROOM #2 with Judge SAWAYA.

09-06-11 Minute Entry - Minutes for Arraignment

Judge:

PRESENT

Clerk: faithw

Prosecutor: JOHNSON, DOUGLAS A

Defendant Present

Defendant pro se

ARRAIGNMENT

Defendant is arraigned.

NO RESOLUTION. BENCH TRIAL DATE SET. NOTICE AND PAMPHLET GIVEN TO DEFENDANT IN COURT.

BENCH TRIAL is scheduled.

Date: 10/19/2011

Time: 09:00 a.m.

Location: COURTROOM #2
SANDY JUSTICE COURT
210 W SEGO LILY DR
SANDY, UT 84070-3282

Before Judge: DONALD SAWAYA

09-06-11 Judge DONALD SAWAYA assigned.

09-08-11 Filed: FORMAL INFORMATION by CITY ATTORNEY.

09-15-11 BENCH TRIAL rescheduled to October 19, 2011 at 09:00 AM in COURTROOM #1 with Judge WEIDAUER.

10-19-11 Minute Entry - Minutes for BENCH TRIAL

Judge: SUSAN WEIDAUER

CASE NUMBER 111001431 Other Misdemeanor

PRESENT
Clerk: faithw
Prosecutor: JOHNSON, DOUGLAS A
Defendant Present
Defendant pro se

TRIAL

TIME: 10:02 AM CHANGE OF PLEA AT TIME OF TRIAL

SENTENCE FINE
Charge # 1 Fine: $150
Suspended: $0.00
Surcharge: $38.89
Due: $150.00

Total Fine: $150
Total Suspended: $0
Total Surcharge: $38.89
Total Principal Due: $150
Plus Interest
The fine is to be paid in full by 10/19/2011.
Pay fine to The Court.

10-19-11 Charge 1 Disposition is {Guilty}
10-19-11 Fine Account created Total Due: 150.00
10-19-11 Fine Payment Received: 150.00
10-19-11 Case Closed
Disposition Judge is SUSAN WEIDAUER
03-26-14 Note: Case file shredded.

Utah State Tax Commission
TAXPAYER SERVICES DIVISION 210 N 1950 W SALT LAKE CITY UT 84134-9000 Website: tax.utah.gov

BL:046 03/2018

Letter Issue Date
January 3, 2022

Letter ID
L0284167328

Account Type
Customer

Account Number
15355285

STEVE BUCHANAN
MUSELY COMPOUNDING PHARMACY LLC
87 AMANDA CT
ALAMO CA 94507-2860

TAXPAYER ACCESS POINT UTAH TAP tap.utah.gov

Business Name: MUSELY COMPOUNDING PHARMACY LLC
Federal Identification Number: XX-XXX5364
Department of Commerce Number: 123731440161

Letter of Good Standing

The Utah State Tax Commission certifies:

MUSELY COMPOUNDING PHARMACY LLC

has filed all required returns with the Utah State Tax Commission and has paid all taxes due as of January 3, 2022.

This certificate expires February, 2, 2022.

What to Do
- Keep this certificate in your records.

Please Note
- All accounts can be audited at any time.

Contact Information
If you have any questions, please call Tina Ruiz at 801-297-7228 or toll free 1-800-662-4335 ext. 7228 or send me a fax at 801-297-7699. You may also write to me at the address at the top of this notice.

Respectfully,
Tina Ruiz
Tax Tech
Taxpayer Services Division

The Utah Taxpayer Bill of Rights (Pub 2) is available on the Tax Commission's website tax.utah.gov or upon request. This publication describes your rights and obligations and the Tax Commission's procedures for appeals, refund claims and collections.
If you need an accommodation under the Americans with Disabilities Act, contact the Tax Commission at 801-297-3811 or TDD 801-297-2020. Please allow three working days for a response.

Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: http://www.commerce.utah.gov

05/05/2022
12373144-016105052022-1578161

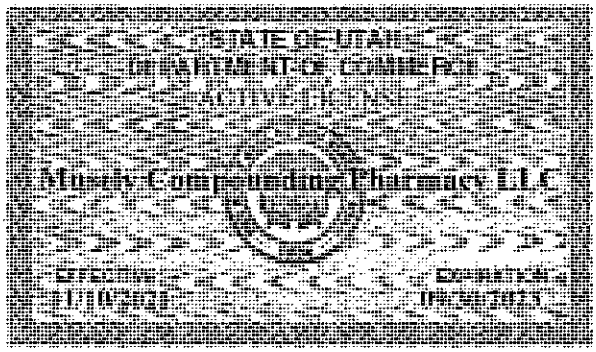
CERTIFICATE OF EXISTENCE

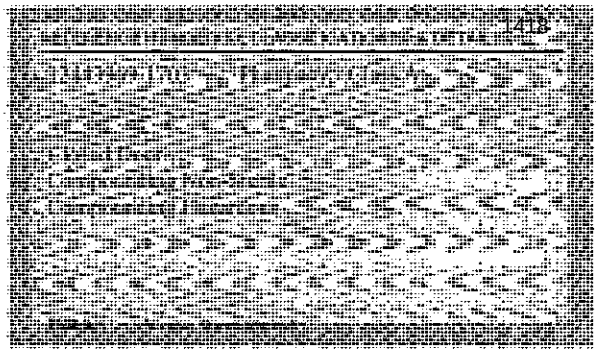
Registration Number:	12373144-0161
Business Name:	MUSELY COMPOUNDING PHARMACY LLC
Registered Date:	June 29, 2021
Entity Type:	LLC - Foreign
Status:	Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division **(unless Delinquent)**; and, that Articles of Dissolution have not been filed.

L. Veillette

Leigh Veillette
Director
Division of Corporations and Commercial Code



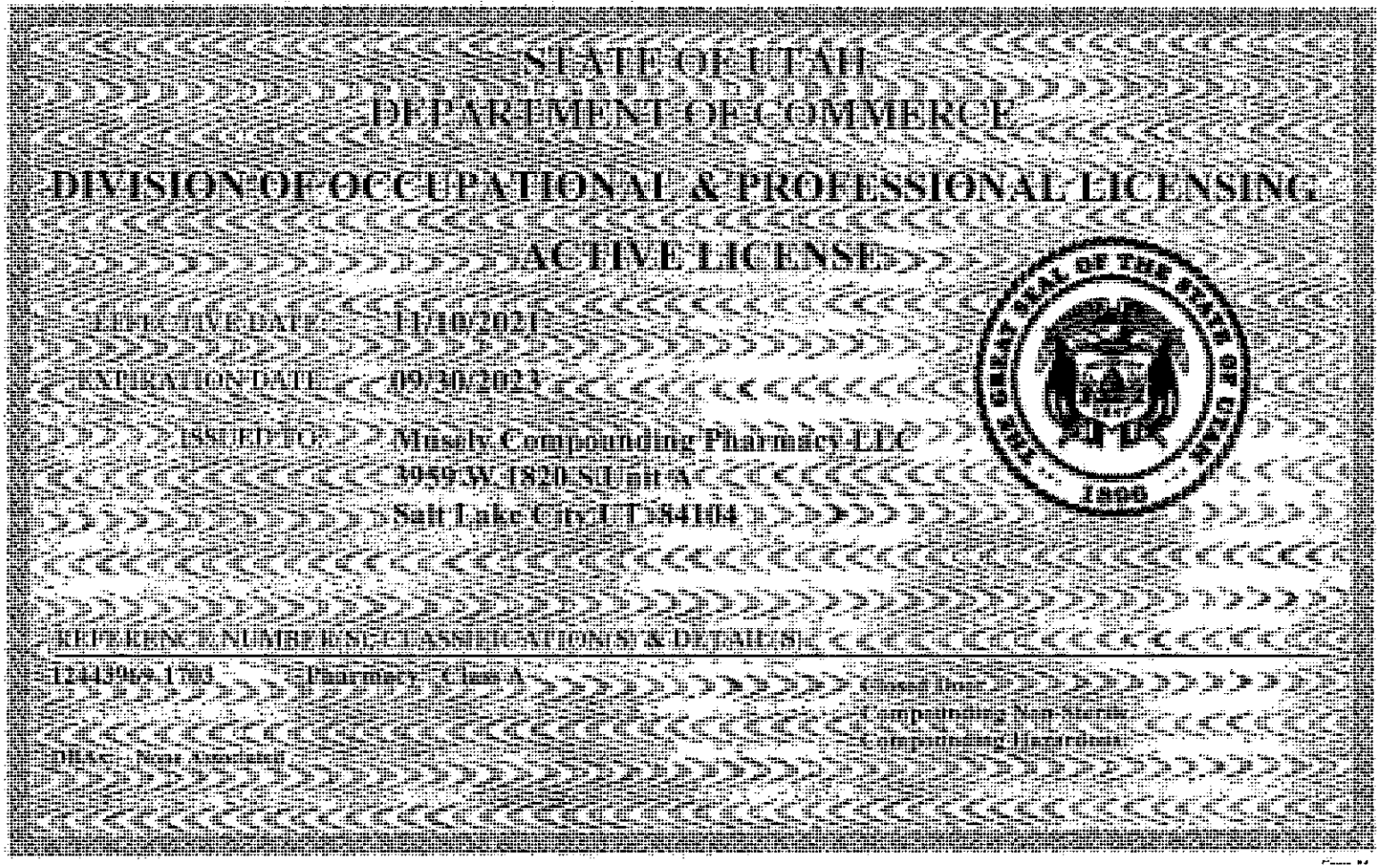


IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

MUSELY COMPOUNDING PHARMACY LLC
3959 W 1820 S UNIT A
SALT LAKE CITY UT 84104

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.



SPENCER J. COX
Governor
DEIDRE M. HENDERSON
Lieutenant Governor

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

MARGARET W. BUSSE
Executive Director

MARK B. STEINAGEL
Division Director

VERIFICATION OF UTAH LICENSURE

Created On: 01/24/2022

This verification is considered a primary source from the State of Utah.

Name of Licensee (as it appears in our records): Musely Compounding Pharmacy LLC

Classification of License Issued: Pharmacy - Class A

License Number: 12443969-1703

Obtained By: Application

Current Status: Active

Original Date of Licensure: 11/10/2021

Expiration Date: 09/30/2023

Agency and Disciplinary Action: NO

Docket Number: N/A

The information provided on this form is accurate and correct as of the verification creation date listed on the top of this form. Original issue dates listed, as 01/01/1910 and 01/01/1911 were unknown when the division implemented its first licensing database. This verification form does not show a complete history or interruptions in licensure. If you have any questions please contact the division.

www.dopl.utah.gov • Heber M. Wells Building • 160 East 300 South • PO Box 146741 • Salt Lake City • UT 84114-6741
phone: (801)530-6628 • toll-free in Utah:(866)275-3675 • fax:(801)530-6511 • investigations fax:(801)530-6301

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing
160 E 300 S
P.O. Box 16741
Salt Lake City, UT 84114-6741
Telephone : (801) 530-6628
Toll Free in Utah: (866) 275-3675
Investigation Fax: (801) 530-6301
Email: DOPLInvestigations@utah.gov
Website: www.dopl.utah.gov

CLASS A RETAIL PHARMACY

INSPECTION

☒ New Opening
☐ Random

INFORMATION

Pharmacy Name: Musely Compounding Pharmacy LLC Date: 11-30-2021

License Number: 1244396 9-1703 Exp Date: 5-10-2022

C.S. License Number: n/a Exp Date:

DEA Registration: n/a Exp Date:

Pharmacy FEIN Number: 87-1415364

Pharmacy Email: muselycompounding@gmail.com

Pharmacy Phone Number: 866-931-5469 Fax: n/a

Pharmacy Toll Free Number: 866-931-5469

Affiliated Websites: n/a

Pharmacy Hours: Monday-Friday: 8-4 Saturday: closed Sunday: closed

Pharmacy Address: 3959 W 1820 S Unit A

City: Salt Lake City State: UT Zip: 84104

Pharmacist In Charge (PIC): Stacey Ann Jones

PIC License Number: 8044191-1701 Expiration Date: 9-30-2023

Personnel

List ALL pharmacists, interns, pharmacy technicians and techs-in-training (attach a separate sheet, if necessary):

Name:	License # see list	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
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Name:	License #	Exp:
Name:	License #	Exp:

INSPECTION

	YES	NO	
1	☑	☐	The facility shall maintain a current list of licensed employees involved in the practice of the pharmacy at the facility. The list shall include individual licensee names, license classifications, license numbers, and license expiration dates. The list shall be readily retrievable. The list may be maintained in paper or electronic form. [UAC R156-17b-614a (5)]
2	☑	☐	Notification has been provided to the Division in regards to the unique email address used for self audits or pharmacy alerts. The pharmacy will notify the division of any change in the email address within seven days of the change. [UAC R156-17b-603 (2) and (3) (t) (i-ii)]
3	☑	☐	Notification has been provided to the Division in regards to the assignment of the PIC at the above stated pharmacy. The Division is notified of a change in PIC within 30 days of the change. [UAC R156-17b-603 (3) (s)]
4	☐	☐	If the facility has a pharmacy technician training program, the program and curriculum of education and training, meets standards established by Division rule made in collaboration with the Board. [UAC R156-17b-303a (3)] ☑ N/A
5	☑	☐	A pharmacy technician trainee shall practice only under the direct supervision of a pharmacist, and in a ratio not to exceed one pharmacy technician trainee to one pharmacist. [UAC R156-17b-601(4)(a)]
6	☑	☐	A licensed pharmacy technician shall practice under the general supervision of a licensed pharmacist. [UCA 58-17b-102 (56)]
7	☑	☐	A pharmacy tehcnician may administer vaccies and emergency medications pursuant to delegation by a pharmacist... And is under "direct", on-site supervision by the delegating pharmacist as defined in R156-1-102a(4)(a); [UAC R156-17b-601 (3)(b)]
8	☑	☐	The operating standards for a Pharmacist acting as a preceptor includes meeting the following criteria by providing direct, on-site supervision to no more than two pharmacy interns during a working shift. [UAC R156-17b-606(1)(d)(i)]
9	☐ n/a	☐	In accordance with Subsecton 58-17b-102(71)(b) all supportive personnel shall be under the supervision of a licensed pharmacist or DMP. The licensed pharmacist or DMP shall be present in the area where the person being supervised is performing services and shall be immediately available to assist the person being supervised in the serivces being performed expect for the delivery of pre-filled prescriptions as provided in Subsection (1)(g) above. [UAC R156-17b-607 (3)]
10	☐ n/a	☐	In accordance with Subsection 58-17b-102(71)(a), supportive personnel may assist in any tasks not related to drug preparation or processing including: [UAC R156-17b-607 (1)(a-g)] ☐ stock ordering and restocking; ☐ cashiering; ☐ billing;

- ☐ filing;
- ☐ receiving a written prescription and delivering it to the pharmacist, pharmacy intern, pharmacy technician, pharmacy technician trainee, DMP, or DMP designee;
- ☐ housekeeping;
- ☐ delivering a pre-filled prescription to a patient.

11 ☑ ☐ The pharmacist-in-charge (PIC) is responsible for assuring that no pharmacy or pharmacist operates the pharmacy or allows operation of the pharmacy with a ratio of pharmacist to pharmacy personnel which, under the circumstances of the particular practice setting, results in, or reasonably would be expected to result in, an unreasonable risk of harm to public health, safety, and welfare. [UAC R156-17b-603 (3) (r)]

12 ☑ ☐ All individuals employed in a pharmacy facility having any contact with the public or patients receiving services from that pharmacy facility does wear on their person a clearly visible and readable identification showing the individual's name and position. [UCA 58-17b-603 (1)]

13 ☑ ☐ When communicating by any means, written, verbal, or electronic, pharmacy personnel do identify themselves as to licensure classification. [UCA 58-17b-603 (2)]

14 ☑ ☐ The facility or parent company shall maintain a record for not less than five years of the initials or identification codes that identify each dispensing pharmacist by name. The initials or identification code shall be unique to ensure that each pharmacist can be identified; therefore identical initials or identification codes shall not be used. [UAC R156-17b-614a (8)]

15 ☑ ☐ The facility does have current and retrievable editions of the following reference publications in print or electronic format and readily available and retrievable to facility personnel: [UAC R156-17b-614a (4) (a-k)]

- ☑ UCA 58-1 (DOPL Licensing Act)
- ☑ UCA 58-17b (Pharmacy Practice Act)
- ☑ UCA 58-37 (Controlled Substance Act)
- ☑ UCA 58-37f (Controlled Substance Database Act)
- ☑ Code of Federal Regulations Title 21 parts 1300 to end
- ☑ General Drug References
- ☑ UAC R156-1 (General Rules of DOPL)
- ☑ UAC R156-17b(Pharmacy Practice Act Rules)
- ☑ UAC R156-37(Controlled Substance Act Rules)
- ☑ UAC R156-37f (Controlled Substance Database Act Rule)
- ☑ FDA Approved Drug Product(Orange Book)

16 ☑ ☐ The facility is well lighted, ventilated, clean and sanitary. [UAC R156-17b-614a (1) (a)]

17 ☑ ☐ If transferring a drug from a manufacturer's or distributor's original container to another container, the dispensing area, shall have a sink with hot and cold culinary water separate and apart from restroom facilities. All required equipment shall be clean and in good operating condition. [UAC R156-17b-614a (1) (b)]

18 ☑ ☐ The facility is equipped to permit the orderly storage of prescription drugs and durable medical equipment in a manner to permit clear identification, separation and easy retrieval of products and an environment necessary to maintain the integrity of the product inventory. [UAC R156-17b-614a (1) (c)]

19 ☑ ☐ The facility is equipped to permit practice within the standards and ethics of the profession as dictated by the usual and ordinary scope of practice to be conducted within that facility. [UAC R156-17b-614a (1) (d)]

20 ☑ ☐ All out of date legend drugs and controlled substances shall be removed from the inventory at regular intervals and in correlation to the beyond use date imprinted on the label. [UAC R156-17b-605(1)]

21 ☑ ☐ The facility is stocked with the quality and quantity of product necessary for the facility to meet its scope of practice in a manner consistent with the public health, safety and welfare. [UAC R156-17b-614a (1) (a)]

22 ☐ ☐ If dispensing controlled substances, the facility is equipped with a security system to permit detection of entry at all times when the facility is closed, and provide notice of unauthorized entry to an individual, and be equipped with a lock on any entrances to the facility where drugs are stored. [UAC R156-17b-614a (1) (f)(i-ii)(g)]

23 ☑ ☐ If the pharmacy does not store drugs in a locked cabinet and has a drop/false ceiling, the pharmacy's perimeter walls shall extend to the hard deck, or other measures shall be taken to prevent unauthorized entry into the pharmacy. [UAC R156-17b-614a (15)] ☐ N/A

24 ☑ ☐ Only a licensed Utah pharmacist or authorized pharmacy personnel does have access to the pharmacy when the pharmacy is closed. [UAC R156-17b-614a (7)]

25 ☑ ☐ A pharmacy shall not dispense a prescription drug or device to a patient unless a pharmacist is physically present and immediately available in the facility. [UAC R156- 17b-614a (6)]

26 ☑ ☐ The temperature of the pharmacy is maintained within a range compatible with the proper storage of the drugs. [UAC R156-17b-614a (2)]

27 ☑ ☐ The temperature of the refrigerator and freezer is maintained within a range compatible with the proper storage of drugs requiring refrigeration or freezing. The pharmacy shall keep a daily written or electronic log of the temperature of the refrigerator or freezer on days of operation. The pharmacy shall retain the log for three years. [UAC R156-17b-614a (2)]

28 ☑ ☐ For the purpose of promoting therapeutic appropriateness, a pharmacist shall at the time of dispensing a prescription, or a prescription drug order, review the patient's medication record. Such review shall at a minimum identify clinically significant conditions, situations or items, such as: [UAC R156-17b-611 (2) (a-g)]

- ☑ Inappropriate drug utilization
- ☑ Drug-disease contraindications
- ☑ Incorrect drug dosage
- ☐ Drug-allergy interactions
- ☑ Therapeutic duplications
- ☑ Drug-drug interactions
- ☑ Incorrect duration of drug treatment
- ☑ Clinical abuse or misuse

29 ☑ ☐ Facility does have a counseling area to allow for confidential patient counseling. [UAC R156-17b-614a (1)(h)]

30 ☑ ☐ Every pharmacy shall verbally offer to counsel a patient or a patient's agent in a personal face-to-face discussion regarding each prescription drug dispensed. If the patient or patient's agent delivers the prescription in person to the pharmacist or pharmacy intern; or receives the drug in person at the time it is dispensed at the facility. [UCA 58-17b-613 (1)]

31 ☑ ☑ A pharmacist or pharmacy intern that receives a prescription from a patient by means other than personal delivery, and that dispenses prescription drugs to the patient by means other than personal delivery shall provide patient counseling to a patient regarding each prescription drug the pharmacy dispenses and provide each patient with a toll-free telephone number by which the patient can contact the pharmacist or pharmacy intern at the pharmacy for counseling. [UCA 58-17b-613(2)]

32 ☑ ☐ If a prescription drug order is delivered to the patient or the patient's agent at the patient's or other designated location, the following is applicable: [UCA R156-17b-610(6)(a-c)

- ☑ the pharmacy shall provide the information specified in R156-17b-610(3) be delivered with the dispensed prescription in writing.

☑ if prescriptions are routinely delivered outside the area covered by the pharmacy's local telephone service, the pharmacist shall place on the prescription container or on a separate sheet delivered with the prescription container, the telephone number of the pharmacy and the statement "Written information about this prescription has been provided for you. Please read this information before you take this medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions."

☑ written information provided in Subsection (b) of this section shall be in the form of patient information leaflets similar to USP-NF patient information monographs or equivalent information.

33 ☑ ☐ The offer to counsel is documented and said documentation shall be available to the Division. These records must be maintained for a period of five years and be available for inspection within 7-10 business days. [UAC R156-17b-610 (4)]

34 ☑ ☐ A pharmacy may only deliver a prescription drug to a patient or patient's agent in person at the pharmacy or via the United States Postal Service, a licensed common carrier, or supportive personnel, if the pharmacy takes reasonable precautions to ensure the prescription drug is delivered to the patient or patient's agent or returned to the pharmacy. [UCA 58-17b-602(9)(a)(b)(i-ii)]

35 ☐ ☑ A pharmacy that employs the United States Postal Service or other common carrier to deliver a filled prescription directly to a patient shall, under the direction of the PIC, or other responsible employee: [UAC R156-17b-608(1-5)]

☑ Use adequate storage or shipping containers and shipping processes to ensure drug stability and potency. The shipping processes shall include the use of appropriate packing material and devices, according to the recommendations of the manufacturer or the United States Pharmacopeia Chapter 1079, in order to ensure that the drug is kept at appropriate storage temperatures throughout the delivery process to maintain the integrity of the medication.

☑ Use shipping containers that are sealed in a manner to detect evidence of opening or tampering.

☐ Develop and implement policies and procedures to ensure accountability, safe delivery, and compliance with temperature requirements. The policies and procedures shall address when drugs do not arrive at their destination in a timely manner or when there is evidence that the integrity of a drug was compromised during shipment. In these instances, the pharmacy shall make provisions for the replacement of the drug.

☑ Provide for an electronic, telephonic, or written communication mechanism for a pharmacy to offer counseling to the patient as defined in section 58-17b-613; and provide documentation of such counseling.

☐ Provide information to the patient indicating what the patient should do if the integrity of the package or drug was compromised during shipment.

36 ☑ ☐ Each drug dispensed from the pharmacy does have a label securely affixed to the container indicating the required minimum information, including: [UCA 58-17b-602 (5) (a) (i-viii)]

- ☑ name, address, & phone number of pharmacy
- ☑ filling date or last dispensing date
- ☑ name of the prescriber
- ☑ trade, generic or chemical name

(Unless Otherwise Indicated by Prescriber)

- ☑ serial number of prescription
- ☑ name of the patient or animal owner/species
- ☑ directions for use & cautionary statements
- ☑ amount dispensed & strength of dosage form
- ☑ beyond use date

37 ☑ ☐ Unless otherwise requested, child-resistant containers are used for dispensing medications to patients. [UAC R156-17b-502(6) & 16 CFR 1700.14]

38 ☑ ☐ Controlled substances are not accepted back for destruction unless allowed for by state and federal law. [UAC R156-37-606 (1-2) & 21 CFR 1307.21]

39 ☑ ☐ The registered pharmacy only processes electronically signed prescriptions for controlled substances under the following conditions: the pharmacy uses a pharmacy application that meets all the applicable requirements; the prescription is otherwise in conformity with the requirements of the Code of Federal Regulations; and Certification Authority (CA) has been obtained. The electronic prescription must be transmitted from the practitioner to the pharmacy in its electronic form and at no time may the prescription be converted to another form *(i.e. facsimile)* for transmission. [CFR, Title 21, Chapter 11, Section 1311, UAC R156-17b-613 (1)]

40 ☑ ☐ Prescription files, including refill information, is maintained for a minimum of five years and should be immediately retrievable in written or electronic format. [UAC R156-17b-612 (4)]

41 ☑ ☐ Prescription records may be maintained electronically so long as the original of each prescription, including telephone prescriptions, is maintained in a physical file and contains all of the information required by federal and state law; and an automated data processing system is used for the storage and immediate retrieval of refill information for prescription orders.
[UAC R156-37-602 (4) (a-b)]

42 ☐ ☐ n/a All records relating to Schedule II controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years.
[UAC R156-37-602(3) (5)]

43 ☐ ☐ n/a All records relating to Schedule III, IV, V controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years.
[UAC R156-37-602(3) (6)]

44 ☐ ☐ n/a Requirement for annual controlled substances inventory shall be within 12 months following the inventory date of each year and may be taken within four days of the specified inventory date and shall include all stocks including out-of-date drugs and drugs in automated pharmacy systems.
[UAC R156-17b-605 (4)]

45 ☐ ☐ n/a Requirements for taking the initial controlled substances inventory shall include the following: all pharmacies shall take an inventory on the opening day of business. Such inventory shall include all controlled substances including any out-of-date drugs and drugs in automated pharmacy systems. In the event a pharmacy commences business with no controlled substances on hand, the pharmacy shall record this fact as the initial inventory. An inventory reporting no Schedule I and II controlled substances shall be listed separately from an inventory reporting no Schedule III, IV, and V controlled substances. The initial inventory shall serve as the pharmacy's inventory until the next completed inventory as specified in Subsection (4) of this section. [UAC R156-17b-605 (3) (a-c)] ☐ **N/A**

46 ☐ ☐ n/a General Requirements for inventory of a pharmacy shall include: [UAC R156-17b-605 (2)(a)(b)(c)(e)(f)(i)(j)]

- ☐ the PIC shall be responsible for taking all required inventories, but may delegate the performance of the inventory to another person or persons;
- ☐ the inventory records shall be maintained for a period of five years and be readily available for inspection
- ☐ the inventory records shall be filed separately from all other records
- ☐ the inventory may be taken either as the opening of the business or the close of business on the inventory date;
- ☐ the person taking the inventory and the PIC shall indicate the time the inventory was taken and shall sign and date the inventory with the date the inventory was taken. The signature of the PIC and the date of the inventory shall be documented within 72 hours or three working days of the completed initial, annual, change of ownership and closing inventory.

☐ the inventory of Schedule I and II controlled substances shall be listed separately from the inventory of Schedule III, IV and V controlled substances;

☐ if the pharmacy maintains a perpetual inventory of any of the drugs required to be inventories, the perpetual inventory shall be reconciled on the date of the inventory.

47 ☐ n/a ☐ All pharmacies shall maintain a perpetual inventory of all Schedule II controlled substances that shall be reconciled according to facility policy. [UAC R156-17b-605(7)]

48 ☐ n/a ☐ The pharmacy does reconcile its controlled substance inventory to account for shortages of controlled substances. [UAC R156-17b-603 (3) (k) & R156-37-502(4)]

49 ☑ ☐ Any facility who experiences any theft, including diversion, or significant loss of controlled substances shall immediately file the appropriate forms with the Drug Enforcement Administration, with a copy to the Division directed to the attention of the Investigation Bureau Division; and report the incident to the local law enforcement agency. [UAC R156-37-602 (2)]

50 ☐ n/a ☐ Pharmacists or other responsible individuals do verify that the suppliers' invoices of controlled substances, listed on the invoices were actually received by clearly recording their initials and the actual date of receipt of the controlled substances. [UAC R156-17b-614a (11)]

51 ☐ n/a ☐ The facility shall maintain a record of suppliers' credit memos for controlled substances. [UAC R156-17b-614a (12)]

52 ☐ n/a ☐ The facility does maintain a copy 3 of DEA order form (form 222) which has been properly dated, initialed, and filed and all copies of each unaccepted or defective order form and any attached statements or other documents. [UAC R156-17b-614a(9)]

53 ☐ n/a ☐ The Division shall implement on a statewide basis, including non-resident pharmacies as defined in Section 58-17b-102, the following two options for a pharmacist to submit information: real-time submission of the information required to be submitted under this part of the controlled substance database; and 24-hour dail or next business day, whichever is later, batch submission of the information required to be submitted under this part to the controlled substance database. [UCA 58-37f-203(1)(a)(i,ii)]

54 ☐ n/a ☐ In accordance with 58-37f-203(6), the pharmacist-in-charge and the pharmacist identified in Subsections 58-37f-203(2) and (3) shall provide the following data fields to the Division: the state that issued identification, type of identification used, and identification number used by individual picking up dispensed drug. [UCA R156-37f-203 (4) (aa-cc)]

55 ☐ ☑ The pharmacy maintains emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMT's, ambulances)? If the answer is "yes", note name(s) of facilities or entities.

56 ☐ ☑ The pharmacy maintains automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home? If the answer is "yes", note type and location.

57 ☐ ☑ The pharmacy utilizes an Automated Pharmacy System? If the answer is "yes" to this question, a automation questionnaire must be completed. [UAC R156-17b-620]

58 ☑ ☐ The facility is engaged in hazardous drug compounding as defined by USP-NF Chapter 800. If you answer "yes" to this question, a compounding questionnaire must be completed.

59 ☑ ☐ The facility is engaged in simple, medium, or complex compounding activities as defined by USP 35 Chapter 795. If you answer "yes" to this question, a compounding questionnaire must be completed. [(UAC R156-17b-614a (3)]

60 ☐ ☑ The facility is engaged in low, medium, or high risk *sterile* compounding as defined by USP 35 Chapter 797. If you answer "yes" to this question, a compounding questionnaire must be completed. [UAC R156-17b-614a (3]

COMMENTS

7) Pharmacy emailed over list of licensed personnel.

10) Pharmacy does not utilize supportive personnel.

16) Pharmacy is clean and organized.

20) No expired stock.

27) Pharmacy currently does not have a fridge, or carry medications that require refrigeration.

31) Pharmacy has a toll-free phone number. Documentation provided by pharmacy to patient does not include correct pharmacy information.

36) • Pharmacy's SOPs need to address required topics.
- Pharmacy needs to provide information to patient on what to do if medication was compromised during shipment.
- Facility does not have a controlled substance license and does not carry controlled substances.
- Facility does not accept walk-in patients.
- Facility mails all prescriptions to patients through USPS.

☑ By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: Sharon Ann Jones Date: 11/30/2021

Name of Responsible Party (Print): Sharon Ann Jones

Signature of Division Investigator: Travis Dreking Date: 11-30-2021

Name of Division Investigator (Print): Travis Dreking

Revised 4/2020

State of Utah
Department of Commerce

Division of Occupational and Professional Licensing
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NON STERILE COMPOUNDING

INSPECTION

☒ New Opening ☐ Regular

INFORMATION

Pharmacy Name: Musely Compounding Pharmacy LLC Date: 11 / 30 / 2021

Pharmacy License Number: 1244 3969-1703 Expiration Date: 5 / 10 / 2022

Controlled Substance License Number: n/a Expiration Date: / /

DEA Registration Number: n/a Expiration Date: / /

Pharmacist-In-Charge (PIC): Stacey Ann Jones

Pharmacist-In-Charge License Number: 8044191-1701 Expiration Date: 9 / 30 / 2023

Compounding Facilities engaged in simple, moderate or complex non-sterile or any level of sterile compounding activities shall be required to maintain proper records and procedure manuals and establish quality control measures to ensure stability, equivalency where applicable and sterility. The following requirements shall be met:(a)Shall follow USP-NF Chapter 795, compounding of non-sterile preparations, and USP-NF Chapter 797 if compounding sterile preparations [UAC R156-17b-614a (3)]

GENERAL OPERATIONS AND INFORMATION

	Yes	No	
1.	☑	☐	Compounders shall acquire and maintain knowledge and skills in all areas (e.g., dosage form, patient population, and medical specialty) for which they compound. [USP-NF Chapter 795—*Categories of Compounding*]
2.			Which categories of compounding does the facility perform?
	☑	☐	Simple- Making a preparation that has a *United States Pharmacopeia (USP)* compounding monograph or that appears in a peer-reviewed journal article that contains specific quantities of all components, compounding procedure and equipment, and stability date for that formulation with appropriate BUDs; or reconstitution or manipulation commercial products that may require the addition of one or more ingredients as directed by the manufacturer. Examples include *Coptoprll Oral Solution*, and *Indomethocin Topical Gel*, and *Potassium Bromide Oral Solution, Veterinary*. [USP-NF Chapter 795—*Categories of Compounding—Description of Categories*]
	☑	☐	Moderate- Making a preparation that requires special calculations or procedure (such as calibration of dosage unit mold cavities) to determine quantities of components per preparation or per individualized dosage units; or making a preparation for which stability data for that specific formulation are not available. Examples include *Morphine Sulfate Suppositories*, diphenhydramine hydrochloride troches, and mixing two or more manufactured cream products when the stability of the mixture is not known. [USP-NF Chapter 795—*Categories of Compounding—Description of Categories*]
	☐	☑	Complex- Making a preparation that requires special training, environment, facilities, equipment, and procedures to ensure appropriate therapeutic outcomes. Examples of possible complex preparation types include transdermal dosage forms, modified-release preparations, and some inserts and suppositories for systemic effects. [USP-NF Chapter 795—*Categories of Compounding—Description of Categories*]
3.	☑	☐	The preparation, mixing, assembling, altering, packaging, and labeling of a drug, drug-delivery device, or device is in accordance with a licensed practitioner's prescription, medication order, or initiative based upon the practitioner/patient/pharmacist/compounder relationship in the normal course of professional practice[USP-NF Chapter 795—*Definitions—Compounding]*
4.	☐	☑	Does the facility compound nonsterile prescriptions which are then delivered to a practitioner for administration to the patient in the office, clinic or facility?

COMPOUNDING **INSPECTION**

	Yes	No	
5.	☐	☑	A pharmacy licensed under this chapter may, subject to rules established by the Division, repackage or compound a prescription drug for sale to a practitioner if: the prescription drug: does not include a compounded drug; or includes a compounded drug; and is not a controlled substance; the pharmacy labels the prescription drug "for office use only"; the practitioner administers the drug to a patient in the practitioner's office or facility; and except in accordance with Title 58, Chapter 17b, Part 8, Dispensing Medical Practitioner and Dispensing Medical Practitioner Clinic Pharmacy, the practitioner does not dispense the drug to the patient. [UCA 58-17b-624(1)(a)(i)(ii)(A)(B)(b)(c)(d)] Pursuant to Section 58-17b-624, a pharmacy may repackage or compound a prescription drug for sale to a practitioner for office use provided that it is in compliance with all applicable federal and state laws and regulations regarding the practice of pharmacy, including, but not limited to the Food, Drug, and Cosmetic Act, 21 U.S.C A § 301 et seq. [R156-17b-624]
6.	☐	☑	Does the facility distribute nonsterile compounded preparations to hospitals, clinics, or surgery centers?
7.	☐	☑	Does the facility have a sales force that distributes samples containing active ingredients? List.
8.	☐	☑	Does the facility provide nonsterile compounded preparations to other pharmacies for dispensing?
9.	☑	☐	What does the facility compound?

☐ Tablets ☐ Liquids ☐ Troches ☐ Ointments
☐ Capsules ☐ Lozenges ☑ Creams ☐ Suppositories
☐ Patches ☐ Sprays ☐ Powders ☐ Oral Pastes
☐ Transdermals ☐ _____ ☐ _____ ☐ _____

10.	☐	☑	Does the facility compound vitamins or nutritional supplements? List.
11.	☐	☑	Does the facility compound investigational drugs? List.
12.	☑	☐	The facility does not prepare a prescription drug in a dosage form which is regularly and commonly available from a manufacturer in quantities and strengths prescribed by a practitioner. [UCA 58-17b-502 (13)]
13.	☑	☐	Does the facility perform compounding with hazardous drugs?
14.	☑	☐	Does the facility segregate hazardous drugs from normal compounding stock?
15.	☑	☐	MSDSs shall be readily accessible to all employees working with drug substances or bulk chemicals located on the compounding facilities premises. Employees should be instructed on how to retrieve and interpret needed information. [USP-NF Chapter 795—*Compounding Documentation—Material Safety Data Sheets File*]
16.	☑	☐	Does the facility make nonsterile compounded preparations using bulk powder active pharmaceutical ingredients?
17.	☐	☑	All significant procedures preformed in the compounding area should be covered by written standard operating procedure (SOPs). Implementing SOPs establishes procedural consistency and also provides a reference for orientation and training of personnel. To ensure accountability, accuracy, quality, safety and uniformity in compounding procedures should be developed for the following: [USP-NF Chapter 795—*Compounding Documentation—Standard Operating Procedures*]

☑ Facility ☑ Equipment ☐ Personnel
☑ Packaging ☑ Storage ☐ Preparation

18.	☑	☐	A *United States Pharmacopeia (USP), National Formulary (NF), or Food Chemical Codex (FCC)* substance is the recommended source of all ingredients for compounding all preparations. [USP-NF Chapter 795—*Component Selection, Handling, and Storage(1)*]
19.	☑	☐	Bulk active ingredients must be procured from a facility registered with the federal Food and Drug Administration and must not be listed on the federal Food and Drug Administration list of drug products withdrawn or removed from the market for reasons of safety or effectiveness. [R156-17b-614a (3)(c)(i)(ii)]

20. ☑ ☐ Bulk containers are labeled with appropriate Occupational Safety and Health Administration (OSHA) hazard communication labels (see OSHA.gov), and Material Safety Data Sheets (MSDSs) are available to compounding personnel for all drugs and chemicals used in compounding. [USP-NF Chapter 795—*Responsibilities of the Compounder—General Principles of Compounding (3)*]

BEYOND USE DATING

21. ☑ ☐ All components used in the compounding of preparations must be store as directed by the manufacturer or according to *USP, NF,* or *FCC* monograph requirements, in a clean area, and under appropriation temperatures and humidity conditions (controlled room temperature, refrigerator, or freezer). [USP-NF Chapter 795—*Component Selection, Handling, and Storage (11)*]

22. ☑ ☐ For components that do not have expiration dates assigned by the manufacture or supplier, the compounder shall label the container with the date of receipt and assign a conservative expiration date, not to exceed three years after receipt, to the component (see the *General Notices and Requirements, Preservation, Packaging, Storage, and Labeling, Labeling, Expiration Date and Beyond-Use Date)* based on the nature of the component and its degradation mechanism, the container in which it is packaged, and the storage conditions. [USP-NF Chapter 795—*Component Selection, Handling, and Storage(6)*]

23. ☑ ☐ If the component has been transferred to a different container, that container shall be indentified with the component name, lot or control number, transfer date, and expiration date and shall provide integrity that is equivalent to or better than that of the original container. [USP-NF Chapter 795—*Componant Selection, Handling, and Storage(5)*]

24. ☑ ☐ The compounder shall ensure that the container and container closures used in packaging compounded preparations meet *USP* requirements (see the *General Notices and Requirements, Preservation, Packaging, Storage, and Labeling, Containers; Containers—Glass* <660>; *Containers—Plastics*<661>; *Containers—Performance Testing* <671>; Chapter <681>; Chapter <1136>; *Packaging Practice—Repackaging a Single Solid Oral Drug Product into a Unit-Dose Container*<1146>); and when available, compounding monographs. Compounders are not expected to perform the tests described in these chapters but should be knowledgeable about the stands described in them. [USP-NF Chapter 795—*Packaging and Drug Preparation Cantainers*]

25. ☑ ☐ The containers and closures shall be stored off the floor, handled and stored to prevent contamination, and rotated so that the older stock is used first. The containers and container closures shall be stored in such a way as to permit inspection and cleaning of the storage area. [USP-NF Chapter 795—*Packaging and Drug Preparation Containers*]

26. ☑ ☐ The BUD is the date after which a compounded preparation shall not be used and is determined from the date when the preparation is compounded. [USP-NF Chapter 795—*Stability Criteria and Beyond-Use Dating*]

27. ☑ ☐ The beyond use date assigned shall be based on currently available drug stability information and sterility considerations or appropriate in-house or contract service stability testing. [R156-17b-614a (3)(g)]

28. ☑ ☐ Sources of drug stability information shall include the following: [R156-17h-614a (3)(g)(i)(A)(B)(C)]
☑ References can be found in "Trissel's Handbook on Injectable Drugs", 17th Edition, October 31, 2012 ☑ Manufacturer recommendations ☑ Reliable, published research

29. ☑ ☐ These maximum BUDs (shown below) are recommended for nonsterile compounded drug preparations in the absence of stability information that is applicable to a specific drug or preparation. The BUD shall not be later than the expiration date on the container of any component. [USP-NF Chapter 795—*Stability Criteria and Beyond-Use Dating—General Guidelines for Assigning Beyond-Use Dates*]

☑ ☐ BUDs for Nonaqueous Formulations—The BUD is not later that the time remaining until the earliest expiration date of any API or 6 months, whichever is earlier.

☑ ☐ BUDs for Water-Containing Oral Formulations—The BUD is not later than 14 days when stored at controlled cold

temperatures.

☑ ☐ BUDs for Water-Containing Topical/Dermal and Mucosal Liquid and Semisolid Formulations—The BUD is not later than 30 days.

30. ☑ ☐ These maximum BUDs recommended for nonsterile compounded drug preparations that are packaged in tight, light-resistant containers and stored at controlled room temperature, unless otherwise indicated; and for sterile preparations for which a program of sterility testing is in place (see *General Notices and Requirements, Preservation, Packaging, Storage, and Labeling*). [USP-NF Chapter 795—*Stability Criteria and Beyond-Use Dating—General Guidelines for Assigning Beyond-Use Dates*]

ENVIRONMENT

31. ☑ ☐ Compounding facilities shall have an adequate space that is specifically designated for compounding of prescriptions. This space shall provide the orderly placement of equipment and materials to prevent mixups among ingredients, containers, labels, in-process materials and finished preparations and is designed, arranged and used to prevent adventitious cross-contamination. [USP-NF Chapter 795—*Compounding Facilities*]

32. ☑ ☐ Areas used for sterile preparations shall be separated and distinct from the nonsterile compounding area (see Chapter <797>, *Environmental Quality and Control*). [USP-NF Chapter 795—*Compounding Facilities*]

33. ☑ ☐ Compounding is done in an appropriately clean and sanitized area dedicated to this activity (see section *Compounding Facilities*). [USP-NF Chapter 795—*Compounding Process—Criteria When Compounding Each Drug Preparation (4)*]

34. ☑ ☐ Only one preparation is compounded at one time in a specific workspace. [USP-NF Chapter 795—Compounding Process—*Criteria When Compounding Each Drug Preparation (5)*]

35. ☑ ☐ The entire compounding and storage area should be well lighted. [USP-NF Chapter 795—*Compounding Facilities*]

36. ☑ ☐ Heating, ventilation, and air conditioning systems shall be controlled to avoid decomposition and contamination of chemicals (see the *General Notices and Requirements, Preservation, Packaging, Storage, and Labeling, Storage Temperature and Humidity;* and the manufacturers' labeled storage conditions). [USP-NF Chapter 795—*Compounding Facilities*]

37. ☑ ☐ Potable water shall be supplied for hand washing and equipment washing. *Purified Water* (see *Purified Water* monograph) shall be used for compounding nonsterile preparations when formulations indicate the inclusion of water. *Purified Water* should be used for rinsing equipment and utensils. [USP-NF Chapter 795—*Compounding Facilities*]

38. ☑ ☐ Hazardous drugs shall be stored, prepared, and handled by appropriately trained personnel under conditions that protect the healthcare workers and other personnel. [USP-NF Chapter 795—*Compounding Facilities*]

39. ☑ ☐ Disposal of all hazardous drugs wastes shall comply with all applicable federal and state regulations. All personnel who perform routine custodial waste removal and cleaning activities in storage and preparation areas for hazardous drugs shall be trained in appropriate procedure to protect themselves and prevent contamination. [USP-NF Chapter 795—*Compounding Facilities*]

TRAINING

40. ☑ ☐ Personnel are appropriately trained and are capable of performing and qualified to perform their assigned duties. Such training should be documented. Compounding personnel should be evaluated annually. [USP-NF Chapter 795—*Responsibilities of the Compounder—General Principles of Compounding (1), Training*]

41. ☑ ☐ All employees involved in pharmaceutical compounding shall read and become familiar with the chapter (USP-NF Chapter 795). They should also become familiar with the contents of the *USP Pharmacists' Pharmacopoeia* and other relevant publications, including how to read and interpret MSDSs. [USP-NF Chapter 795—*Training*]

42. ☑ ☐ All employees shall read and become familiar with each of the procedures related to compounding, including

those involving the facility, equipment, personnel, actual compounding, evaluation, packaging, storage, and dispensing. [USP-NF Chapter 795—*Training*]

COMPOUNDING EQUIPMENT

43. ☑ ☐ All equipment used in compounding is clean, properly maintained, and used appropriately. [USP-NF Chapter 795—*Responsibilities of the Compounder—General Principles of Compounding (4)*]

44. ☑ ☐ Equipment shall be stored to protect it from contamination and shall be located to facilitate its use, maintenance and cleaning. Automated, mechanical, electronic, and other types of equipment used in compounding or testing of compounded preparations shall be routinely inspected, calibrated as necessary, and checked to ensure proper performance. Immediately before compounding operations, the equipment shall be inspected by the compounder to determine its suitability for use. After use, the equipment shall be appropriately cleaned. [USP-NF Chapter 795—*Compounding Equipment*]

DOCUMENTATION

45. ☑ ☐ A master worksheet shall be developed and approved by a pharmacist for each batch of sterile or non-sterile pharmaceuticals to be prepared. Once approved, a duplicate of the master worksheet shall be used as the preparation worksheet from which each batch is prepared an on which all document for that batch occurs. The master worksheet may be stored electronically and shall contain at a minimum: [UAC R156-17b-614a (3)(d)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(A-D)(ix)(A-D)(x)(xi)(xii)(xiii)]

- ☑ Official or assigned name
- ☑ Calculations needed to determine and verify quantities of components and doses of active pharmaceutical ingredients
- ☑ Equipment needed to prepare the preparation
- ☑ Container used in dispensing
- ☑ Quality control procedures and expected results
- ☑ Description of final preparation
- ☑ Strength
- ☑ Description of all ingredients and their quantities
- ☑ Mixing instructions, which shall include: order of mixing, mixing temperature or other environmental controls, duration of mixing, and other factors pertinent to the replication of the preparation as compounded
- ☑ Packaging and storage requirements
- ☑ Dosage form of the preparation
- ☑ Compatibility and stability information, including references when available
- ☑ Sample labeling information, which shall contain, in addition to legally required information: generic name and quantity or concentration of each active ingredient, assigned beyond use date, storage conditions, and prescription or control number, whichever is applicable

46. ☑ ☐ A preparation worksheet for each batch of sterile or non-sterile pharmaceuticals shall document the following: [UAC R156-17b-614a (3)(e)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(ix)(x)(xi)(xii)(A-D)(xiii)(A,B,C,D)(I-III)(xiv)(xv)(xvi)]

- ☑ Official or assigned name
- ☑ Names and quantities of all components
- ☑ Name of the person who prepared the preparation
- ☑ Date of the preparation
- ☑ Proof of duplicate labeling information, which shall: be kept at the pharmacy, be immediately retrievable; include an audit trail for any altered form, and be reproduced in: the original format that was dispensed, and electronic version, or a scanned electronic version
- ☑ Strength and dosage of the preparation
- ☑ Sources, lot numbers, and expiration dates of components
- ☑ Name of the compounder who approved the preparation
- ☑ Assigned control number, if for anticipation of use or prescription number, if patient specific, whichever is applicable
- ☑ Documentation of any quality control issues and any adverse reactions or preparation problems reported by the patient or caregiver
- ☑ Description of final preparation
- ☑ Master Formulation Record reference for the preparation
- ☑ Total quantity compounded
- ☑ Name of the person who performed the quality control procedures
- ☑ Duplicate label as described in the Master Formulation Record means the sample labeling information that is dispensed on the final product given to the patient and shall at minimum contain: active ingredients, beyond-use-date, storage conditions, and lot number
- ☑ Results of quality control procedures (e.g., weight range of filled capsules, pH of aqueous liquids)

47. ☑ ☐ Compounding records including the master worksheet, preparation worksheet, and prescription files, including refill information shall be maintained for a minimum of five years and be immediately retrievable in written or electronic format. [UAC R156-17b-612 (4)]

48. ☑ ☐ There shall a documented, ongoing quality control program that monitors and evaluates personnel performance, equipment and facilities that follow USP-NF Chapters 795 and 797 standards. [R156-17b-614a (3)(h)]

COMPOUNDING PROCEDURES

49. ☑ ☐ Only authorized personnel are allowed in the immediate vicinity of the compounding operations. [USP-NF Chapter 795—*Responsibilities of the Compounder—General Principles of Compounding(6)*]

50. ☑ ☐ Personnel engaged in compounding maintain good hand hygiene and wear clean clothing appropriate to the type of compounding performed (e.g., hair bonnets, coats, gowns, gloves, face masks, shoes, aprons, or other items) as needed for protection of personnel from chemical exposures and for preventions of drug contamination. [USP-NF Chapter 795—*Compounding Process—Criteria When Compounding Each Drug Preparation (8)*]

51. ☑ ☐ Critical processes (including but not limited to weighing, measuring, and mixing) are verified by the compounder to ensure that procedures, when used, will consistently result in the expected qualities in the finished preparation. [USP-NF 795—*Compounding Process—Criteria When Compounding Each Drug Preparation*]

52. ☐ ☐ n/a **LABELING OF FINISHED PREPARATIONS**

The label of each batch prepared of sterile or non-sterile pharmaceuticals shall bear at a minimum: [UAC R156-17b-614a (3)(g)(i)(ii)(iii)(iv)(v)(vi)]

- ☐ The unique lot number assigned to the batch
- ☐ Beyond use date and time, when applicable
- ☐ all solution and ingredient names, amounts, strengths and concentrations, when applicable
- ☐ Device-specific instructions, where appropriate
- ☐ Quantity
- ☐ Appropriate ancillary instructions, such as storage instructions or cautionary statements, including cytotoxic warning labels where appropriate

PRESCRIPTION LABELING

53. ☑ ☐ All prescription labels for compounded sterile and non-sterile medications when dispensed to the ultimate user or Agent shall bear at a minimum in addition what is required in Section 58-17b-602 the following: [UAC R156-17b-614a (3)(h)(i)(ii)(iii)]

- ☑ generic name and quantity or concentration of each active ingredient. In the instance of a sterile preparation for parenteral use, labeling shall include the name and base solution for infusion preparation;
- ☑ assigned compounding record or lot number; and
- ☑ "This is a compounded preparation" or similar language.

PATIENT COUNSELING AND COMMUNICATION

54. ☑ ☐ At the time of dispensing the prescription, the patient or the patient's agent shall be counseled about proper use, storage, handling, and disposal of the compounded preparation. The patient or the patient's agent shall also be instructed to report any adverse event and to observe and report to the compounder any changes in the physical characteristics of the compounded preparation (see Chapter <1191>, *Responsibility of the Pharmacist*). The compounder shall investigate and document any reported problem with a compounded preparation and shall take corrective action. [USP-NF Chapter 795—*Patient Counseling*]

VETERINARY COMPOUNDING

55. ☐ ☑ Does the facility compound for veterinary use?

56. ☐ ☑ If compounding for both humans and animals, are the API's or other components that are labeled for veterinary use only are segregated or marked in such way to prevent them from being used for human compounding?

57. ☐ ☑ The pharmacist shall be knowledgeable about the individual species' limitation in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used in compounded preparations. For this reason, compounders making preparations for animals should use, when possible, formulations specifically developed for animal patients. If such formulations are not available, the compounder shall conduct a literature review to determine whether a specific component of the formula is toxic to the target species. [USP-NF Chapter

COMPOUNDING **INSPECTION**

795—*Compounding For Animal Patients]*

COMMENTS
(Use an additional sheet if necessary.)

- Pharmacy only compounds creams.

(17) SOPs need to fully address preparation.

(38-42) Training records are compliant.

(45,46) Master and prep worksheets are compliant.

(53) Prescription labels are compliant.

(55-57) Not compounding for animal use.

COMPOUNDING **INSPECTION**

☑ By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: [signature] **Date of Signature:** 11 / 30 / 2021

Signature of Division Investigator: [signature] **Date of Signature:** 11 / 30 / 2021

Revised 6/2016

• Heber M. Wells Building • 160 East 300 South • P.O. Box 146741 • Salt Lake City, UT 84114-6741 •
Telephone (801) 530-6628 • Toll-free in Utah (866) 275-3675 • Fax (801) 530-6301 • *www.dopl.utah.gov*

UTAH LIFE ELEVATED

4FF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: PARK COMPOUNDING PHARMACY

Physical Address: 4333 PARK TERRACE DR. STE 160

City: WESTLAKE VILLAGE State: CA Zip: 91361

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 805-497-8258 Toll Free # (NAC 639.708, NRS 639.23286): 833-230-7900

Fax: 805-496-7099 Contact Email: COMPOUNDRXJUSTIN@YAHOO.COM

Website: WWW.PARKCOMPOUNDING.COM

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): JUSTIN CHEN

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22864

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Retail/Community	■ Retail/Community
☐ Hospital (# beds _____)	■ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	■ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: JENNIFER CHEN	NV Pharmacist Registration #: 22864
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: CALIFORNIA

Parent Company (if any): _____

Corporation/Organization Name: CHEN SHWEZIN, INC.

Mailing Address: 2702 E. GARRITY WAY

City: ORANGE State: CA Zip: 92867

Telephone: 805-497-8258 Email: COMPOUNDRXJUSTIN@YAHOO.COM

Contact Person Name: JUSTIN CHEN

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the OWNER (title) for PARK COMPOUNDING PHARMACY (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

JUSTIN CHEN

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

06-09-2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding:

Affidavit for Pharmacy License

I, JUSTIN CHEN hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the OWNER (title) for PARK COMPOUNDING PHARMACY (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 9th day of June, 2022

Notary Public

H. EFTEKHARI
COMMISSION #2208804
NOTARY PUBLIC • CALIFORNIA
LOS ANGELES COUNTY
Commission Expires AUGUST 22, 2023

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: _____ Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ 06-09-22

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	**Publicly Traded**	**Non-publicly Traded**	**Partner-ship**	**Sole Owner**
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.S005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded** - The top 4 shareholder/stockholders. b. **For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data**- Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JUSTIN CHEN

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

06-09-2022

Date

Board Use Only	Date Received: _____	Amount: 500 cc ✓

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Retail Pharmacy Permit

LICENSE NO. PHY 54304 ISSUE DATE MARCH 01, 2016

PARK COMPOUNDING PHARMACY

4333 PARK TERRACE DR #160
WESTLAKE VILLAGE CA 91361

The above is licensed with the State Board of Pharmacy as a Corporation.

CORPORATION
JUSTIN YEE CHEN — PHARMACIST IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

Renewal Certificate

Retail Pharmacy Permit

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

LICENSE NO. PHY 54304
RECEIPT NO. 13540887

VALID UNTIL MARCH 01, 2023

PARK COMPOUNDING PHARMACY
4333 PARK TERRACE DR #160
WESTLAKE VILLAGE CA 91361

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.
This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) administrator or pharmacist-in-charge.
This permit is valid only at the address shown.

12/22/21
12/22/21 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHPHY (03 30 16) PHY

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

April 21, 2022

Park Compounding Pharmacy
4333 Park Terrace Drive #160
Westlake Village, CA 91361

California State Board of Pharmacy License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

Licensee Name: PARK COMPOUNDING PHARMACY

License Type: PHARMACY

License Number: PHY 54304

Status: ACTIVE

Issue Date: 03/01/2016

Expiration Date: 03/01/2023

Address of Record: 4333 PARK TERRACE DR #160 WESTLAKE VILLAGE, CA 91361

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren
Executive Officer

By

Ann Altamirano
Public Inquiry Analyst
(916) 518-3045
Pharmacy.PublicRecords@dca.ca.gov

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

CHEN SHWEZIN, INC.

FILE NUMBER:	C3020157
FORMATION DATE:	08/02/2007
TYPE:	DOMESTIC CORPORATION
JURISDICTION:	CALIFORNIA
STATUS:	ACTIVE (GOOD STANDING)

I, SHIRLEY N. WEBER, PH.D. Secretary of State of the State of California hereby certify:

The entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 23, 2022.

Shirley N. Weber, Ph.D.
Secretary of State

PARK COMPOUNDING PHARMACY
4333 PARK TERRACE DR STE 160
WESTLAKE VILLAGE, CA 91361-5653

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP0798085	03-31-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	03-02-2020

PARK COMPOUNDING PHARMACY
PARK COMPOUNDING PHARMACY
4333 PARK TERRACE DR STE 160
WESTLAKE VILLAGE, CA 91361-5653

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
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PARK COMPOUNDING PHARMACY
PARK COMPOUNDING PHARMACY
4333 PARK TERRACE DR STE 160
WESTLAKE VILLAGE, CA 91361-5653

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

California State Board of Pharmacy
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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy **X** Hospital Pharmacy Clinic Exempt Hospital Wholesaler Hypodermic

Date: 3/1/2022 Inspector: Julia Krumer

Firm: PARK COMPOUNDING PHARMACY Phone: (805) 497-8258

Address: 4333 PARK TERRACE DR #160 City: WESTLAKE VILLAGE Zip: 91361

Ownership: CORPORATION

Permit #: PHY54304 Permit Exp: 3/1/2023 DEA#: FP0798085 DEA Exp: 3/31/2023

Date of Self Assessment Form: 6/28/2021 Other Permit #: N/A Date of DEA Inventory: 6/28/2021

Hours M-F: 8AM-5PM Hours Saturday CLOSED Hours Sunday: CLOSED

PIC **JUSTIN Y CHEN** RPH53675 Administrator

RPH Consultant

Staff	RPH Name:	License #:	Staff Name:	License #:
	JENNIFER L CHEN	RPH56065	**NATALIE N COX**	TCH156253
	LOC X MAI	RPH63103	**QUILIAN L ONG**	TCH60696

Inspector Remarks:

Here for routine inspection at an independent pharmacy specializing in non- sterile compounding only. Assisted by owner PIC Chen.
NTC, Original License & Renewal, and DEA Registration -posted. Discussed to move NTC and PHY license, hard for public to see due to recently installed divider.
Pharmacy - Sink Hot/Cold Water-available
Restroom-located just outside the pharmacy
Drug Storage Temperatures - Refrigerator Temperature (36-46F, 2-8C)-thermometer available, recorded twice daily. However, there was no temp. record for the pharmacy refrigerator with will call comp. medications.
No Immunization
Policy / Procedure - Technician Job Description, Theft/Impairment/Diversion, QA - available
Temporary Absence of a pharmacist- at least one pharmacist is always at the pharmacy.
All invoices are stored separately
CURES: last submitted 02/28/2022 to Clearinghouse system, done manually once weekly on Mondays. Pharmacy dispenses 3-4 controlled substances daily (about 60% for human use and 40% animal use)
No recent DEA106 losses were reported
Use DEA 222 form to order Schedule II medications from Medisca and Letco
DEA Inventory - 06/28/2021
Spot checked shelves for outdates-no outdates were located
Wholesaler-Medisca, Letco, HD Smith, PCCA, Fargron, occasionally use EasyriRx (has multiple WLS). Discussed to confirm licensure before ordering drugs.
Reverse Distributor- Far West Rx Disposal
Rx Label - medication descriptions, patient centered labeling – reviewed, not many commercially available products are dispensed
Interpretive Services – available
Consultation - observed, provided by RPH Mai
Board of Pharmacy Subscriber Email List – available

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Schedule II medication reconciliation report- last completed on 12/22/2021, only two C2 medications used in compounding are at the pharmacy
COVID-19 waivers- none
No delivery, mail prescriptions to patients in California. Note regarding consultation available

Pharmacy specializes in non-sterile compounding such as capsules, suspensions, lozenges, and topical formulations. About 50 % of comp. preparations are made for human use and about 50% are made for veterinary use. No antineoplastic compounding.
Sink is located in the main pharmacy area. All equipment after compounding is washed in that sink. Per PIC Chen, comp. equipment used in HD compounding is decontaminated using Peridox RTU prior to wash. Sink is spilt (one side is used to wash HD and another side is used to wash non-HD).
Compounding area: Two compounding rooms, one room is used for compounding non-HD preparations. Another room is negative pressure, used to compound HD preparations such as progesterone, estrogen and testosterone.
Hon HD room has two powder hoods (Flow Science) certified by TSS on 08/30/2021.
HD room has one hood (Air Clean Industries, 700 series) vented out. Room was Certified by Clean Room Services on 01/06/2022, record reviewed. Hood was certified by TSS on 08/30/2021 and by Clean Room Services on 01/06/2022.
Refrigerator, balance, and thermometer were reviewed by TSS (calibration record available)
Schedule II medications are also compounded such as fentanyl troches and hydrocodone liquid or capsule for vet use.
label-reviewed- No instruction for storage for room temperature available.
Compounding log, master formula-available. Discussed master formula requirements
Potency testing: is done quarterly about 4-5 preparations sent to ARL. Reviewed testing completed in January-February 2022 for 4 preparations: Levothyroxine aliquot 1mg/1000mg, Progesterone SR 150 mg caps, Ketotifen 0.5 mg caps, and Liothyronine aliquot 1:1000 (potency within acceptable range).
Training records: (everyone employed by the pharmacy is involved in compounding)- available last completed in September 2021, competency evaluation is also completed by all TCH (reviewed records from 2021). Discussed training records for pharmacists addressing cleaning and garbing.
Calibration log for scale-available
Cleaning log: available. Use alcohol and Peridox RTU for cleaning. Peridox RTU is also used for decontamination.
Compounding policies and procedures reviewed by PIC Chen annually (last reviewed on 01/05/2022)
Spot checked comp. policies and procedures: Standard Operating Procedures, Hygiene and Personal Protective Equipment, and Labeling, Packaging, Transport, and Dispensing
PPE: gown, gloves, head cover, shoe cover, mask- available. Use double shoe covers and HD gown in HD room. Chemo gloves are used for HD and non Non-HD compounding.

The following were discussed:
1. Review SA forms for PHY and compounding revised in 2021.
2. Move NTC and PHY license so it can be easily seen by the public.
3. Place "point to your language sign" at location that could be reached by the public.
4. For HD preparations label to comply with CCR 1735.4 (e)
5. Negative pressure log for HD room.
6. HD waste container.
7. Cleaning of facilities and equipment to prevent cross contamination as required by CCR 1735.6 (d)
8. Compounded preparations for future use, label to satisfy CCR 1735.4
9. Requirements for master formula {CCR 1735.2 (e)}

Education:
1. Script publications on the Board's website
2. Licensee email addresses (BPC 4013, December 2018 Script)
3. Drug Take back (CCR 1776)
4. Opioid warning Label-Risk of Overdose or Addiction **"Caution: Opioid. Risk of overdose** and addiction."(BPC 4076.7/SB 1109)
5. Board CE webinars and DEA trainings. New Board provided Law and Ethic CE requirements {CCR 1732.5(b)}.
6. Compounding of Drug Preparations (AB 973/BPC 4126.8)
7. HIV Preexposure/Postexposure Prophylaxis (SB 159/BPC 4052.02, 4052.03)

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8. Self-Assessment (CCR 1715)
9. E-prescribing (AB 2789, BPC 688)
10. Consultation requirements for delivery and mail order (10/1/2020, CCR 1707.2)
11. CURES reporting within 1 business day (HSC 11165, 01/01/2021)
12. CURES reporting to PMP Clearinghouse system starting 02/23/2022

To complete this inspection the following records are being requested by Inspector Krumer. Please fax requested records to **(818)706-1027** or email to julia.krumer@dca.ca.gov :

Julia Krumer, Inspector
(818) 706-1024 **Phone**
(818) 706-1027 **FAX**
Julia.Krumer@dca.ca.gov

Licensee Remarks:

I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) _____
Pharmacist (print) JUSTIN CHEN

Inspector (sign) _____
Inspector (print) JULIA KRUMER

Owner(sign) _____
Owner(print) JUSTIN CHEN

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

California State Board of Pharmacy
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www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

ORDER OF CORRECTION

Date: 3/1/2022 Permit #: PHY54304

Time of Day: 10:08 AM

Name as shown on permit: **PARK COMPOUNDING PHARMACY**

Address: 4333 PARK TERRACE DR #160 City: WESTLAKE VILLAGE

Please be advised it appears there is a failure to comply with the following laws governing the practice of pharmacy, and/or the rules and regulations of the Board of Pharmacy:

1. **H&SC 11165(d)**	Controlled Substance Utilization Review and Evaluation System: Establishment; Operation; Funding; Reporting to Department of Justice. For each prescription for a Schedule II, Schedule III, or Schedule IV controlled substance, as defined in the controlled substances schedules in federal law and regulations, specifically Sections 1308.12, 1308.13, and 1308.14, respectively, of Title 21 of the Code of Federal Regulations, the dispensing pharmacy, clinic, or other dispenser shall report the following information to the Department of Justice as soon as reasonably possible, but not more than seven days after the date a controlled substance is dispensed, in a format specified by the Department of Justice: In that, HSC 11165(d) changed in January 2021 stating that reporting to CURES shall be done not more than one working day after the date the medication was released to a patient. The pharmacy was submitting information every 7 days as was required by old regulation. Please provide proof of compliance.
2. **CCR 1735.4(a)(3)**	Labeling of Compounded Drug Preparations. Each compounded drug preparation shall be affixed with a container label prior to dispensing that contains at least: Instructions for storage, handling, and administration. For admixed IV solutions, the rate of infusion shall be included; In that, at the time of the inspection, compounded formulations in will call area and one medication in the pharmacy refrigerator did not have instruction for storage. Additionally, compounded medications for future use did not list instructions for storage or administration. Please provide proof of compliance.

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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

I have reviewed, discussed, understand and received a copy of this form.

Inspector (sign) _____

Inspector (print) _____

Date 8/1/2022

Signed _____

Print Name JUSTIN CHEN

Title PIC

Pursuant to Business and Professions Code §4083, a licensee of the California State Board of Pharmacy, may submit a written request within 30 days of service of the order of correction, for an office conference with the board's executive officer to contest the order of correction.

California State Board of Pharmacy
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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

OFFICIAL RECEIPT

March 01, 2022

Receipt Number: 740165

Firm: PARK COMPOUNDING PHARMACY

Address: 4333 PARK TERRACE DR #160, WESTLAKE VILLAGE CA 91361

Permit #: PHY54304

Phone: (805) 497-8258

The following was obtained this date under provisions of the California Pharmacy Law (Chapter 9, Division 2, Business and Professions Code) or the Rules and Regulations adopted thereunder:

Qty	Units	Description
1	Ea	ACHC Module 9 training from 2018

Voluntarily Released for Investigation

Receipt acknowledged by: _____ PIC
Title

Inspector: _____

ROUTE OF ADMINISTRATION →

Park Compounding Pharmacy

BIESTROGEN (ESTRIOL+ESTRADIOL) [20:80]
3.5 MG/ML VERSABASE

TOPICAL

← STORAGE

ROOM TEMP.

Lot: 03072022@51 Exp: 5/2/2022
Made: 3/8/2022 98750
LG 276567 (HD) T

States Send History (This report is for your records only)
3/30/2022 10:29:25 AM Page 1

	Date sent	Rx start date File name Note	Rx end date	Sent by	Send method (F=sFTP W=web M=manual)
CA					
	03/29/2022	03/29/2022 FP0798085_20220329_1.txt	03/29/2022	jyc	F
	03/28/2022	03/28/2022 FP0798085_20220328_1.txt	03/28/2022	jy	F
	03/25/2022	03/25/2022 FP0798085_20220325_1.txt	03/25/2022	jy	F
	03/24/2022	03/24/2022 FP0798085_20220324_1.txt	03/24/2022	jlc	F
	03/23/2022	03/23/2022 FP0798085_20220323_1.txt	03/23/2022		F
	03/22/2022	03/22/2022 FP0798085_20220322_1.txt	03/22/2022	JYC	F
	03/21/2022	03/21/2022 FP0798085_20220321_1.txt	03/21/2022	JY	F
	03/18/2022	03/18/2022 FP0798085_20220318_1.txt	03/18/2022	jy	F
	03/18/2022	03/17/2022 FP0798085_20220318_1.txt	03/17/2022	jy	F
	03/16/2022	03/16/2022 FP0798085_20220316_1.txt	03/16/2022	jy	F
	03/15/2022	03/15/2022 FP0798085_20220315_1.txt	03/15/2022	JY	F
	03/14/2022	03/14/2022 FP0798085_20220314_1.txt	03/14/2022	jy	F
	03/11/2022	03/10/2022 FP0798085_20220311_1.txt	03/10/2022	jy	F
	03/11/2022	03/09/2022 FP0798085_20220311_1.txt	03/09/2022	jy	F
	03/08/2022	03/08/2022 FP0798085_20220308_1.txt	03/08/2022	jy	F
	03/07/2022	03/07/2022 FP0798085_20220307_1.txt	03/07/2022	jy	F
	03/04/2022	03/04/2022 FP0798085_20220304_1.txt	03/04/2022	jy	F
	03/03/2022	03/03/2022 FP0798085_20220303_1.txt	03/03/2022	jy	F

PMP Clearinghouse

- File Submissions
- UCF Submissions
- Zero Reports
- File Upload

- Account
  Multi State Approval Account Details SFTP Details Real-Time Details DEA Numbers Users
- My Profile
  Edit My Profile View My Profile Change Password Logout
- Help

- File Listings Toggle Dropdown
- Error Files
-
- File Upload

File Listings Data File Submissions Status (Last 30 Days)

Advanced Options

Search Options:

File Name
Submission Begin Date 03/01/2022
Submission End Date 03/29/2022
State
California
Search...
Show 25 entries

File	State	Records	Warnings	Errors	Submitted
parkc8054978258@prodpmpsftp/CA/FP0798085_20220329_1.txt	CA	10			03/29/2022 11:35PM
parkc8054978258@prodpmpsftp/CA/FP0798085_20220328_1.txt	CA	11			03/28/2022 11:48PM
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parkc8054978258@prodpmpsftp/CA/FP0798085_20220301_1.txt	CA	12			03/02/2022 01:22AM
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parkc8054978258@prodpmpsftp/CA/FP0798085_20220228_1.txt	CA	42			03/01/2022 12:32AM

Showing 1 to 22 of found entries

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler PARK COMPOUNDING PHARMACY

Physical Address 4333 PARK TERRACE DR. STE 160

City WESTLAKE VILLAGE State CA Zip 91361

Mailing Address (If different from physical address) _____

City _____ State _____ Zip _____

Telephone 805-497-8258 Website WWW.PARKCOMPOUNDING.COM

Licensing Company Email COMPOUNDRXJUSTIN@YAHOO.COM

Section 2: Personal Information

First JENNIFER Middle _____ Last CHEN

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] PARK TERRACE DR. STE [redacted]

City WESTLAKE VILLAGE State CA Zip 91361

Telephone 805-497-8258 Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials JLC

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Western University of Health Sciences		06/2000-05/2004	
Address	**City**	**State**	**Zip**
795 E. 2nd St	Pomona	CA	91766
Diploma/Degree obtained, if any			
Pharm.D.			

School Name		From - To (MM/YY – MM/YY)	
University of California Irvine		06/1993-06/1997	
Address	**City**	**State**	**Zip**
401 E Peltason Dr.	Irvine	CA	92617
Diploma/Degree obtained, if any			
B.S. Biological Sciences			

School Name		From - To (MM/YY – MM/YY)	
Pacifica High School		07/1989-06/1993	
Address	**City**	**State**	**Zip**
6851 Lampson Ave	Garden Grove	CA	92845
Diploma/Degree obtained, if any			
GED			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/1992-Present	[redacted] Savaii St	Cypress	CA	90630
12/2018-Present	[redacted] E Garrity Way	Orange	CA	92867
01/2008-10/2019	[redacted] W Mountain Holly Ave	Orange	CA	92865
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials JLC

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Park Compounding Pharmacy			01/2008-Present	
Business Address		**City**	**State**	**Zip**
4333 Park Terrace Dr. Suite 160		Westlake Village	CA	91361
Phone	**Title**		**Number of Employed Hours**	
805-497-8258	Pharmacist		28,000	
Description of Duties				
Verification, Consultation, Compounding, Overseeing Technicians				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

6/9/22
Date

Applicant's initials _____

I, Jennifer L Chen, **certify that as the designated representative for** Park Compounding Pharmacy,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

JENNIFER CHEN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06-09-2022

Date

Applicant's initials JLC

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JENNIFER CHEN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06-09-2022

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, JENNIFER CHEN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/9/22

Date

Subscribed and Sworn to before me this 9th day of June, 2022

H. Eftekhari

Notary Public Signature

H. EFTEKHARI
COMMISSION #2298804
NOTARY PUBLIC • CALIFORNIA
LOS ANGELES COUNTY
Commission Expires AUGUST 22, 2023

(Seal)

Applicant's initials _____

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 06/06/2022
Amount:
License #: 22864

Jennifer L. CHen

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:06/06/2022
Expires:10/31/2023

Jennifer L. CHen

License #
22864
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA

STATE BOARD OF PHARMACY

Pharmacist

License Type: Pharmacist
License #: 22864
Effective Date:06/06/2022

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Jennifer L. CHen

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler PARK COMPOUNDING PHARMACY

Physical Address 4333 PARK TERRACE DR. STE 160

City WESTLAKE VILLAGE State CA Zip 91361

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 805-497-8258 Website WWW.PARKCOMPOUNDING.COM

Licensing Company Email COMPOUNDRXJUSTIN@YAHOO.COM

Section 2: Personal Information

First JUSTIN Middle _____ Last CHEN

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] PARK TERRACE DR. STE [redacted]

City WESTLAKE VILLAGE State CA Zip 91361

Telephone 805-497-8258 Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials JYC JYC 1

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF SOUTHERN CALIFORNIA		08/1997 TO 05/2002	
Address	**City**	**State**	**Zip**
1985 ZONAL AVE	LOS ANGELES	CA	90089
Diploma/Degree obtained, if any			
PHARM.D.			

School Name		From - To (MM/YY – MM/YY)	
UNIVERSIT OF CALIFORNIA IRVINE		09/1992 TO 06/1996	
Address	**City**	**State**	**Zip**
401 E Peltason Dr.	IRVINE	CA	92617
Diploma/Degree obtained, If any			
BS BIOLOGICAL SCIENCES			

School Name		From - To (MM/YY – MM/YY)	
PACIFICA HIGH SCHOOL		09/1988 TO 06/1992	
Address	**City**	**State**	**Zip**
6851 Lampson Ave	GARDEN GROVE	CA	92845
Diploma/Degree obtained, if any			
GED			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, If any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, If any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2018 TO PRESENT	[redacted]E. GARRITY WAY	ORANGE	CA	92867
1992 TO 2018	[redacted]SAVAII ST	CYPRESS	CA	90630
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials JYC

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
PARK COMPOUNDING PHARMACY			01/2008 TO PRESENT
Business Address	**City**	**State**	**Zip**
4333 PARK TERRACE DR. STE 160	WESTLAKE VILLAGE	CA	91361
Phone	**Title**		
805-497-8258	PHARMACIST (PIC)		
Description of Duties			
PHARMACIST IN CHARGE			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials BMC

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

06-09-22

Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JUSTIN CHEN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06-09-22

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, JUSTIN CHEN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

06-09-22

Date

Subscribed and Sworn to before me this 9th day of June, 2022

H. Eftekhari

Notary Public Signature

H. EFTEKHARI
COMMISSION #2208804
NOTARY PUBLIC • CALIFORNIA
LOS ANGELES COUNTY
Commission Expires AUGUST 22, 2023

(Seal)

Applicant's initials JC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler PARK COMPOUNDING PHARMACY

Physical Address 4333 PARK TERRACE DR. STE 160

City WESTLAKE VILLAGE State CA Zip 91361

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 805-497-8258 Website WWW.PARKCOMPOUNDING.COM

Licensing Company Email COMPOUNDRXJUSTIN@YAHOO.COM

Section 2: Personal Information

First JENNIFER Middle _____ Last CHEN

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] PARK TERRACE DR. STE [redacted]

City WESTLAKE VILLAGE State CA Zip 91361

Telephone 805-497-8258 Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials JLC

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Western University of Health Sciences		06/2000-05/2004	
Address	City	State	Zip
795 E. 2nd St	POMONA	CA	91766
Diploma/Degree obtained, if any			
PHARM.D.			

School Name		From - To (MM/YY – MM/YY)	
UNIVERSIT OF CALIFORNIA IRVINE		06/1993-06/1997	
Address	City	State	Zip
401 E Peltason Dr.	IRVINE	CA	92617
Diploma/Degree obtained, if any			
BS BIOLOGICAL SCIENCES			

School Name		From - To (MM/YY – MM/YY)	
PACIFICA HIGH SCHOOL		07/1989-06/1993	
Address	City	State	Zip
6851 Lampson Ave	GARDEN GROVE	CA	92845
Diploma/Degree obtained, if any			
GED			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/1992-Present	[redacted] Savaii St	CYPRESS	CA	90630
12/2018-Present	[redacted] E Garrity Way	ORANGE	CA	92867
01/2008-10/2019	[redacted] W Mountain Holly Ave	ORANGE	CA	92865
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
PARK COMPOUNDING PHARMACY			01/2008 TO PRESENT
Business Address	**City**	**State**	**Zip**
4333 PARK TERRACE DR. STE 160	WESTLAKE VILLAGE	CA	91361
Phone	**Title**		
805-497-8258	PHARMACIST		
Description of Duties			
Verification, Consultation, Compounding, Overseeing Technicians			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

6/9/22
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JENNIFER CHEN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/9/22

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, JENNIFER L. CHEN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/9/22

Date

Subscribed and Sworn to before me this 9th day of June, 2022

H. Eftekhari

Notary Public Signature

H. EFTEKHARI
COMMISSION #2208804
NOTARY PUBLIC • CALIFORNIA
LOS ANGELES COUNTY
Commission Expires AUGUST 22, 2023

(Seal)

Applicant's initials

4GG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

☐ Nevada
☑ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☑ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Fresenius USA Manufacturing, Inc. /dba/ Fresenius Medical Care North America

Physical Address: 5304 E Governor John Sevier HWY, Suite 2

City: Knoxville State: TN Zip: 37914

Mailing Address (if different from physical address): 920 Winter Street, ATTN: RA Pharmacy Licensing

City: Waltham State: MA Zip: 02451

Telephone: 865-867-7716 Toll Free # (NAC 639.708, NRS 639.23286): 866-577-8632

Fax: 865-272-6254 Contact Email: layla.nohra@freseniusmedicalcare.com

Website: www.fmcna.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Sherry Mauldin ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22927 ✓

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Retail/Community	☐ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	☑ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☑ Other: closed door dialysis

Days of Operation

☑ Monday ☑ Tuesday ☑ Wednesday ☑ Thursday ☑ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Sherry Mauldin	NV Pharmacist Registration #: 22927
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Fresenius Medical Care Renal Therapies Group, LLC.

Corporation/Organization Name: Fresenius USA Manufacturing, Inc.

Mailing Address: 920 Winter Street

City: Waltham State: MA Zip: 02541

Telephone: 781-699-9000 Email: layla.nohra@freseniusmedicalcare.com

Contact Person Name: Layla Nohra

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC639.945)

Statement of Responsibility

1. I am the Senior Vice President (title) for Fresenius Medical Care North America (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS639.100).

Troy McGhee

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

06/15/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Troy McGhee hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Senior Vice President (title) for Fresenius Medical Care North America (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 15 day of June, 2022

Shirley Hart
Notary Public

SHIRLEY HART
Notary Public - State of Utah
Comm. No. 722101
My Commission Expires on
Dec 22, 2025

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Sherry Mauldin Pharmacist Registration #: 22927

Pharmacy Name: Fresenius Medical Care North America

Initial each statement below to indicate you have read and agree with the following:

SM I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

N/A SM I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

N/A SM I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

N/A SM I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

SM I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sherry S Mauldin — Original signature of Managing Pharmacist (copies or stamps not accepted)

7-1-2022 — Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a) attachment #1	✓	✓		
• List the top four stockholders and their percent ownership. NRS 639.231(3) attachment #2		✓		
• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): o All General Partners; o All Limited Partners who hold 10% or more of the interest.			✓	
✓ • Certificate of Corporate Status or Certificate of Good Standing from the Secretary of State's Office where the business is domiciled, dated within the last 6 months. attach #3	✓	✓	✓	✓
✓ • Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• Personal History Record Application found at http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. For Non-publicly traded - The top 4 shareholder/stockholders. b. For Partnerships - All general partners; all limited partners who hold 10% or more of the interest. c. For Sole Owner - The owner.		✓	✓	✓
✓ • Submit a copy of your most recent pharmacy inspection from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(f) #4	✓	✓	✓	✓
✓ • Submit a copy of your license, certification, permit or registration issued to your pharmacy from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(a) #5	✓	✓	✓	✓
✓ • License Verification by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2238(2)(g)	✓	✓	✓	✓
• Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) N/A	✓	✓	✓	✓
• Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES) N/A	✓	✓	✓	✓
• Transmit Controlled Substance Prescription Data- Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/ N/A	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS639.281. I understand that, pursuant to NRS239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Troy McGhee

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC639.215

Original signature of Authorized Person (copies or stamps not accepted)

06/18/22

Date

Board Use Only	Date Received: 8-8-22	Amount: 500.00 CK- 1175468

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Fresenius USA Manufacturing, Inc. /dba/ Fresenius Medical Care North America

Physical Address 5304 E Governor John Sevier HWY STE 2

City Knoxville State TN Zip 37914

Mailing Address (if different from physical address) 920 Winter Street, ATTN: RA Pharmacy Licensing

City Waltham State MA Zip 02451

Telephone 865-867-7716 Website WWW.FMCNA.COM

Licensing Company Email layla.nohra@freseniusmedicalcare.com

Section 2: Personal Information

First Sherry Middle Scruggs Last Mauldin

Alias(es, nicknames, name changes, etc.) Sherry Scruggs Wing (prev.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Twin Maple Drive

City Knoxville State TN Zip 37938

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ☒ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials SM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Mississippi		Aug. May 86-May 90	
Address: P.O. Box 1848	City: University	State: MS	Zip: 38867-1848
Diploma/Degree obtained, if any: B.S. in Pharmacy			
School Name: Northeast MS Community College		From - To (MM/YY – MM/YY): Aug May 84-May 86	
Address: 101 Cunningham Blvd	City: Booneville	State: MS	Zip: 38829
Diploma/Degree obtained, if any: None			
School Name: Saltillo High School		From - To (MM/YY – MM/YY): Aug 81 - May 84	
Address: 146 Tiger DR	City: Saltillo	State: MS	Zip: 38866
Diploma/Degree obtained, if any: H.S. Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/22 – present	[redacted] Twin Maple Drive	Knoxville	TN	37938
12/20 – 01/22	[redacted] McCampbell Wells Way	Knoxville	TN	37924
8/2001 - 12/20	[redacted] Woodland Circle	Birmingham	AL	35242
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
Fresenius Medical Care North America		1/2021 – Present	
Business Address	City	State	Zip
5304 E. Governor John Sevier Hwy Ste 2	Knoxville	TN	37914
Phone	Title	Number of Employed Hours	
865-867-7716	Pharmacist Manager	3000	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Fresenius Medical Care North America		12-2009 – 1-2021	
Business Address	City	State	Zip
885 Corporate Woods Drive	Alabaster	AL	35007
Phone	Title	Number of Employed Hours	
205-664-9106	Pharmacist-in-charge/Pharmacy Mgr	3000 (+18,000)	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Sherry L Mulkey

Original Signature (electronic, copies or stamps not accepted)

7-1-2022

Date

Applicant's initials _____

I, Sherry Mauldin, **certify that as the designated representative for**

Fresenius USA Manufacturing, Inc. /dba/Fresenius Medical Care North America,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Sherry Mauldin
Print Name (First, Last)

Sherry Mauldin
Original Signature (electronic, copies or stamps not accepted)

7-1-2022
Date

Applicant's initials: SM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sherry Mauldin
Print Name (First, Last)

Sherry Mauldin — 7-1-2022
Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of TN, ss. County of Knox

I, Sherry Mauldin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Sherry Mauldin — 7-1-2022
Original Signature — **Date**

Subscribed and Sworn to before me this 1st day of July.

Christy Yvonne Greene
Notary Public Signature

NOTARY PUBLIC
Christy Yvonne Greene
County of Knox
My Commission Expires 2025
STATE OF TENNESSEE
(Seal)

Applicant's initials SM

FRESENIUS MEDICAL CARE

Fresenius USA Manufacturing, Inc. d/b/a
Fresenius Medical Care North America
5304 East Governor John Sevier Highway, Suite 2
Knoxville, TN 37914

NV Application for Non-Resident Pharmacy License

Attachment # 1: List of all officers and directors.

Board Member	Board Title	Business Address	Business Phone
William Valle	Director & Chief Executive Officer	920 Winter Street Waltham, MA 02451	781-699-9000
Joseph E. Turk, Jr.	President	920 Winter Street Waltham, MA 02451	781-699-9000
Dennis Braun	Chief Financial Officer	920 Winter Street Waltham, MA 02451	781-699-9000
Troy McGhee	Senior Vice President	920 Winter Street Waltham, MA 02451	781-699-9000
Mark Fawcett	Senior Vice President and Treasurer	920 Winter Street Waltham, MA 02451	781-699-9000
Karen Gledhill	Senior Vice President and Secretary	920 Winter Street Waltham, MA 02451	781-699-9000
Vicki Cole	Vice President of Finance	920 Winter Street Waltham, MA 02451	781-699-9000
Bryan Mello	Assistant Treasurer	920 Winter Street Waltham, MA 02451	781-699-9000
Dorothy Rizzo	Assistant Treasurer	920 Winter Street Waltham, MA 02451	781-699-9000
Mollie Miller	Assistant Treasurer	920 Winter Street Waltham, MA 02451	781-699-9000
Domenic Gaeta	Assistant Secretary	920 Winter Street Waltham, MA 02451	781-699-9000

As of 8/4/2022

FRESENIUS MEDICAL CARE

Fresenius USA Manufacturing, Inc. d/b/a
Fresenius Medical Care North America
5304 East Governor John Sevier Highway, Suite 2
Knoxville, TN 37914

NV Application for Non-Resident Pharmacy License

Attachment # 2: Ownership Information.

STATEMENT OF OWNERSHIP
FRESENIUS USA MANUFACTURING, INC.

Fresenius USA Manufacturing, Inc. is a wholly owned subsidiary of Fresenius Medical Care Renal Therapies Group, LLC; the Parent Corporation.

Parent Company Ownership Information

Company Name	Shareholder	% Ownership
Fresenius USA Manufacturing, Inc.	**Fresenius Medical Care Renal Therapies Group, LLC**	**100.0000% COMMON**

FRESENIUS
MEDICAL CARE

Fresenius USA Manufacturing, Inc. d/b/a
Fresenius Medical Care North America
5304 East Governor John Sevier Highway, Suite 2
Knoxville, TN 37914

NV Application for Non-Resident Pharmacy License

Attachment # 3: Certificate of Good Standing from Secretary of State where business is domiciled.

Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

RA PHARMACY LICENSING
920 WINTER STREET
WALTHAM, MA 02451

August 4, 2022

Request Type: Certificate of Existence/Authorization
Request #: 0488315

Issuance Date: 08/04/2022
Copies Requested: 1

Document Receipt

Receipt # : 007422151 — Filing Fee: $20.00

Payment-Credit Card - State Payment Center - CC #: 3833838151 — $20.00

Regarding: **Fresenius USA Manufacturing, Inc.**

Filing Type:	For-profit Corporation - Foreign	Control # :	754804
Formation/Qualification Date:	04/15/2014	Date Formed:	07/12/1999
Status:	Active	Formation Locale:	DELAWARE
Duration Term:	Perpetual	Inactive Date:	

CERTIFICATE OF AUTHORIZATION

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Fresenius USA Manufacturing, Inc.

* a Corporation formed in the jurisdiction set forth above, is authorized to transact business in this State;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed an Application for Certificate of Withdrawal.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 055261220

FRESENIUS
MEDICAL CARE

Fresenius USA Manufacturing, Inc. d/b/a
Fresenius Medical Care North America
5304 East Governor John Sevier Highway, Suite 2
Knoxville, TN 37914

NV Application for Non-Resident Pharmacy License

Attachment # 4: Most recent pharmacy inspection

DEPARTMENT OF HEALTH
TENNESSEE BOARD OF PHARMACY
COMMUNITY INSPECTION
COMPLIANCE INSPECTION

PHARMACY: Fresenius Medical Care North America	
STREET: 5304 E. Governor John Sevier Hwy 92	
CITY: Knoxville	ZIP: 37914
DATE OPENED:	TELEPHONE NO.: (865)862-7745
LICENSE NO.: 7026	EXPIRY DATE: 4/30/23
DEA NO.: NA	EXPIRY DATE:
PHARMACIST IN CHARGE/Duty: Sherry Mauldin	LIC NO.: 34056 / EXPIRY DATE: 1/31/24

Inspected by: Lanny Hill — Date: 6 Apr. 2022

This Inspection / Satisfactory: Yes ☑ No ☐

☐ Opening ☐ Relocation ☐ New Ownership ☐ Follow-up ☐ Counseling Compliance ☑ Periodic ☐ Remodeling

Compliance Yes	Compliance No	PERSONNEL
✓		1. Appropriate identification/Name Tags
✓		2. D. Ph./Tech ration
✓		3. Personnel/apparel clean
	✓	4. Tech registry & Affidavit

Compliance Yes	Compliance No	PHYSICAL REQUIREMENTS
✓		5. Certificates Displayed
✓		6. RX Dept. – Sufficient Space/Counseling
✓		7. Fully enclosed when applicable
✓		8. Key Lockable/Key Control

Compliance Yes	Compliance No	DRUGS AND EQUIPMENT
✓		9. Dispensing area clean, orderly, well lighted
✓		10. Sink, hot and cold water
✓		11. Refrigeration
✓		12. References, periodicals
NA		13. Vials and closures (child-proof)
✓		14. Shelves and drug stock clean
✓		15. Drugs in-date
✓		16. Labels correct on repackaging
✓		17. Legend drugs stored in RX Dept.
✓		18. Syringes/insulin, restricted products non-accessible

Pharmacy Hours: M-F 8:30A-5P

NA		19. RXs numerically filed ☐ All C's together ☐ C-11's separate ☐ Multiple file method
✓		20. Patients identifiable
✓		21. Prescribers identifiable
NA		22. New verbal RXs initialed by appropriate personnel
✓		23. Date of original dispensing
✓		24. Initials of dispensing D.Ph.
		25. Quantity dispensed indicated
NA		26. Appropriate Emergency C-11 RXs
✓		27. Computer labels applied appropriately to RXs
	✓	28. Pharmacist Signature Log
NA		29. Daily Print Out

Compliance Yes	Compliance No	DRUG PRODUCT SUBSTITUTION
✓		30. Authorization documented on Rx
✓		31. Manufacturer indicated on Rx or System
✓		32. Approved products used.

Compliance Yes	Compliance No	PATIENT COUNSELING
✓		33. Patient profiles
✓		34. Drug Utilization Review
✓		35. Patient Counseling

Compliance Yes	Compliance No	CONTROLLED SUBSTANCE RECORDS
	✓	36. Readily retrievable
		37. All C-11 records separate
		38. DEA Form 222 Copy 3 on hand & completed
	NA	39. Drug Receipt date on invoices
		40. Record of drug transfers
		41. ☐ Schedule V sales record book ☐ Methamphetamine Sales Log
		42. Last DEA Inventory (date)
		42. Last Theft/loss report (date)
NA		43. Access to Control Substance Monitoring Database

ITEMS TO BE CORRECTED: **RESPONSE REQUIRED** YES ☐ NO ☑

Immediately
Needs Improvement
Within 30 Days

Remarks or Recommendations:

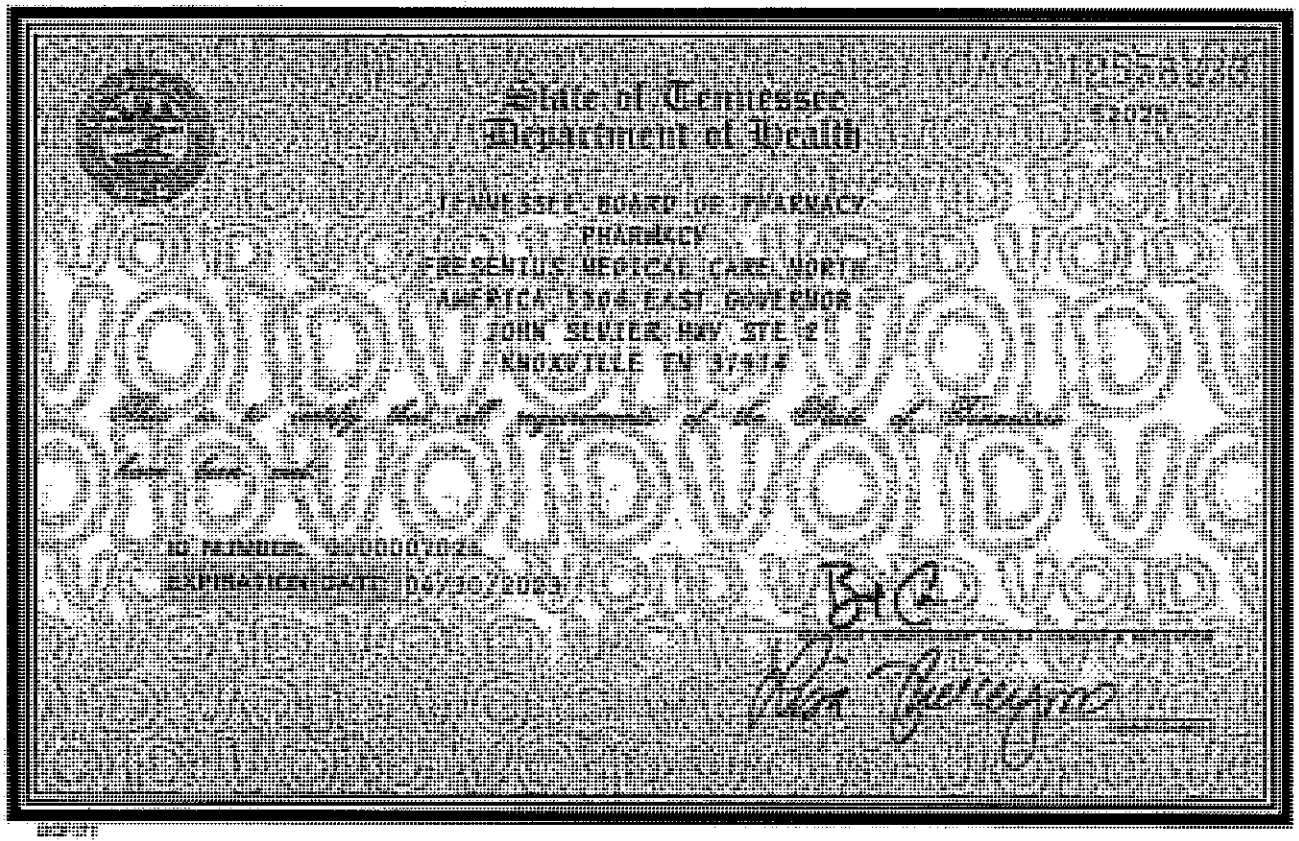
I Sherry Mauldin hereby acknowledge and understand all notations made on this report; and confirm that
Pharmacist Signature
I will notify the Board of Pharmacy within 30 days, in writing, of the correction of all deficiencies. (If noted.)

FRESENIUS MEDICAL CARE

Fresenius USA Manufacturing, Inc. d/b/a
Fresenius Medical Care North America
5304 East Governor John Sevier Highway, Suite 2
Knoxville, TN 37914

NV Application for Non-Resident Pharmacy License

Attachment # 5: Copy of home state license



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206 – Reno, NV 89521 – (775) 850-1440

Send to State Board of Pharmacy for completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

LICENSE VERIFICATION

Name: Fresenius USA Manufacturing, Inc. /dba/ Fresenius Medical Care North America

Address: 5304 E Governor John Sevier HWY STE 2

City: Knoxville State: TN Zip: 37914

I hereby authorize the TN Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant [signature]

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
7026	licensed	4/22/2021	4/30/2023

Has this license been encumbered in any way?	Type of Encumbrance: (if any)
☐ Yes ☑ No	☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☑ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☑ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☐ Yes ☑ No
Has applicant met all licensing requirements of your state? (If no, please explain)	

Signature of State Official	Title	State	Date
Sheila W Baxter	Admin Director	TN	7/14/2

THE GREAT SEAL OF THE STATE OF TENNESSEE 1796 AGRICULTURE COMMERCE

4HH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 02890	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Advanced Pharmacy Concepts, LLC dba Manifest Pharmacy

Physical Address: 1018 S. Batesville Rd., Bldg. 4A

City: Greer State: SC Zip: 29650-4586

Mailing Address (if different from physical address): 1018 S. Batesville Rd., Bldg. 4A

City: Greer State: SC Zip: 29650-4586

Telephone: 864-874-6580 Toll Free # (NAC 639.708, NRS 639.23286): (888) 770-4009

Fax: 866-226-9133 Contact Email: admin@manifestrx.com

Website: manifestpharmacy.com

Nevada Business License # (if applicable) None

Supervising/Managing Pharmacist Name (NRS 639.220): Heather Alford ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22056 ✓

Type of Pharmacy (check all applicable)

- ■ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

- ☐ Retail/Community
- ☐ Non-sterile Compounding
- ☐ Sterile Compounding
- ■ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: See attached	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: Not Applicable.

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Georgia

Parent Company (if any): Revive Operating Company, Inc.

Corporation/Organization Name: Advanced Pharmacy Concepts, LLC

Mailing Address: 2221 Peachtree St. NE, Ste. 399

City: Atlanta State: Ga Zip: 30309

Telephone: (404) 395-0043 Email: olsen.johnd@gmail.com

Contact Person Name: John Olsen

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: Not Applicable

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: Not Applicable

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CEO (title) for Manifest Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

John D. Olsen

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

7/15/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Heather Alford hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist-in-Charge (title) for Manifest Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Heather Alford
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 15 day of July, 2022

Cristal Lena
Notary Public

CRISTAL LENA
Notary Public, State of South Carolina
My Commission Expires 7/22/2026

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Heather Alford Pharmacist Registration #: 10733 (SC)

Pharmacy Name: Advanced Pharmacy Concepts, LLC dba Manifest Pharmacy

Initial each statement below to indicate you have read and agree with the following:

HA I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

HA I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

HA I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

HA I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

HA I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Heather Alford — 07/15/2022

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	**Publicly Traded**	**Non-publicly Traded**	**Partner-ship**	**Sole Owner**
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John D. Olsen

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

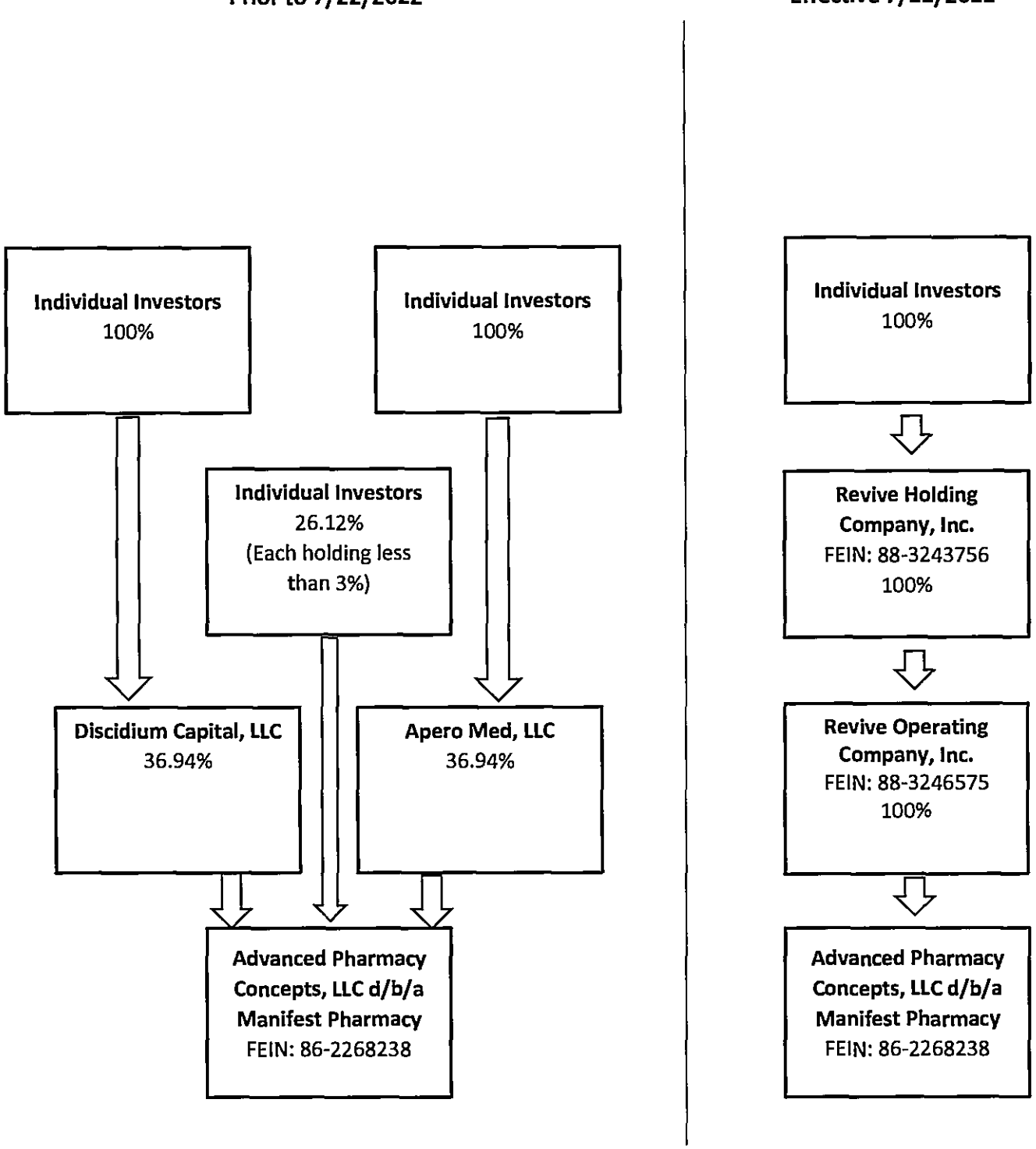
Original signature of Authorized Person (copies or stamps not accepted)

7/15/22

Date

Board Use Only	Date Received: _____	Amount: 500.00 CK-815237

Advanced Pharmacy Concepts, LLC dba Manifest Pharmacy



Advanced Pharmacy Concepts, LLC dba Manifest Pharmacy
1018 S. Batesville Rd., Bldg. 4A
Greer, SC 29650-4586

Officer List:

Name	Title
John Olsen	CEO
Hunter Lipton	President

Shareholders/Stockholders

There are no direct shareholders/stockholders of Advanced Pharmacy Concepts, LLC.

Revive Operating Company, Inc is the sole member of Advanced Pharmacy Concepts, LLC.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Advanced Pharmacy Concepts, LLC dba Manifest Pharmacy

Physical Address: 1018 S. Batesville Rd., Bldg. 4A

City: Greer State: SC Zip: 29650-4586

Mailing Address (if different from physical address): Same as physical address

City: State: Zip:

Telephone: 864-874-6580 Website: manifestpharmacy.com

Licensing Company Email: admin@manifestrx.com

Section 2: Personal Information

First: Heather Middle: Erin Last: Alford

Alias(es, nicknames, name changes, etc.): Heather Erin Nix

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: 1018 S. Batesville Rd., Bldg. 4A

City: Greer State: SC Zip: 29650-4586

Telephone: [redacted] Email: heather.alford@manifestrx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials HG

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Georgia - College of Pharmacy		08/99 - 05/03	
Address	**City**	**State**	**Zip**
RC Wilson Pharmacy Bldg. 250 W. Green St	Athens	GA	30602
Diploma/Degree obtained, if any: Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
University of Georgia		08/98 - 08/99	
Address	**City**	**State**	**Zip**
210 S. Jackson St.	Athens	GA	30602
Diploma/Degree obtained, if any: N/A			

School Name		From - To (MM/YY – MM/YY)	
Valdosta State University		09/96 - 06/98	
Address	**City**	**State**	**Zip**
1500 N. Patterson St.	Valdosta	GA	31698
Diploma/Degree obtained, if any: N/A			

School Name		From - To (MM/YY – MM/YY)	
Shiloh High School		08/92 - 06/96	
Address	**City**	**State**	**Zip**
4210 Shiloh Rd #6147	Snellville	GA	30039
Diploma/Degree obtained, if any: HS Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/06 - Current	[redacted] Wild Geese Way	Travelers Rest	SC	29690
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials KG

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Advanced Pharmacy Concepts LLC dba Manifest Pharmacy			04/21 - current
Business Address	**City**	**State**	**Zip**
1018 S. Batesville Rd. Bldg #4A	Greer	SC	29650
Phone	**Title**		**Number of Employed Hours**
864-874-6580	Pharmacy Director		2925
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Manifest Pharmacy			09/17 - 03/21
Business Address	**City**	**State**	**Zip**
1018 S. Batesville Rd Bldg #4A	Greer	SC	29650
Phone	**Title**		**Number of Employed Hours**
888-614-0119	Pharmacy Manager (09/17 - 09/18); PRN Staff RPh (10/18 - 03/21)		3000
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Advanced Pharmacy LLC			02/13 - 09/17
Business Address	**City**	**State**	**Zip**
350 Feaster Rd, Suite D	Greenville	SC	29615
Phone	**Title**		**Number of Employed Hours**
770-339-1190	PIC		10,725
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Valve Medical Pharmacy			01/13 - 06/13
Business Address	**City**	**State**	**Zip**
107 Kiowa Lane	Piedmont	SC	29673
Phone	**Title**		**Number of Employed Hours**
864-272-2701	Staff Pharmacist		950
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Kellys Family Pharmacy			06/11 - 01/13
Business Address	**City**	**State**	**Zip**
704 Brushy Creek Rd	Easley	SC	29642
Phone	**Title**		**Number of Employed Hours**
864-343-0540	PRN Staff Pharmacist		500
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name		From - To (MM/YY – MM/YY)
Target Pharmacy #1937		04/09 - 02/11
Business Address	**City**	**State / Zip**
6025 Wade Hampton Blvd	Taylors	SC 29687
Phone	**Title**	**Number of Employed Hours**
864-801-8128	Executive Pharmacy Manager	4680
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Publix Pharmacy #576		12/07 - 04/09
Business Address	**City**	**State / Zip**
5000 Old Buncombe Rd	Greenville	SC 29617
Phone	**Title**	**Number of Employed Hours**
864-294-4430	Pharmacy Manager	3120
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Publix Pharmacy #205		01/06 - 11/07
Business Address	**City**	**State / Zip**
6525 Calhoun Memorial Hwy	Easley	SC 29640
Phone	**Title**	**Number of Employed Hours**
864-850-2270	Pharmacy Manager	4290
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Publix Pharmacy #632		01/04 - 12/05
Business Address	**City**	**State / Zip**
2801 Wade Hampton Blvd	Taylors	SC 29687
Phone	**Title**	**Number of Employed Hours**
864-609-7300	Staff Pharmacist	4680
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Publix Pharmacy #874		06/03 - 01/04
Business Address	**City**	**State / Zip**
215 Pelham Rd	Greenville	SC 29615
Phone	**Title**	**Number of Employed Hours**
864-370-8210	Staff Pharmacist	1170
Description of Duties		

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Heather Cygrl
Original Signature (electronic, copies or stamps not accepted)

07/15/2022
Date

Applicant's initials HC

I, Heather Alford, **certify that as the designated representative for**

Advanced Pharmacy Concepts, LLC dba Manifest Pharmacy,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Heather Alford

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/15/2022

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Heather Alford

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/15/2022

Date

Please have this section completed in the presence of a Notary Public.

State of South Carolina, ss. County of Greenville

I, Heather Alford, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

07/15/2022

Date

Subscribed and Sworn to before me this 15 day of July.

Notary Public Signature

CRISTAL LENA
Notary Public, State of South Carolina
My Commission Expires 7/22/2026

(Seal)

Applicant's initials HA

South Carolina Department of Labor, Licensing and Regulation
P.O. Box 11927
Columbia, SC 29211
803-896-4700 FAX: 803-896-4596

S.C. Board of Pharmacy Permit Inspection Report

Permit Name: ADVANCED PHARMACY CONCEPTS, LLC

Permit Number: 19980 **Date:** May 21, 2021

DBA: MANIFEST PHARMACY

Address: 1018 S. BATESVILLE RD, BLDG #4-A **City:** GREER

State: SC **Zip:** 29650 **County:** Greenville

Pharmacist: Heather Alford **Pharmacist License #:** PH.10733

Consultant: _____ **Consultant License #:** _____

Permit Holder: John Olsen **Phone:** (866)912-0448

Inspection Type: ☐ New ☐ Follow up ☒ Routine ☐ Relocation ☐ Consultation ☐ Change of Ownership ☐ Change of Name ☐ Change of Location

Type of Permit:

☐ Institutional Pharmacy
☐ Sterile Compounding
☐ Wholesale Distributor Drug Outlet
☐ Federally Qualified Health Clinic
☐ Non Sterile Compounding
☐ Non Dispensing Drug Outlet
☐ Nuclear Pharmacy
☐ Consultation
☐ Medical Gas/DME
☒ Retail Pharmacy
☐ Detention Centers

General Business Description:

No violations.

Type Retail Pharmacy

S	U	N/A	Statute Inspection Items	Comment
X			40-43-83(F) & (D) - Permit Displayed	
		X	40-43-84(B) - Intern certificate displayed	
X			40-43-86(A)(1) - Sufficent space for safe & proper storage and compounding	
X			40-43-86(A)(2) - Area designated for patient counseling	
X			40-43-86(A)(3) - Current drug reference materials	

X			40-43-86(A)(4)-(6) - Quarterly updated drug monographs, information, developments	
X			40-43-86(A)(7) - Equivalent Drug Product Evaluation Reference	
X			40-43-86(A)(8) - S.C. Pharmacy Practice Act	
X			- S.C. Controlled Substances Act & Regulations	
X			- S.C. Drug Act	
X			- Current issue of BOP Newsletter	
X			40-43-86(A)(9) - Patient oriented reference materials	
X			40-43-86(A)(10) - Storage areas temperature adequate	
X			40-43-86(A)(11) & (16)(i) - Sink with hot and cold running water used in connection with compounding and dispensing	
X			40-43-86(A)(12) - Pharmacist responsible for security of pharmacy department	
X			40-43-86(A)(13) - Physical or electronic barrier to pharmacy	
X			40-43-86(A)(14) - Sign: "Pharmacy Department Closed, Pharmacist Not On Duty"	
X			40-43-86(A)(15) - Equipment and supplies maintained according to manufacturers specs	
X			40-43-86(A)(16)(a)(b) - Prescription Area clean and orderly/Free of contamination	
X			40-43-86(A)(16)(c) - Outdated, damaged, unlabeled drugs removed from active stock	
X			40-43-86(A)(16)(d) - Refrigerator Temperature (36-46 deg F)	
X			40-43-86(A)(16)(e) - Stock and material for compounding labeled	
X			40-43-86(A)(16)(h) - Instruments, etc. clean and free from all foreign substances	
X			40-43-86(B)(3)(b) - Pharmacist in Charge ensures interns and technicians wear proper identification	
X			40-43-86(B)(4)(b) - Technician to pharmacist ratio	
X			40-43-86(B)(5) - Policy & procedures for management of recalls	

X			40-43-86(G) - Transfer Prescription Documentation	
X			40-43-86(H)(4) - Oral Rx reduced to writing and indicates substitution authorization	
X			40-43-86(H)(5) - Brand name or generic manufacturer on Rx copy or in computer	
X			40-43-86(H)(5) - Generic name and manufacturer and "substituted for" brand name	
		X	40-43-86(I)(1)(b) - Re-packing log	
X			40-43-86(L)(1) - New prescription patient counseling offered	
X			40-43-86(CC)(6) - Compounding log for each ingredient and formulas	
X			40-43-86(I)(4)(a) - Label contains name and address of pharmacy dispensing - ambulatory or outpatient	
X			40-43-86(I)(4)(b) - Label contains name of patient	
X			40-43-86(I)(4)(c) - Label contains name of prescribing practitioner	
X			40-43-86(I)(4)(d) - Label contains directions for use	
X			40-43-86(I)(4)(e) - Label contains date of dispensing	
X			40-43-86(I)(4)(f) - Label contains any cautions required by federal or state laws	
X			40-43-86(I)(4)(g) - Label contains serial number	
X			40-43-86(I)(4)(h) - Label contains the name or initials of the dispensing pharmacist	
X			40-43-86(I)(4)(i) - Label contains the proprietary or generic name and strength	
X			40-43-86(I)(4)(j) - Label contains generic manufacturer	
X			40-43-86(I)(4)(k) - Label contains generic name first followed by brand name	
		X	40-43-86(I)(8) - Labeling of multidrug packages complies with USP requirements	
X			39-24-30 - Substitution of therapeutically equivalent drugs	
X			Regulation 99-15 - Pharmacists annual renewal certificate displayed	

X			40-43-82(A)(3) - Pharmacy Technician shall display registration	
X			40-43-86(B)(2) - Directed by a Pharmacist who is Pharmacist in Charge	
X			40-43-86(B)(4)(b) - Written Policies and Procedures on technician duties	
X			40-43-60(F) - No Drug or Device deemed adulterated	
X			40-43-60(F) - No Drug or Device deemed misbranded	
		X	40-43-190 - Follows Protocol for pharmacists to administer influenza vaccines and certain medications without order of practitioner	
X			40-43-82(C)(1)(2) - Supervising Pharmacist may authorize Certified Pharmacy Technicians to receive or initiate verbal telephone orders and conduct prescription transfers	
X			40-43-86(DD)(7) - Shall Maintain complete and accurate records of all drugs received, dispensed or disposed	
		X	- If applicable, follows protocol for pharmacist to dispense Naloxone without order of a practitioner	

S - satisfactory U - unsatisfactory (results in a violation) N/A- Not Applicable

This inspection report describes alleged violations of the Pharmacy Practice Act. All Violations and matters needing improvement must be corrected.

You must notify the Board in writing or e-mail of those corrections within _____ days.

Failure to comply with these terms may result in Board action.
This inspection report has been reviewed with me and I have been advised as to my responsibilities under the Pharmacy Practice Act.

Inspector Signature

Inspector's Name
Martin Chan

Inspector's Email
martin.chan@llr.sc.gov

Contact Name
Heather Alford

Contact Title
PIC

Contact License
10733

Contact Email(s)
heather.alford@manifestrx.com

Licensed Pharmacist/Designee Signature

Control Number : 21028084

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Advanced Pharmacy Concepts, LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	: 23193025
Date Inc/Auth/Filed:	02/02/2021
Jurisdiction	: Georgia
Print Date	: 05/16/2022
Form Number	: 211

Brad Raffensperger

Brad Raffensperger
Secretary of State

Print this page

South Carolina Board of Pharmacy

ADVANCED PHARMACY CONCEPTS, LLC
MANIFEST PHARMACY
1018 S. BATESVILLE RD, BLDG #4-A
GREER, SC 29650

License number: 19980
License type: Pharmacy
Status: Active
First Issue Date: 04/06/2021
Expiration: 06/30/2023

Supervised By
Heather Erin Alford - (PH)

Supervises
GRETCHEN EARLE BAUDENDISTEL - (PH)
JUDY MARIE FIORE - (PHT)
CRISTAL LOREN LENA - (PHT)
Wendy L Sizemore - (PHT)
Arika Lanise Jones - (PHT)

File a Complaint against this licensee

No disciplinary action taken by the Board. This certifies that the above licensee is in good standing.

Board Public Action History:
View Orders View Other License for this Person
No Orders Found

Quarles & Brady LLP

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Writer's Direct Dial: 602-229-5318
E-Mail: Susan.Trujillo@quarles.com

July 21, 2022

VIA UPS OVERNIGHT

Dave Wvest
Executive Secretary
Nevada Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521

Re: Change of Ownership
Advanced Pharmacy Concepts, LLC dba Manifest Pharmacy – Greer, SC
Current Permit No(s): PH02890

Dear Mr. Wvest:

Please accept this letter as notice of a transaction involving the above-referenced permit holder, Advanced Pharmacy Concepts, LLC dba Manifest Pharmacy, located in Greer, South Carolina. As a result of this transaction, **on or around July 22, 2022**, Revive Operating Company, Inc. will become the new sole member of Advanced Pharmacy Concepts, LLC. Enclosed, please find the new organizational chart.

Importantly, the operating entity, Advanced Pharmacy Concepts, LLC, remains intact. There were no changes to the facility's direct owner, name, location, officers, pharmacist-in-charge or the FEIN.

The change of ownership application, supporting documents, and corresponding fee are enclosed. If you have any questions or if you need additional information, please contact me at Susan.Trujillo@quarles.com or (602) 229-5318. Thank you for your consideration.

Very Truly Yours,

Susan Trujillo

Susan Trujillo

Encls.

411

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Mosaic Pharmacy Service

Physical Address: 45999 Center Oak Plaza, Suite 120

City: Sterling State: VA Zip: 20166

Mailing Address (if different from physical address): 45999 Center Oak Plaza, Suite 120

City: Sterling State: VA Zip: 20166

Telephone: (888) 818-6337 Toll Free # (NAC 639.708, NRS 639.23286): (888) 818-6337

Fax: (877) 897-3823 Contact Email: pharmacylicensing@mosaicpharmacy.com

Website: www.mosaicpharmacy.com

Nevada Business License # (if applicable) NV20222366688 (NV Business ID) / E20948682022-9 (Entity #)

Supervising/Managing Pharmacist Name (NRS 639.220): Anne Marie Sherwood

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22593

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Retail/Community	☐ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
■ Other: Closed-door LTC pharmacy	☐ Off-site Cognitive Services
	■ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Anne Marie Sherwood	NV Pharmacist Registration #: 22593
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): RxAnte Inc. (sole member of LLC)

Corporation/Organization Name: RxAnte Pharmacy Services, LLC dba Mosaic Pharmacy Service

Mailing Address: 45999 Center Oak Plaza, Suite 120

City: Sterling State: VA Zip: 20166

Telephone: (888) 818-6337 Email: pharmacylicensing@mosaicpharmacy.com

Contact Person Name: Patrick Baker

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Note: No stockholders/shareholders. Pharmacy is owned by LLC with a sole member (RxAnte, Inc.)

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the SVP/GM/Officer (title) for Mosaic Pharmacy Service (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

PATRICK BAKER

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

3/28/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Patrick Baker hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the SVP/GM/Officer (title) for Mosaic Pharmacy Service (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 28th day of March, 2022

Notary Public London County

JAMES CALDERWOOD
NOTARY PUBLIC
REGISTRATION # 7904566
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES
JANUARY 31, 2024

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR [redacted] ONLY

Managing Pharmacist Name: N/A Pharmacist Registration #: N/A

Pharmacy Name: N/A

Initial each statement below to indicate you have read and agree with the following:

N/A I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

N/A I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

N/A I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

N/A I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

N/A I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	**Publicly Traded**	**Non-publicly Traded**	**Partner-ship**	**Sole Owner**
• **List <u>all</u> Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the <u>top four</u> stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List <u>all stockholders</u> who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

PATRICK BAKER

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

Date 5/9/22

Board Use Only	Date Received: _____	Amount: 500 CHECK # 154

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RXANTE PHARMACY SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF FEBRUARY, A.D. 2022.

Jeffrey W. Bullock, Secretary of State

7262638 8300

SR# 20220279435

Authentication: 202584298

Date: 02-04-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

mosaic pharmacy service

Summary of Disciplinary Actions

RxAnte Pharmacy Services, LLC, doing business now as Mosaic Pharmacy Service ("Mosaic Pharmacy") purchased the assets of Advanced Patient Care, LLC (APC), a resident pharmacy in Virginia, effective February 22, 2019.

As permitted by Virginia law, Mosaic Pharmacy elected to continue operations under APC's Virginia pharmacy licensure. As a result, APC's disciplinary history now appears under Mosaic Pharmacy's current pharmacy license.

The details of the above-mentioned disciplinary actions are outlined below:

Inspection Date	Jurisdiction/ Authority	Findings/Deficiencies	Consent Order Requirements	Final Disposition
5/9/2016	Virginia Board of Pharmacy	• PIC Inventory taken prior to effective date • Perpetual inventory not maintained as required	• Corrective actions • Monetary fine ($750)	Closed (6/21/2016)
5/3/2018	Virginia Board of Pharmacy	• Perpetual inventory not maintained as required • Pharmacist not checking/documenting repackaging	• Corrective actions • Monetary fine ($500)	Closed (2/6/2019)

The deficiencies contained in the table above occurred while the pharmacy was owned by APC (not Mosaic Pharmacy) and were addressed while the pharmacy was owned by APC and not Mosaic Pharmacy.

Copies of the Notices and Consent Orders, the corrective action plans submitted to the Virginia Board of Pharmacy, along with Closure Letters, are available upon request.

MAY 3 1 2018
DHP

Virginia Board of Pharmacy
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-4456
804-527-4472 (Fax)
pharmbd@dhp.virginia.gov
May 3, 2018

Advanced Patient Care, LLC
Permit Number: 0201004594

Notice

After an inspection conducted on May 3, 2018 at Advanced Patient Care, LLC, the deficiencies identified in the inspection summary that was provided to the facility were found. Those deficiencies constitute violations of the statutes and regulations cited below:

1. ($250) Deficiency 15: Perpetual inventory not being maintained as required; 18 VAC 110-20-240
2. ($250) Deficiency 20: Pharmacist not checking and documenting repackaging; 18 VAC 110-20-355

If you wish to contest the violations cited above and in the inspection summary that was provided to the facility, you may submit documentation for the Board's consideration within 14 days of the date of this notice. In the alternative, you may request, in writing, an informal conference to further discuss this matter before a committee of the Board within 30 days of the date of this notice. Documents for consideration or a request for an informal conference should be mailed to:

Virginia Board of Pharmacy
9960 Mayland Drive
Suite 300
Henrico, Virginia 23233

If you do not want to contest the cited violations, in lieu of proceeding to an informal conference, you may sign the Consent Order below, submit a total penalty of $500 by check or money order, made payable to the Treasurer of Virginia, and provide documentation of corrective action taken to remedy all of the cited violations. The Consent Order, the penalty, and documentation of corrective action should be sent in one mailing to the address provided above within 30 days of the date of this Notice.

Failure to respond to this document within thirty (30) days of the date of this Notice will result in an informal conference being scheduled to determine whether violations of the statutes and regulations of the Board of Pharmacy have occurred. A notice of the informal conference will be mailed to the attention of the facility's Pharmacist-in-Charge [or the Owner if no PIC] with the scheduled date and time. If it is determined at the conclusion of the informal conference that the pharmacy is in violation of the laws and regulations of the Board of Pharmacy, the permit holder may be subject to disciplinary sanctions by the Board in addition to the penalty listed above. If you have any questions, please contact the Board office.

Consent Order

The Virginia Board of Pharmacy ("Board") and Advanced Patient Care, LLC ("Pharmacy") enter into the following Consent Order as evidenced by the signature of the Pharmacist-in-Charge [or the Owner if no PIC] hereto. The deficiencies cited in the Notice above and the inspection summary that was provided to the facility constitute violations of the statutes and regulations as cited above in the Notice. These violations were identified during an inspection conducted on May 3, 2018.

DO NOT MAKE ANY CHANGES TO THIS DOCUMENT:

Pharmacy, by affixing the signature of the Pharmacist-in-Charge (or Owner if no PIC) hereon, agrees to the following:

1. The Pharmacist-in-Charge (or Owner if no PIC) has the right to seek advice of counsel prior to signing this document;
2. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that without his consent, no legal action can be taken against the Pharmacy except pursuant to the Virginia Administrative Process Act, § 2.2-4000 *et seq.* of the Code of Virginia;
3. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that he has the following rights, among others: the right to an informal fact finding conference before the Board, the right to reasonable notice of said hearing, the right to representation by counsel, and the right to cross-examine witnesses;
4. The Pharmacist-in-Charge (or Owner if no PIC) waives all such right to an informal conference;
5. The Pharmacist-in-Charge (or Owner if no PIC) admits to the violations cited herein and waives his right to contest such violations in any subsequent proceeding before the Board;
6. The Pharmacist-in-Charge (or Owner if no PIC) consents to the entry of the following Order affecting the permit of the Pharmacy in Virginia.

WHEREFORE, on the basis of the foregoing, the Board, effective upon entry of this Order, and in lieu of further proceedings, hereby ORDERS as follows:

1. Pharmacy shall pay a monetary penalty of $500 to the Board within 30 days of the date of the Notice.

2. Pharmacy shall submit documentation of immediate action taken to correct all violations.

3. Any violation of the terms and conditions of this Order or of any law or regulation affecting the conduct of Pharmacy in the Commonwealth of Virginia shall constitute grounds for the suspension or revocation of the permit of Pharmacy, and an administrative proceeding shall be convened to determine whether such permit shall be suspended or revoked.

DEFICIENCY NOTICE AND CONSENT ORDER
Permit Number: 0201004594

Pursuant to § 2.2-4023 and § 54.1-2400.2 of the Code of Virginia, the signed original of this Notice and Consent Order shall remain in the custody of the Department of Health Professions as public record and shall be made available for public inspection or copying upon request.

Signature of PIC or Owner	5-30-18 Date
Jennifer Williams Printed Name of Person Signing	Pharmacist in Charge. Position/Title

FOR THE BOARD:

Caroline D. Juran, Executive Director	6/6/19 Entered

0201004594

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804)367-4400
FAX (804) 527-4475

Board of Pharmacy
804/367-4456
804-527-4472 (fax)

February 7, 2019

Advanced Patient Care, LLC
Sapna S. Patel, Pharmacist-in-Charge
Mailed to the legal address of record with the Board of Pharmacy

RE: Case #187628

Dear Ms. Patel:

Enclosed please find a certified true copy of the Inspection Deficiency Notice and Consent Order that was entered by the Board on February 6, 2019. Further, this confirms receipt of the monetary penalty and the documentation indicating the corrective action taken. As all requirements have been satisfied, the case is now closed.

Sincerely,

Rose E. DeMatteo
Compliance Case Manager

Enclosure

JUN 0 3 2016
DHP

Virginia Board of Pharmacy
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-4456
804-527-4472 (Fax)
pharmbd@dhp.virginia.gov
May 9, 2016

Advanced Patient Care, LLC
Permit Number: 0201004594

Notice

After an inspection conducted on May 9, 2016 at Advanced Patient Care, LLC, the deficiencies identified in the inspection summary that was provided to the facility were found. Those deficiencies constitute violations of the statutes and regulations cited below:

1. ($500) Deficiency 14: Pharmacist-in-Charge inventory taken prior to effective date; 18 VAC 110-20-240 and §54.1-3434
2. ($250) Deficiency 15: Perpetual inventory not being maintained as required; 18 VAC 110-20-240

If you wish to contest the violations cited above and in the inspection summary that was provided to the facility, you may submit documentation for the Board's consideration within 14 days of the date of this notice. In the alternative, you may request, in writing, an informal conference to further discuss this matter before a committee of the Board within 30 days of the date of this notice. Documents for consideration or a request for an informal conference should be mailed to:

Virginia Board of Pharmacy
9960 Mayland Drive
Suite 300
Henrico, Virginia 23233

If you do not want to contest the cited violations, in lieu of proceeding to an informal conference, you may sign the Consent Order below, submit a total penalty of $750 by check or money order, made payable to the Treasurer of Virginia, and provide documentation of corrective action taken to remedy all of the cited violations. The Consent Order, the penalty, and documentation of corrective action should be sent in one mailing to the address provided above within 30 days of the date of this Notice.

Failure to respond to this document within thirty (30) days of the date of this Notice will result in an informal conference being scheduled to determine whether violations of the statutes and regulations of the Board of Pharmacy have occurred. A notice of the informal conference will be mailed to the attention of the facility's Pharmacist-in-Charge [or the Owner if no PIC] with the scheduled date and time. If it is determined at the conclusion of the informal conference that the pharmacy is in violation of the laws and regulations of the Board of Pharmacy, the permit holder

may be subject to disciplinary sanctions by the Board in addition to the penalty listed above. If you have any questions, please contact the Board office.

Consent Order

The Virginia Board of Pharmacy ("Board") and Advanced Patient Care, LLC ("Pharmacy") enter into the following Consent Order as evidenced by the signature of the Pharmacist-in-Charge [or the Owner if no PIC] hereto. The deficiencies cited in the Notice above and the inspection summary that was provided to the facility constitute violations of the statutes and regulations as cited above in the Notice. These violations were identified during an inspection conducted on May 9, 2016.

DO NOT MAKE ANY CHANGES TO THIS DOCUMENT:

Pharmacy, by affixing the signature of the Pharmacist-in-Charge (or Owner if no PIC) hereon, agrees to the following:

1. The Pharmacist-in-Charge (or Owner if no PIC) has the right to seek advice of counsel prior to signing this document;
2. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that without his consent, no legal action can be taken against the Pharmacy except pursuant to the Virginia Administrative Process Act, § 2.2-4000 *et seq.* of the Code of Virginia;
3. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that he has the following rights, among others: the right to an informal fact finding conference before the Board, the right to reasonable notice of said hearing, the right to representation by counsel, and the right to cross-examine witnesses;
4. The Pharmacist-in-Charge (or Owner if no PIC) waives all such right to an informal conference;
5. The Pharmacist-in-Charge (or Owner if no PIC) admits to the violations cited herein and waives his right to contest such violations in any subsequent proceeding before the Board;
6. The Pharmacist-in-Charge (or Owner if no PIC) consents to the entry of the following Order affecting the permit of the Pharmacy in Virginia.

WHEREFORE, on the basis of the foregoing, the Board, effective upon entry of this Order, and in lieu of further proceedings, hereby ORDERS as follows:

1. Pharmacy shall pay a monetary penalty of $750 to the Board within 30 days of the date of the Notice.

2. Pharmacy shall submit documentation of immediate action taken to correct all violations.

3. Any violation of the terms and conditions of this Order or of any law or regulation affecting the conduct of Pharmacy in the Commonwealth of Virginia shall constitute grounds for the

suspension or revocation of the permit of Pharmacy, and an administrative proceeding shall be convened to determine whether such permit shall be suspended or revoked.

Pursuant to § 2.2-4023 and § 54.1-2400.2 of the Code of Virginia, the signed original of this Notice and Consent Order shall remain in the custody of the Department of Health Professions as public record and shall be made available for public inspection or copying upon request.

Signature of PIC or Owner	Date: 6/2/2016
Printed Name of Person Signing: Viktoria Hillkirk	Position/Title: PIC

FOR THE BOARD:

Caroline D. Juran, Executive Director	Entered: 6/17/16

0201004594

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367- 4400
FAX (804) 527- 4475

Board of Pharmacy
804/367-4456
804-527-4472 (fax)

June 21, 2016

Advanced Patient Care, LLC
Viktoria A. Hillkirk, Pharmacist-in-Charge
21630 Ridgetop Circle, Suite 100
Sterling, VA 20166

RE: Case # 173640

Dear Ms. Hillkirk:

Enclosed please find a certified true copy of the Inspection Deficiency Notice and Consent Order that was entered by the Board on June 17, 2016. Further, this confirms receipt of the monetary penalty and the documentation indicating the corrective action taken. As all requirements have been satisfied, the case is now closed.

Sincerely,

Rose E. DeMatteo
Compliance Case Manager

Enclosure

CONFIDENTIAL

SUPPLEMENTAL OWNERSHIP INFORMATION

Mosaic Pharmacy Service

Owner of the Pharmacy:

The owner of the Pharmacy is:

RxAnte Pharmacy Services, LLC*
45999 Center Oak Plaza, Suite 120 (eff. 12/10/2021)
Sterling, VA 20166
Phone: (888) 818-6337
EIN: 83-3402761
Date of Formation: 1/31/2019

***RxAnte Pharmacy Services, LLC is owned 100% by RxAnte, Inc. RxAnte Pharmacy Services, LLC, is a member-managed LLC, and the sole member and owner is RxAnte, Inc.:**

RxAnte, Inc.
511 Congress Street, Suite 803
Portland, ME 04101
Phone: (703) 288-0300
EIN: 45-4040219
Date of Formation: 11/24/2008

OFFICERS OF RXANTE PHARMACY SERVICES, LLC AND RXANTE, INC.

OFFICERS OF RXANTE PHARMACY SERVICES, LLC		
Name	**Title**	**Work Address**
Joshua Benner	Interim General Manager	RxAnte Pharmacy Services, LLC 45999 Center Oak Plaza, Suite 120 Sterling, VA 20166 (888) 818-6337
Patrick Baker	SVP/General Manager	RxAnte Pharmacy Services, LLC 45999 Center Oak Plaza, Suite 120 Sterling, VA 20166 (888) 818-6337

OFFICERS OF RXANTE, INC.		
Name	**Title**	**Address**
Joshua Benner	Chief Executive Officer	c/o RxAnte, Inc. 2233 Wisconsin Avenue, NW, Suite 502 Washington, DC 20007
Marc Wise	President	c/o RxAnte, Inc. 2233 Wisconsin Avenue, NW, Suite 502 Washington, DC 20007
Loren Lidsky	Senior VP, Chief Analytics Officer	c/o RxAnte, Inc. 511 Congress Street, Suite 803 Portland, ME 04101
Corbin Director	SVP, Chief Financial Officer & Treasurer	c/o RxAnte, Inc. 2233 Wisconsin Avenue, NW, Suite 502 Washington, DC 20007
Greg Lahens	SVP and Chief Technology Officer	c/o RxAnte, Inc. 2233 Wisconsin Avenue, NW, Suite 502 Washington, DC 20007
Eileen Casal	VP, General Counsel, Secretary and Chief Privacy Officer	c/o RxAnte, Inc. 511 Congress Street, Suite 803 Portland, ME 04101
Eliza Swann	Assistant Secretary	c/o RxAnte, Inc. 511 Congress Street, Suite 803 Portland, ME 04101

mosaic
pharmacy service

May 9, 2022

Nevada Board of Pharmacy
ATTN: Pharmacy Permits
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

To Whom It May Concern:

Mosaic Pharmacy Service respectfully submits the following documentation for the Board's consideration for a Non-Resident Pharmacy:

- Pharmacy Application
- Disciplinary History and Supporting Documentation
- Ownership Information
  - RxAnte Pharmacy Services, LLC dba Mosaic Pharmacy Service is a member-managed LLC. The sole member/owner is RxAnte Inc. Therefore, there are no individual stockholders or shareholder for whom a Personal History Application is provided.
- Certificate of Good Standing
- Designated Representative Form (PIC)
- Most Recent Pharmacy Inspection Report
- Pharmacy Resident State Permit + Verification
- DEA Registration

If you have any questions, please feel free to contact me at the information provided.

Sincerely,

Jennifer Bruckart

Jennifer Bruckart
Quality and Compliance Manager
jbruckart@mosaicpharmacy.com

LISTING OF SECURITY FEATURES ON REVERSE SIDE

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH PROFESSIONS

David E. Brown, D.C., Director

Caroline D. Juran
Executive Director
(804) 367-4456

9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
www.dhp.virginia.gov/pharmacy

BOARD OF PHARMACY

Pharmacy Permit

Mosaic Pharmacy Service

45999 Center Oak Plaza, Suite 120
Sterling VA 20166

Number
0201004594

Pharmacist in Charge
Anne Marie Sherwood
0202214649

To verify the status of this permit, visit our website www.dhp.virginia.gov, which is a primary source verification of the credential issued by the Commonwealth of Virginia. To File a Complaint About a Licensee, Call: 1-800-533-1560

Virginia Department of Health Professions
License Lookup

Current as of 03/28/2022 12:10

License Information

License Number	0201004594
Occupation	Pharmacy
Name	Mosaic Pharmacy Service
Address	45999 Center Oak Plaza, Suite 120 Sterling, VA 20166
Initial License Date	09/15/2014
Expire Date	04/30/2023
License Status	Current Active
Additional Public Information*	Yes

Back to License Lookup Result

This serves as primary source verification of the credential issued by the Commonwealth of Virginia and meets the requirements of the Joint Commission.

** "Yes" means that there is information the Department must make available to the public pursuant to §54.1-2400.2.H of the Code of Virginia; please note that this may also include proceedings in which a finding of "no violation" was made. For additional information click on the "Yes" link above. "No" means no documents are available.*

Back to License Lookup

Pharmacy Certificate of Renewal of Permit

NOTICE: Display this renewal with original certificate in a prominant location site

APPLICANT MAILING ADDRESS

HELMERICHS, MIRANDA
VALLEY VET SUPPLY
1118 PONY EXPRESS HIGHWAY
MARYSVILLE, KS 66508

Original Permit #	2-115963
Pharmacy Name	**VALLEY VET SUPPLY**
Schedules	
P.I.C. / Lic #	HELMERICHS, MIRANDA 1-14865
Address	1118 PONY EXPRESS HIGHWAY
City/State/Zip	MARYSVILLE, KS 66508
Owner	**VALLEY VETERINARY CLINIC, LLC**

KANSAS STATE BOARD OF PHARMACY

2022 - 2023

Expires June 30, 2023
(This is a renewal, not an original registration)

Executive Secretary
(785) 296-4056

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FR8238289	01-31-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	12-09-2021

MOSAIC PHARMACY SERVICE
RXANTE PHARMACY SERVICES LLC
45999 CENTER OAK PLZ STE 120
STERLING, VA 201666586

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
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WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FR8238289	01-31-2025	$888

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MOSAIC PHARMACY SERVICE
RXANTE PHARMACY SERVICES LLC
45999 CENTER OAK PLZ STE 120
STERLING, VA 201666586

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Form DEA-223 (9/2016)

Virginia Department of Health Professions
Board of Pharmacy

Virginia Board of Pharmacy

Pharmacy Inspection Report

9960 Mayland Drive, Suite 300
Henrico, VA 23233

www.dhp.virginia.gov/pharmacy
Email: pharmbd@dhp.virginia.gov

Main: 804.367.4456
Fax: 804.527.4472

Pharmacy Permit Number:	0201004594	**Inspection Type:**	Remodel
E-Profile ID:	n/a	**Inspection Results:**	No Deficiency
Legal Business Name:	Mosaic Pharmacy Service	**Inspection Date:**	3/9/2022
Address:	45999 Center Oak Plaza, Suite 120	**Inspector Name:**	Rosemary Holske
City:	Sterling	**Pharmacist-in-Charge:**	Anne Marie Sherwood
State:	VA	**Pharmacist-in-Charge License Number:**	0202214649
Zip Code:	20166	**Pharmacist-in-Charge Email:**	amsherwood@mosaicpharmacy.com
Telephone number:	888-818-6337	**Pharmacist on Duty:**	Anne Marie Sherwood
Toll free number:	888-818-6337	**Pharmacist on Duty License Number:**	0202214649
Fax number:	877-897-3823	**Inspection Emailed To (person):**	Anne Marie Sherwood
	mosaicpharmacy.com	**Inspection Emailed To (email address):**	amsherwood@mosaicpharmacy.com
Pharmacy Email:	pharmacylicensing@mosaicpharmacy.com	**Guidance Document 110-27 left with:**	n/a
Does the pharmacy have a PMP waiver?	No	**If yes, does the pharmacy dispense a "covered substance"?**	

§ 54.1-2519 "Covered substance" means all controlled substances included in Schedules II, III, and IV; controlled substances included in Schedule V for which a prescription is required; naloxone; and all drugs of concern that are required to be reported to the Prescription Monitoring Program, pursuant to this chapter. "Covered substance" also includes cannabidiol oil or THC-A oil dispensed by a pharmaceutical processor in Virginia.

Pharmacy Hours of Operation	**Is pharmacy open 24/7**	**No**	
	Open		**Closed**
	Start Time: (24-hour format hh:mm)	**End Time: (24-hour format hh:mm)**	
Sunday			Closed
Monday	9:00	17:00	
Tuesday	9:00	17:00	
Wednesday	9:00	17:00	
Thursday	9:00	17:00	
Friday	9:00	17:00	
Saturday			Closed

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Pharmacy Personnel			
Total Pharmacists:	1	Number of Compounding Technicians:	0
Total Registered Pharmacy Interns:	0	Number of Pharmacy Technician Trainees:	0
Total Registered Pharmacy Technicians:	0	Ratio Tech:Pharmacist present at time of inspection:	0:1

Business Licensure Information for State of Residence and Federal (board of pharmacy, state controlled substance, DEA, FDA, etc.)			
License/Registration Agency	Business Name on License/Registration	License Type/Number	Expiration Date
DEA	Mosaic Pharmacy Service/RxAnte Pharmacy Services LLC	FR8238289	01/31/2025

Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply	
Traditional retail		Investigational Drugs, Clinical Trials/Research		Central Fill/ Shared Services		Central or Remote Processing	
Open to the Public		Hospital/Institutional		Specialty Pharmacy		Outsourcing Facility	
Closed Door	X	Long-Term Care	X	Handles Medical Marijuana		Nonsterile Compounding	
Drive-through window		HMO/PBM only		Nuclear Pharmacy		Nonsterile Hazardous Drug Compounding	
Mail/Deliver (in state)	X	Internet Pharmacy (New Rx)		Manufacturer		Sterile Compounding	
Mail/Deliver (out-of-state list below)	X	Internet Pharmacy (Refill Rx)		Wholesale Distributor		Sterile Hazardous Drug Compounding	
Veterinary Pharmacy		Telepharmacy		Provide products for "Office Use"			

States to which the pharmacy mails/delivers compounded sterile drug products:							
State		State		State		State	
AK		ID		MT		RI	
AL		IL		NC		SC	
AR		IN		ND		SD	
AZ		KS		NE		TN	
CA		KY		NH		TX	
CO		LA		NJ		UT	
CT		MA		NM		VA	
DC		MD		NV		VT	
DE		ME		NY		WA	
FL		MI		OH		WI	
GA		MN		OK		WV	
HI		MO		OR		WY	
IA		MS		PA		Other:	

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Virginia Board of Pharmacy
Pharmacy Inspection Report

New Pharmacy Permit	Result	Notes
18VAC110-20-140 (F) - Once the permit is issued, prescription drugs may not be stocked earlier than two weeks prior to the designated opening date. Once prescription drugs have been placed in the pharmacy, a pharmacist shall be present on a daily basis to ensure the safety and integrity of the drugs. If there is a change in the designated opening date, the pharmacy shall notify the board office, and a pharmacist shall continue to be on site on a daily basis.	Not Applicable	
18VAC110-20-140 (G) - If the pharmacy is not operational within 90 days from the date the permit is issued, the board shall rescind the pharmacy permit unless an extension is granted for good cause shown.	Not Applicable	

Comments

This remodel inspection was in response to an alarm system upgrade. Some motion sensors were moved, numerically changed and hardwired.

Security 18VAC110-20-180	Result	Security Equipment & Monitoring	
This section shall not apply to pharmacies that are open and staffed by pharmacists 24 hours a day. If the pharmacy changes its hours or if it must be closed for any reason, the PIC or owner must immediately notify the board, file an application in accordance with 18VAC110-20-140 (A), and have installed prior to closing a security system that meets the requirements of 18VAC110-20-180 (A)(1) through (A)(4).			
A device for the detection of breaking shall be installed in each prescription department of each pharmacy. The installation and the device shall be based on accepted alarm industry standards, and shall be subject to the following conditions:		Was the security system tested?	Yes
The device shall be a sound, microwave, photoelectric, ultrasonic, or any other generally accepted and suitable device.	Compliant	Primary connection:	Telephone line
The device shall:	Compliant	Secondary connection:	Cellular
1. have at least one hard-wired communication method		Monitored by:	ADT 1-800-ADT-ASAP
2. be monitored in accordance with accepted industry standards		Primary verified by:	Queen
3. be maintained in operating order		Secondary verified by:	Karen
4. have an auxiliary source of power			
5. be capable of sending an alarm signal to the monitoring entity when breached if the communication line is not operational.			
The device shall fully protect the prescription department and shall be capable of detecting breaking by any means when activated.	Compliant	**Sensors**	
Access to the alarm system for the prescription department area of the pharmacy shall be restricted to the pharmacists working at the pharmacy, except for access by other persons in accordance with 18VAC110-20-190 B 2.	Compliant	90 degree	0
		180 degree	40
The system shall be activated whenever the prescription department is closed for business.	Compliant	360 degree	0
		Contact	5
The alarm system shall include a feature by which any breach in the alarm shall be communicated by the monitoring entity to the PIC or a pharmacist working at the pharmacy.	Compliant	Other	
		Cameras	20

Security System Notes

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	Security consists of 40 motion sensors in the prescription department . All are necessary for full coverage of the prescription department. Motion sensors were tested over the primary and secondary lines of communication. No alarm technician was on site. Central Monitoring verified the receipt of all signals. Security adequate.		
Physical Standards 18VAC110-20-150		**Result**	**Notes**
	The prescription department shall not be less than 240 square feet. The patient waiting area or the area used for counseling, devices, cosmetics, and proprietary medicines shall not be considered a part of the minimum 240 square feet. The total area shall be consistent with the size and scope of the services provided.	Compliant	
	Access to stock rooms, rest rooms, and other areas other than an office that is exclusively used by the pharmacist shall not be through the prescription department	Compliant	
	A rest room in the prescription department, used exclusively by pharmacists and personnel assisting with dispensing functions, may be allowed provided there is another rest room outside the prescription department available to other employees and the public.	Compliant	
	The pharmacy shall be constructed of permanent and secure materials. Trailers or other moveable facilities or temporary construction shall not be permitted.	Compliant	
	The entire area of the location of the pharmacy practice, including all areas where drugs are stored shall be well lighted and well ventilated; the proper storage temperature shall be maintained to meet U.S.P.-N.F. specifications for drug storage.	Compliant	
	The prescription department counter work space shall be used only for the compounding and dispensing of drugs and necessary recordkeeping.	Compliant	
	A sink with hot and cold running water shall be within the prescription department. A pharmacy issued a limited-use permit that does not stock prescription drugs as part of its operation is exempt from this requirement.	Compliant	
	Adequate refrigeration facilities equipped with a monitoring thermometer for the storage of drugs requiring cold storage temperature shall be maintained within the prescription department if the pharmacy stocks such drugs. A refrigerator is a cold place in which temperature is maintained thermostatically between 2° and 8°C (36° and 46°F). A freezer is a cold place in which the temperature is controlled between -25° and -10°C (-13° and 14°F). In those instances in which articles may have a recommended storage condition below -20°C (-4°F), the temperature of the storage location should be controlled to plus or minus 10 degrees. **(18VAC110-20-10)**	Compliant	Refrigerators: 1) 43.1°F ; 2) 43.2°F ; 3) 41.5°F Freezer: -10.1 °F
	A pharmacy stocking drugs requiring cold storage temperature shall record the temperature daily and adjust the thermostat as necessary to ensure an appropriate temperature range. The record shall be maintained manually or electronically for a period of two years.	Compliant	
Sanitary Conditions 18VAC110-20-160		**Result**	**Notes**
	The entire area of any place bearing the name of a pharmacy shall be maintained in a clean and sanitary manner and in good repair and order.	Compliant	
	Adequate trash disposal facilities and receptacles shall be available.	Compliant	
Required Equipment 18VAC110-20-170		**Result**	**Notes**
	A current dispensing information reference source consistent with the scope of pharmacy practice at the location of the permitted pharmacy.	Compliant	Lexicomp online

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	A set of Prescription Balances, sensitive to 15 milligrams, and weights or an electronic scale if the pharmacy engages in dispensing activities that require the weighing of components.	Compliant	
	Other equipment, supplies, and references consistent with the pharmacy's scope of practice and with the public safety.	Compliant	
Enclosures 18VAC110-20-190		**Result**	**Notes**
	The enclosure shall be constructed in such a manner that it protects the prescription drugs from unauthorized entry and from pilferage at all times whether or not a pharmacist is on duty.	Compliant	
	The enclosure shall be locked and alarmed at all times when a pharmacist is not on duty.	Compliant	
	The enclosure shall be capable of being locked in a secure manner at any time the pharmacist on duty is not present in the prescription department.	Compliant	
	The keys or other means of entry into a locked prescription department and the alarm access code shall be restricted to pharmacists practicing at the pharmacy and authorized by the PIC with the following exceptions in 18VAC110-20-190 (B)(1) & (B)(2))	Compliant	

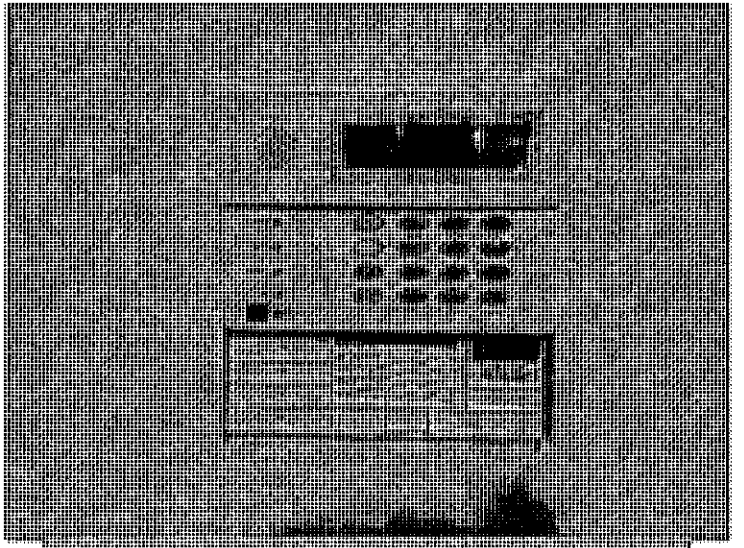
Compounding				
	Does the pharmacy engage in nonsterile compounding?	No	**Risk Levels:**	
	Does the pharmacy engage in sterile compounding?	No	**Risk Levels:**	
Sterile Compounding 18VAC110-20-321 & §54.1-3410.2			**Cleanroom meets USP requirements?**	
	Name of certification company		**Notes**	
	Does the pharmacy utilize a segregated compounding area?			
	Does the pharmacy utilize a CAI or CACI in a non-ISO 7 area?			
	Does a demarcation line or barrier separate the buffer area from the ante area?			
	Does the pharmacy engage in immediate use compounding?			

The Virginia Board of Pharmacy
Inspection Report

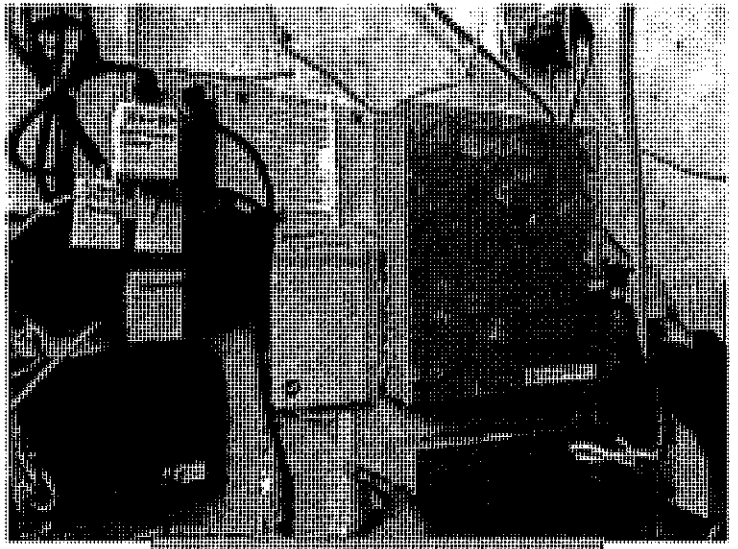
Facility Name	Mosaic Pharmacy Service	Permit Number	0201004594	Date	3/9/2022



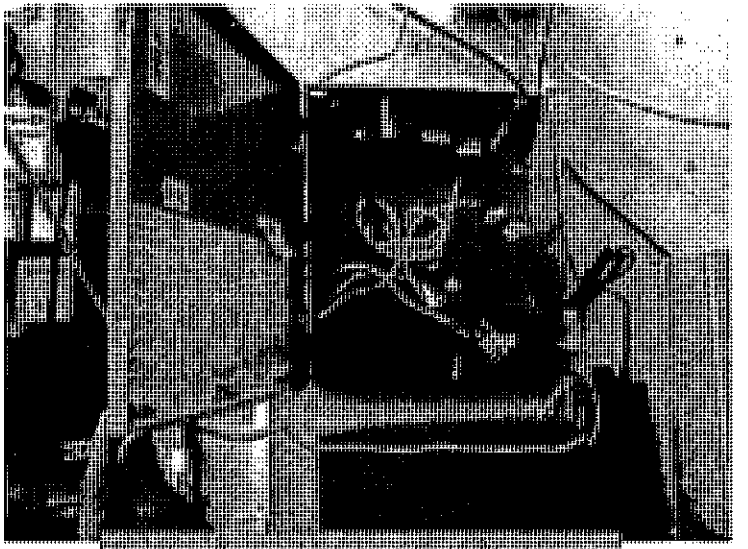
Front entrance locked with key to access



Main Room Overview



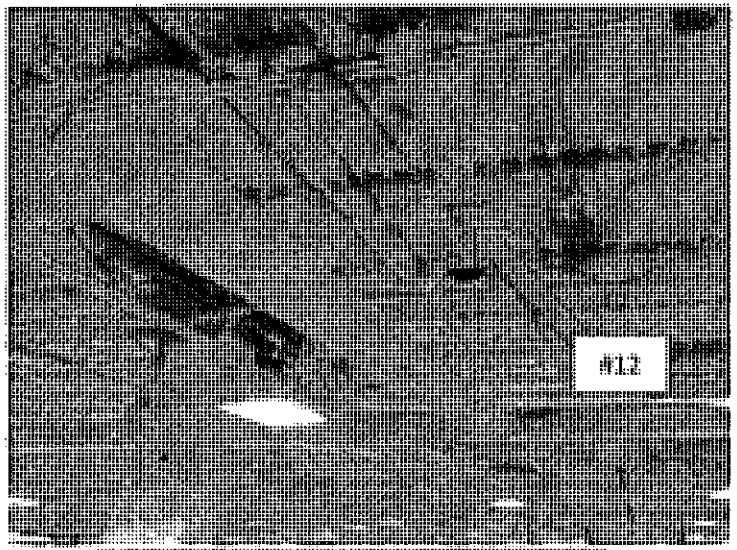
Main Pharmacy Area



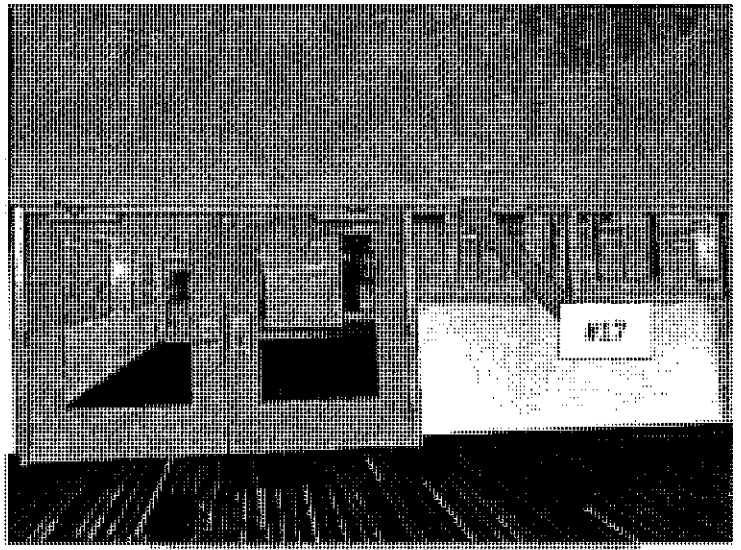
Main Pharmacy Area

The Virginia Board of Pharmacy
Inspection Report

Facility Name	Mosaic Pharmacy Service	Permit Number	0201004594	Date	3/9/2022



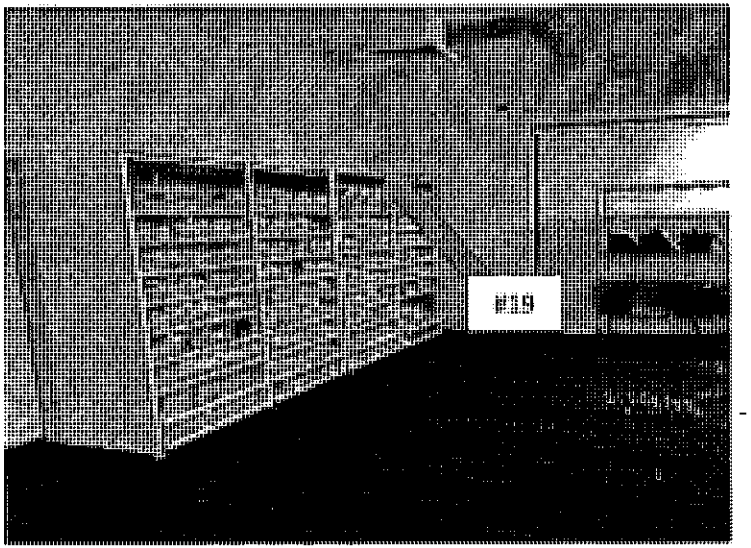
Front office area/entrance/reception area



Main office area and entrance door



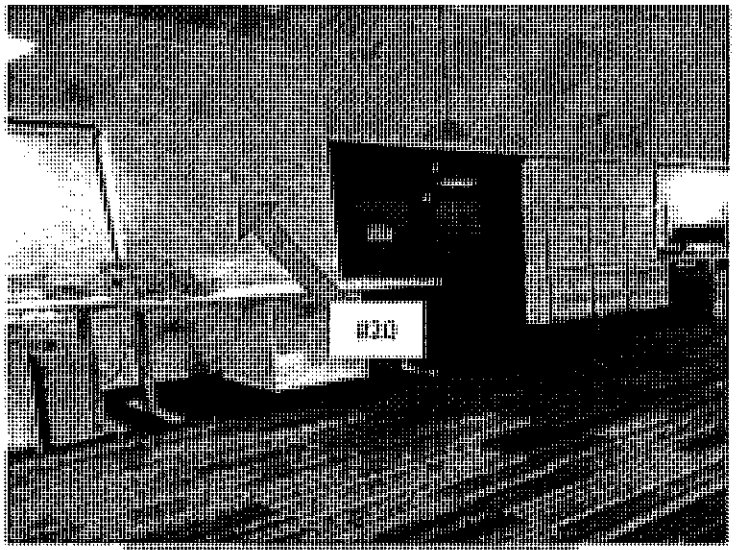
Left/front security motion sensor

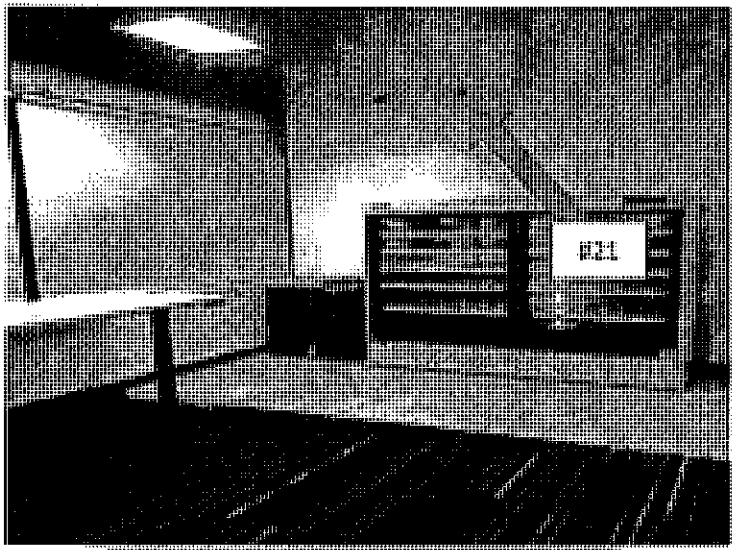


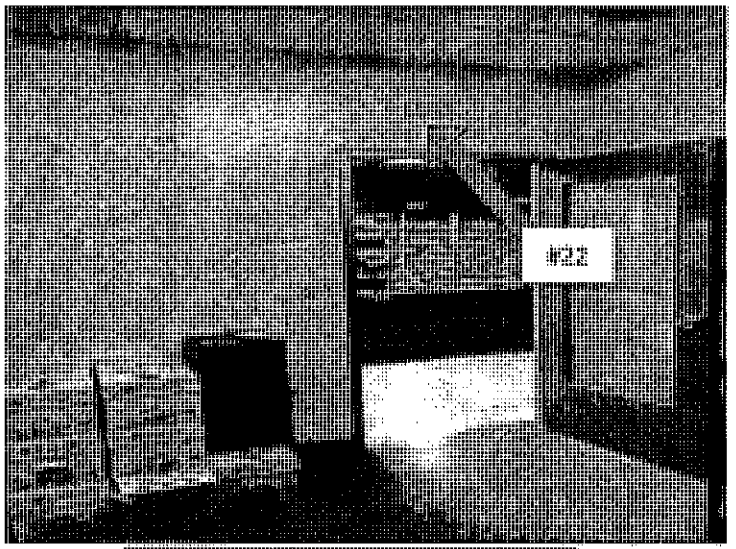
Left/front (near windows) motion sensor

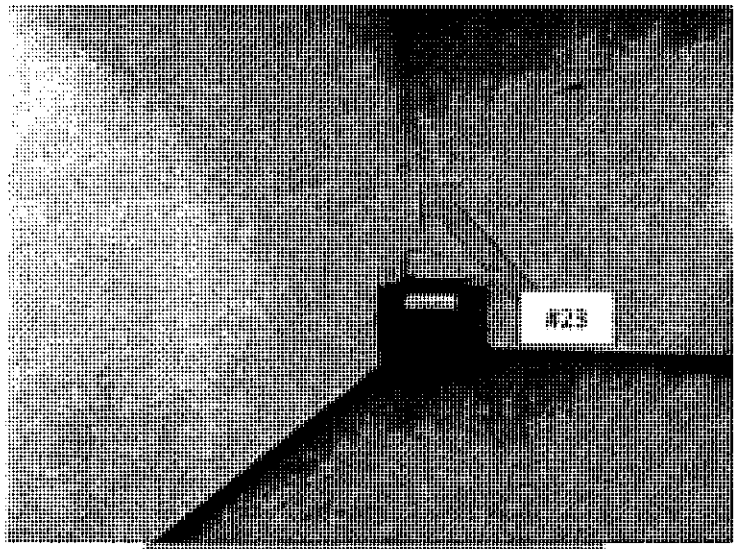
The Virginia Board of Pharmacy
Inspection Report

Facility Name	Mosaic Pharmacy Service	Permit Number	0201004594	Date	3/9/2022



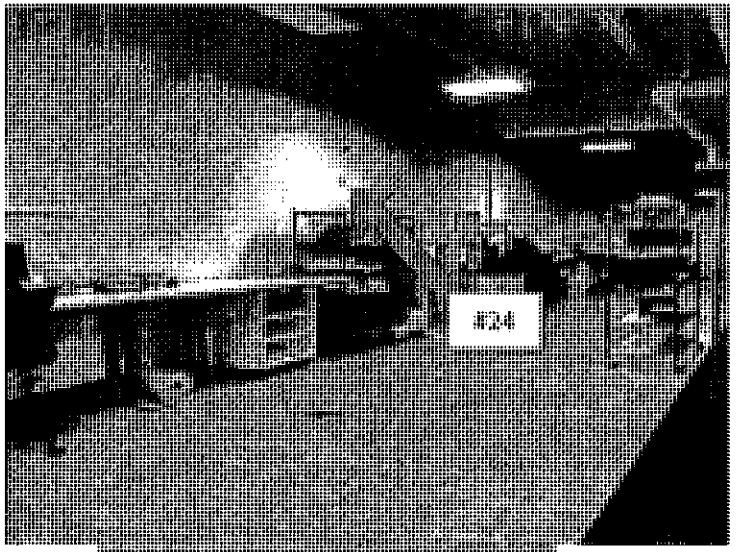


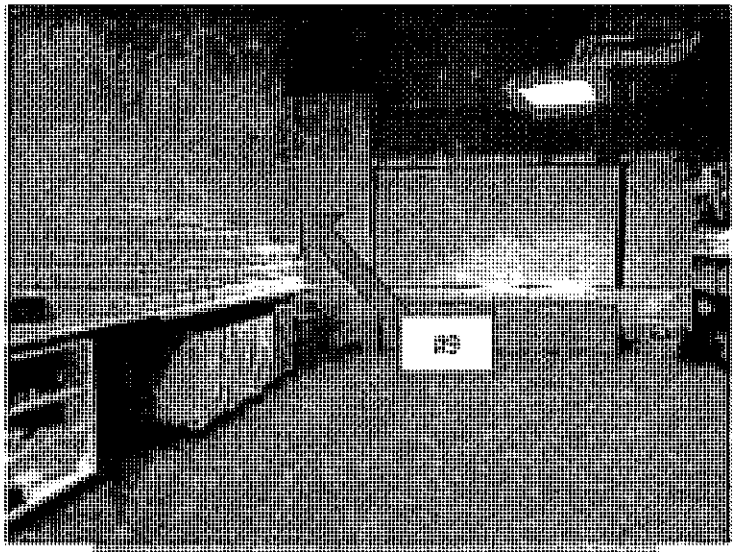


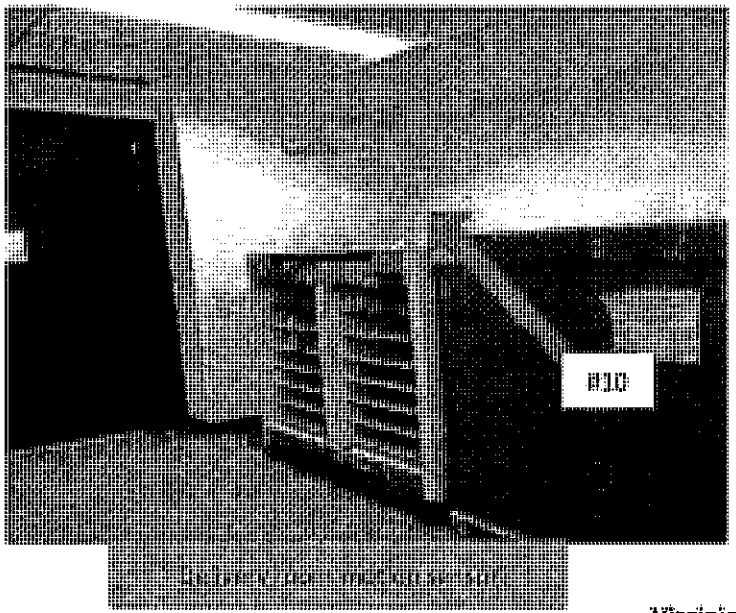


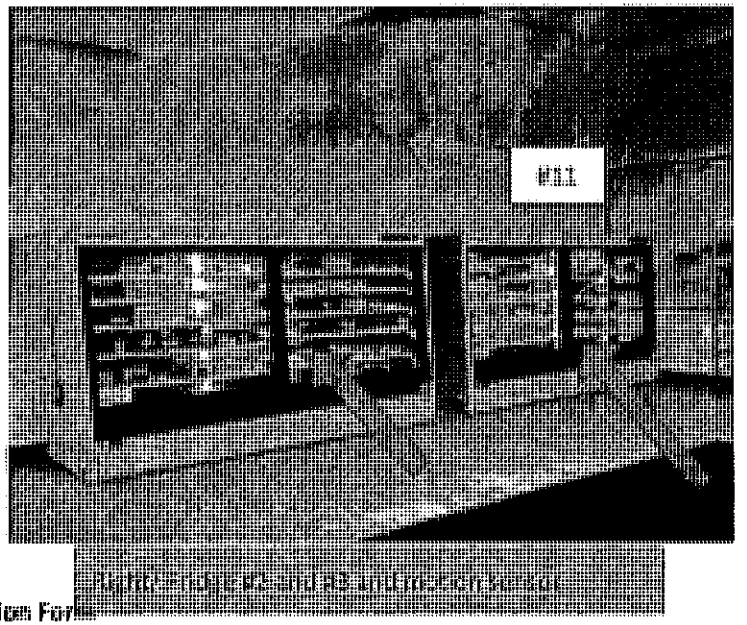
The Virginia Board of Pharmacy
Inspection Report

Facility Name	Mosaic Pharmacy Service	Permit Number	0201004594	Date	3/9/2022



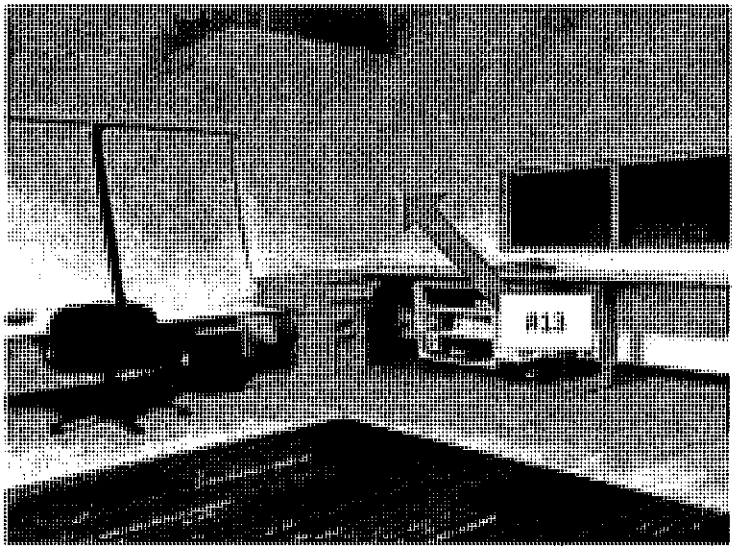




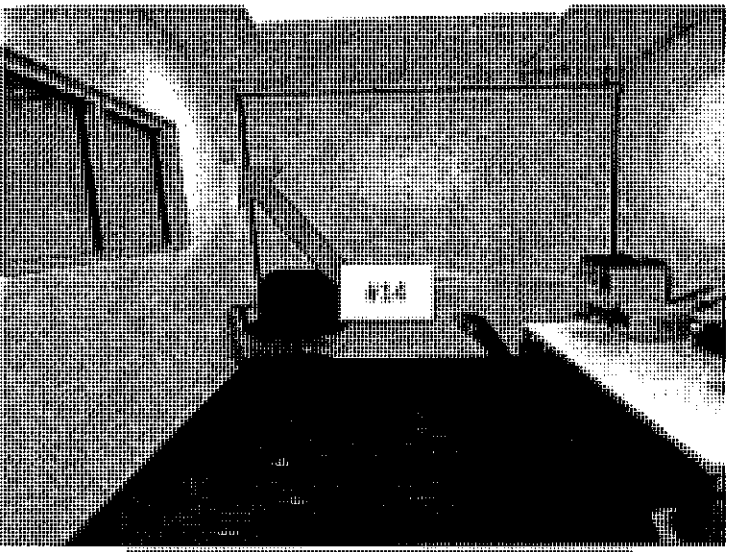


The Virginia Board of Pharmacy
Inspection Report

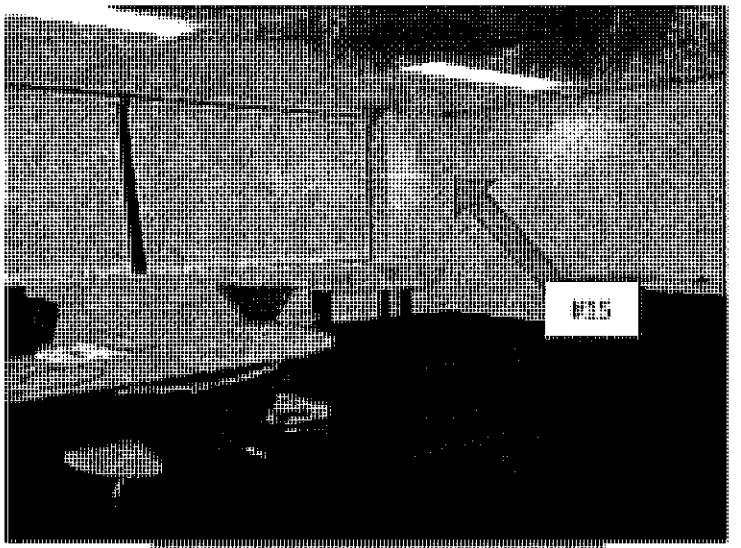
Facility Name	Mosaic Pharmacy Service	Permit Number	0201004594	Date	3/9/2022



Right side corner (near windows) motion sensor



Left side corner motion sensor



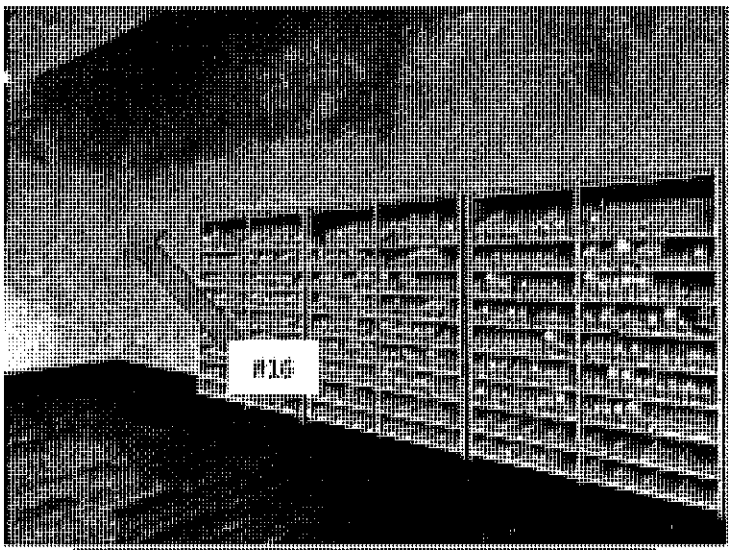
Center motion sensor

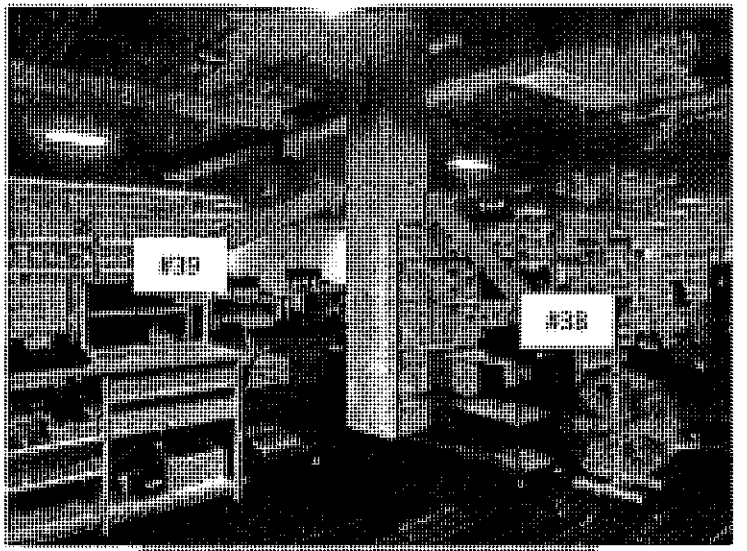


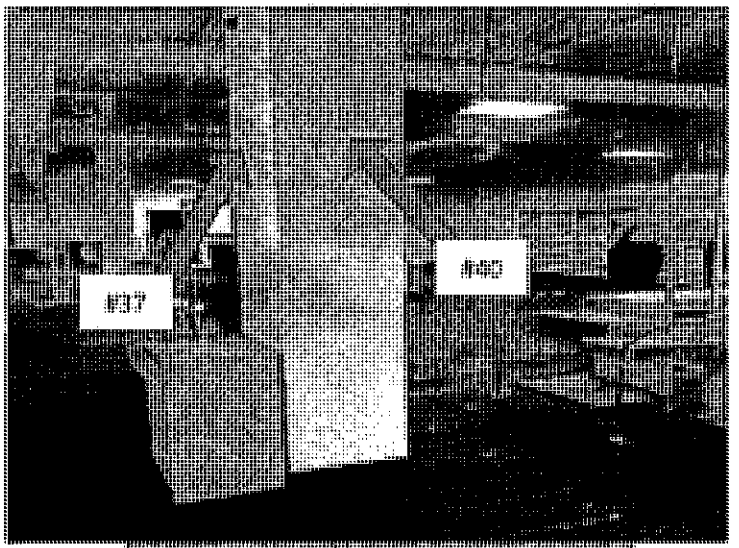
Right/front motion sensor

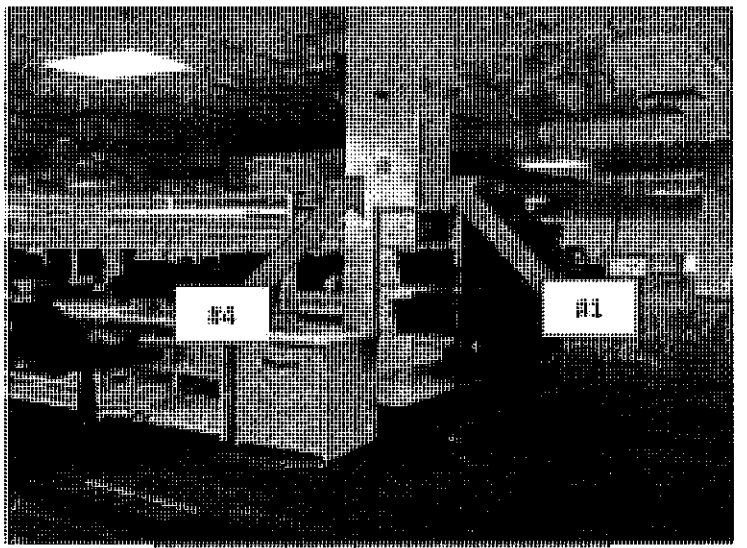
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Inspection Report

Facility Name	Mosaic Pharmacy Service	Permit Number	0201004594	Date	3/9/2022



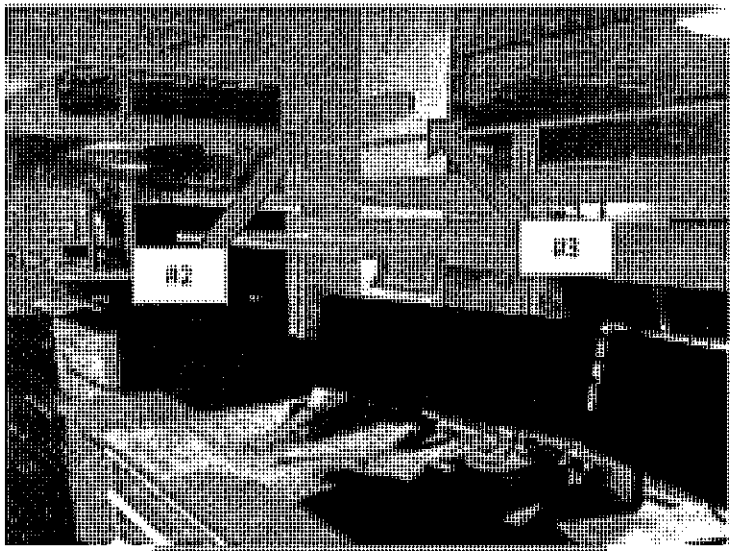


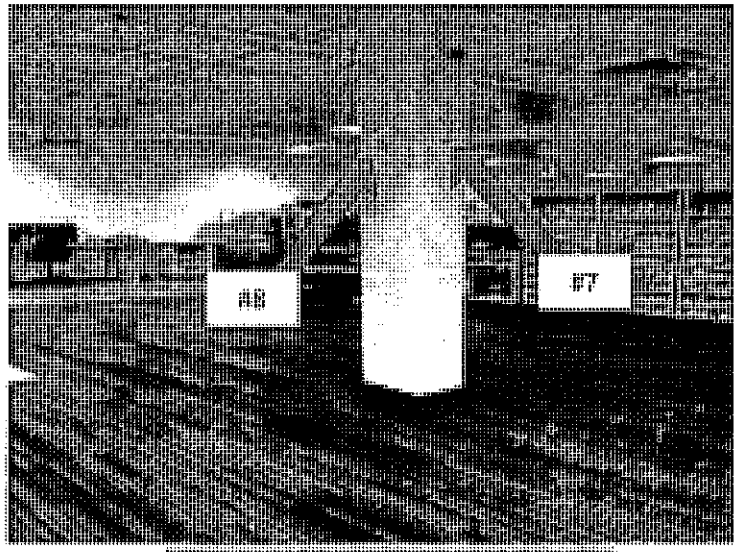


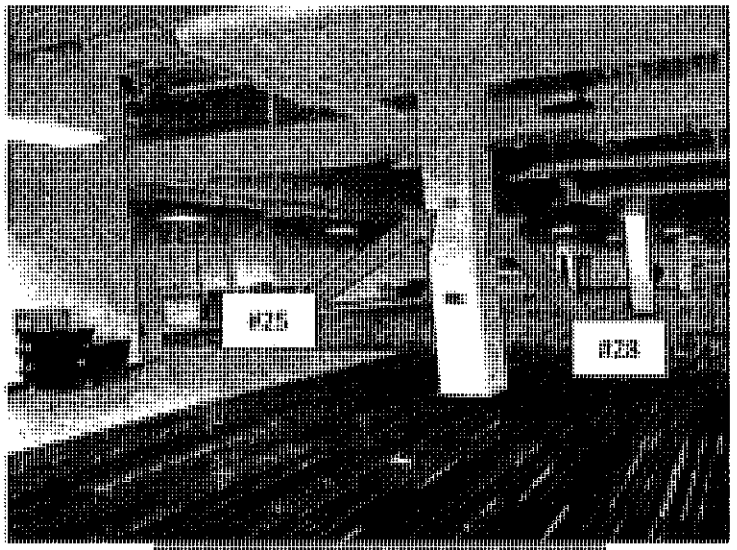


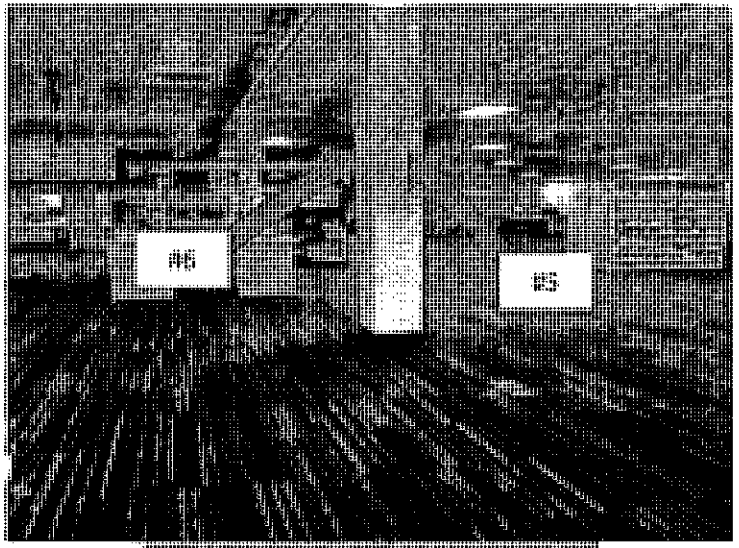
The Virginia Board of Pharmacy
Inspection Report

Facility Name	Mosaic Pharmacy Service	Permit Number	0201004594	Date	3/9/2022



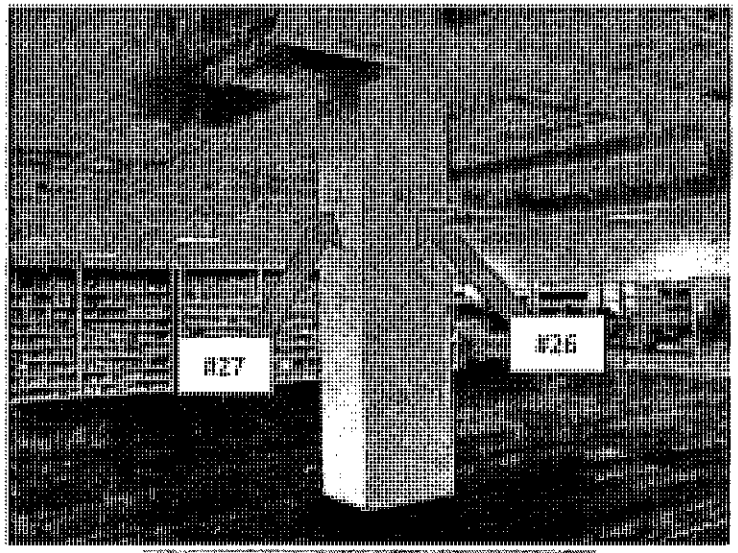




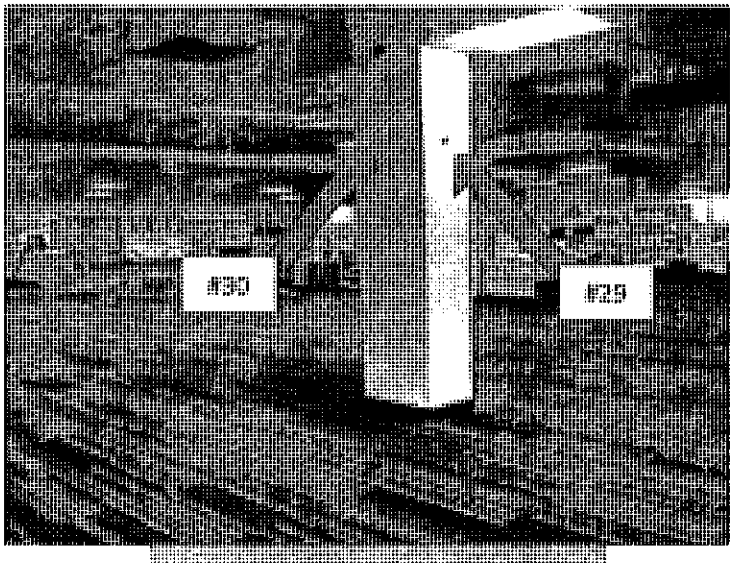


The Virginia Board of Pharmacy
Inspection Report

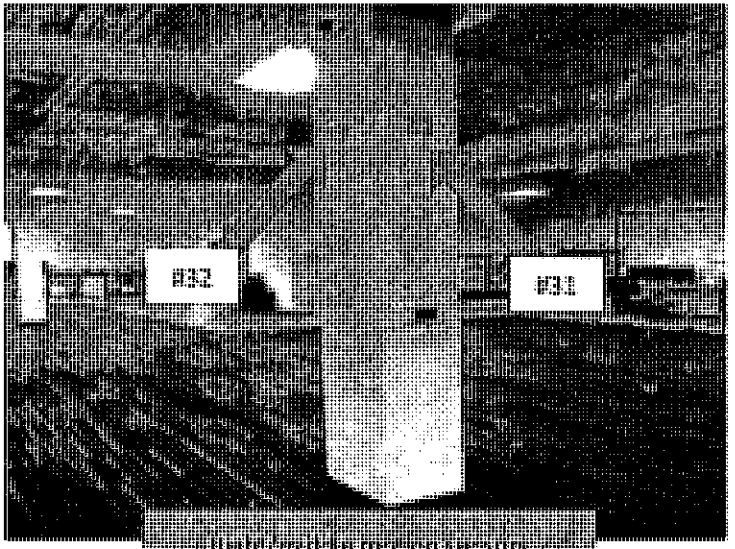
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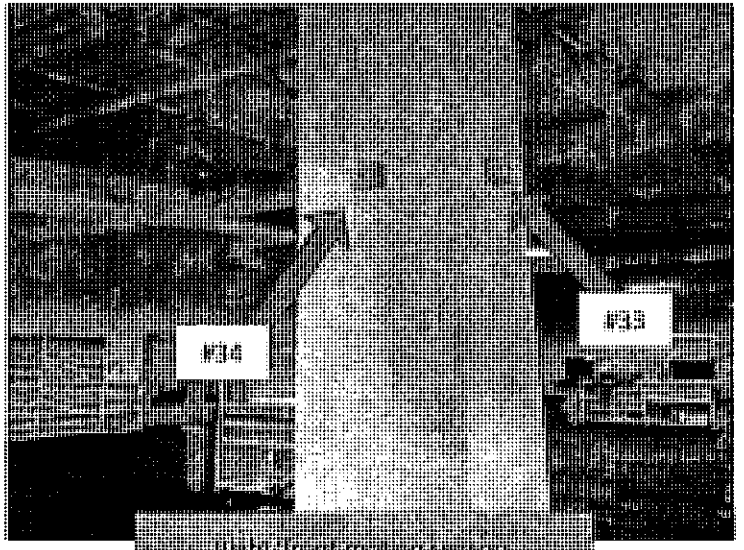
Right/rear motion sensors



Right/middle motion sensors



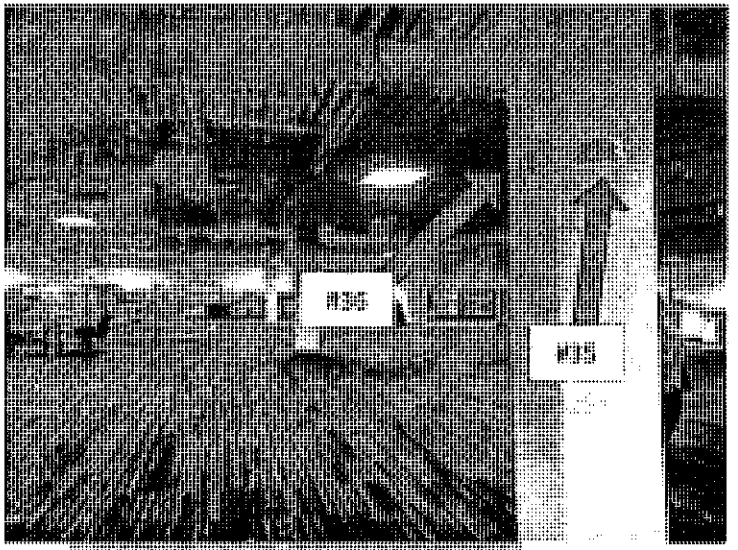
Right/middle motion sensors

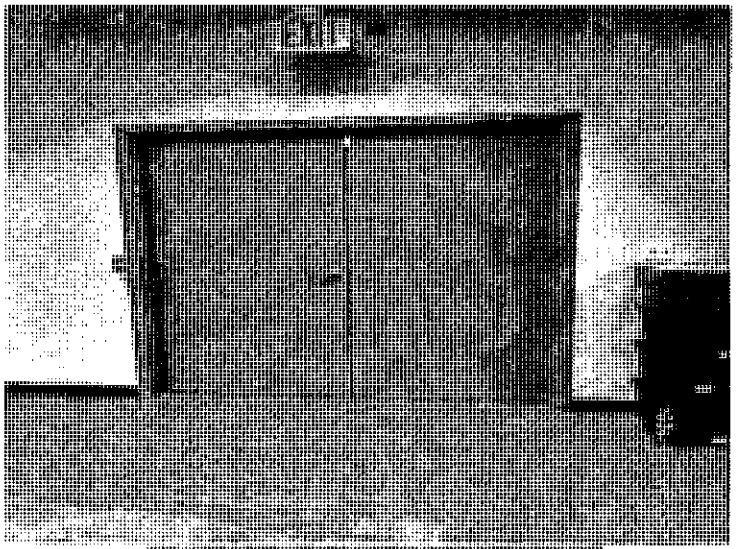


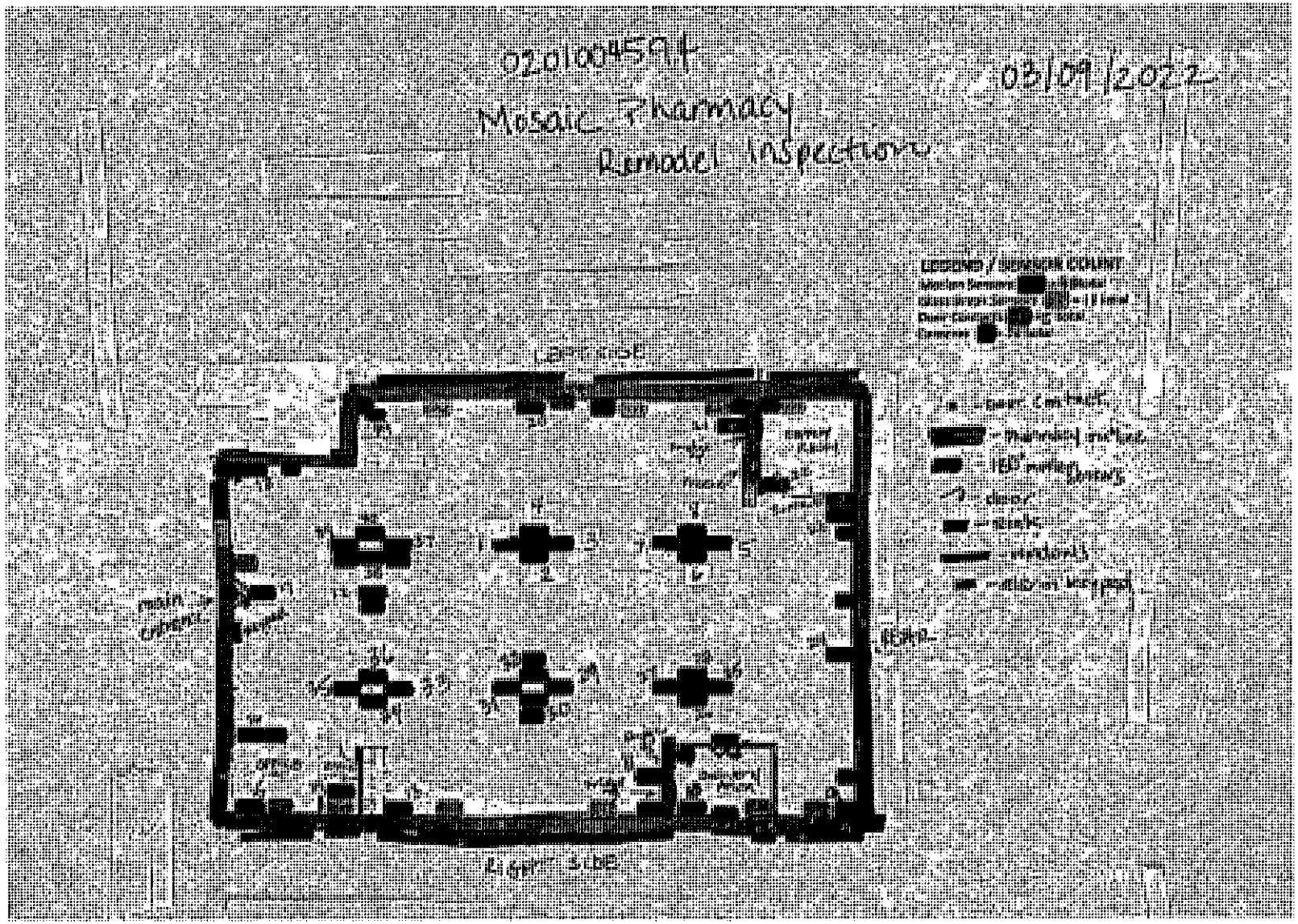
Right/front motion sensors

The Virginia Board of Pharmacy
Inspection Report

Facility Name	Mosaic Pharmacy Service	Permit Number	0201004594	Date	3/9/2022







Scanned with CamScanner

DOOR CONTACTS = 5	
Zone	Name
41	Exterior Vestibule Door
42	Front Double Door
43	Front Single Door
44	Emergency Exit Door
56	Interior Vestibule Door

GLASS BREAK SENSOR = 11	
Zone	Name
45	Shipping Storage Window
46	Vestibule
47	Receiving Window - Back
48	Receiving Window - Front
49	Small Office
50	Large Office
51	Front Window
52	ALF Window - Front
53	ALF Window - Middle
54	ALF Window - Back
55	Storage Room

CAMERAS = 20	
Zone	Name
1	Loading Dock Exterior
2	Loading Dock Vestibule
3	Shipping Storage
4	Shipping Area
5	Sink Area
6	Storage Room
7	Fridge/C2 Back Area
8	ALF Area
9	Front Area
10	Pharmacy Front Double Door
11	Front Office
12	Receiving Area
13	Manual Fill
14	Box Station
15	PV2/Inventory
16	ATP 1
17	STS
18	Reciving Area #2
19	Perl
20	Inventory #2

MOTION SENSOR = 40	
Zone	Name
(1)	Central Motion
2	Central Motion
3	Central Motion
4	Central Motion
5	Central Motion
6	Central Motion
7	Central Motion
8	Central Motion
9	Front Motion
10	Front Motion
11	Front Motion
12	Front Motion
13	Front Motion
14	Office Motion
(15)	Office Motion
16	Side Motion
17	Side Motion
18	Side Motion
19	Back Motion
20	Back Motion
21	Back Motion
22	Office Motion
23	Side Motion
24	Side Motion
25	Central Motion
26	Central Motion
27	Central Motion
28	Central Motion
29	Central Motion
30	Central Motion
31	Central Motion
32	Central Motion
33	Central Motion
34	Central Motion
35	Central Motion
36	Central Motion
37	Central Motion
38	Central Motion
39	Central Motion
40	Central Motion

SUMMARY	
5	Door Contacts
11	Glass Break Sensors
40	Motion Sensors
20	Cameras

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367- 4400
FAX (804) 527- 4475

June 19, 2018

Dear Colleague,

State health regulatory boards, employers, insurance providers and citizens seeking licensure verification and certification of individual healthcare practitioners in the Commonwealth of Virginia are encouraged to use License Lookup. This content resource meets the accreditation standards for primary source verification from the top seven-accreditation organizations for healthcare professionals.

Today, *License Lookup* serves as the sole source for verification of healthcare practitioners licensed and regulated by Virginia's 13 health regulatory boards.

Health Regulatory Boards	
Audiology & Speech-Language Pathology	Nursing
Counseling	Optometry
Dentistry	Pharmacy
Funeral Directors & Embalmers	Physical Therapy
Health Professions	Psychology
Long-Term Care Administrators	Social Work
Medicine	Veterinary Medicine

License Lookup is a free, digital service updated in real time and available 24/7 to anyone seeking licensure or other public information on health care practitioners in Virginia. This online resource serves as an official hard copy and proof of licensure for all practitioners licensed to practice by the Virginia Department of Health Professions (DHP).

With public records for 380,000 licensees across 62 health professions, *License Lookup* provides requesters with practitioner specific information including --

- License number
- Initial license date
- License expiration date
- Licensure status

- Additional public information
- For more extensive licensure information, registered users may consider Subscriber Services, a subscription-based component of *License Lookup* that offers downloadable content for a nominal fee.

DHP's mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice and providing information to health care practitioners and the public.

Sincerely,

Caroline D. Juran, RPh, DPh
Executive Director
Virginia Board of Pharmacy

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Mosaic Pharmacy Service

Physical Address: 45999 Center Oak Plaza, Suite 120

City: Sterling State: VA Zip: 20166

Mailing Address (if different from physical address): SAME

City: SAME State: SAME Zip: SAME

Telephone: (888) 818-6337 Website: www.mosaicpharmacy.com

Licensing Company Email: pharmacylicensing@mosaicpharmacy.com

Section 2: Personal Information

First: Anne Middle: Marie Last: Sherwood

Alias(es, nicknames, name changes, etc.): Anne Marie Attig

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex ☐ M ■ F ☐ X

Mailing Address: [redacted] Muncaster Road

City: Derwood State: MD Zip: 20855

Telephone: [redacted] Email: amsherwood@mosaicpharmacy.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: N/A to: N/A

Military Occupation/Specialty: N/A

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: AMS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Duquesne University		8/1988 - 5/1993	
Address	**City**	**State**	**Zip**
600 Forbes Ave.	Pittsburgh	PA	15282
Diploma/Degree obtained, if any			
BS - Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Academy of the Holy Names		8/1984 - 5/1988	
Address	**City**	**State**	**Zip**
Pershing Drive	Silver Spring	MD	
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2005 - present	[redacted] Muncaster Road	Derwood	MD	20855
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials amt

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Mosaic Pharmacy Service			8/2019 - present
Business Address	**City**	**State**	**Zip**
45999 Center Oak Plaza, Suite 120	Sterling	VA	20166
Phone	**Title**	**Number of Employed Hours**	
(888) 818-6337	VP, Operations and Pharmacist in Charge	5,200+	
Description of Duties			
Oversees and manages all aspects of the practice of pharmacy			

Business Name			From - To (MM/YY – MM/YY)
Kaiser Permanente Foundation Health Plan of the Mid-Atlantic States			12/1990 - 8/2019
Business Address	**City**	**State**	**Zip**
2101 East Jefferson St.	Rockville	MD	20852
Phone	**Title**	**Number of Employed Hours**	
(800) 777-7904	Lead Pharmacist (1994-1997); Pharmacy Supervisor (1997-2007), Regional Inventory Mgmt Coordinator (2007-2009); Sr. Pharmacy Systems Coordinator (2009); Manager, Pharmacy Systems and Training (2010-2011); Sr. Manager, Systems, Training & Facilities (2011-2013); Sr. Manager, Central Pharmacy business and Support Services (2013-2019)	60,000+	
Description of Duties			
Served in variety of pharmacy operations and leadership roles including pharmacy supervisor, inventory management, business/central support services (benefits, training, pharmacy systems, distribution, central refill, and mail order ops)			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials AMR

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Anthenova
Original Signature (electronic, copies or stamps not accepted)

3/28/2022
Date

Applicant's initials ANO

I, Anne Marie Sherwood, **certify that as the designated representative for**

Mosaic Pharmacy Service,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Anne Marie Sherwood

Print Name (First, Last)

AnneSherwood

Original Signature (electronic, copies or stamps not accepted)

3/28/2022

Date

Applicant's initials AMS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Anne Marie Sherwood
Print Name (First, Last)

AMSherwood
Original Signature (electronic, copies or stamps not accepted)

3/28/2022
Date

Please have this section completed in the presence of a Notary Public.

State of Virginia, ss. County of Loudoun

I, Anne Marie Sherwood, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

AMSherwood
Original Signature

3/28/2022
Date

Subscribed and Sworn to before me this 28th day of March.

Notary Public Signature

JAMES CALDERWOOD
NOTARY PUBLIC
REGISTRATION # 7904566
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES
JANUARY 31, 2024

(Seal)

4JJ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

☐ Nevada

■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: NuFactor, Inc.

Physical Address: 1650 Lakeside Pkwy, Suite 404-A

City: Flower Mound State: TX Zip: 75028

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 800-292-7930 Toll Free # (NAC 639.708, NRS 639.23286): 800-292-7930

Fax: 800-292-7930 Contact Email: TXlicensing@nufactor.com

Website: www.nufactor.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Marinda Howard ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21036 ✓

Type of Pharmacy (check all applicable)

■ Retail/Community

☐ Hospital (# beds _____)

☐ Internet

☐ Nuclear

☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

☐ Retail/Community

☐ Non-sterile Compounding

☐ Sterile Compounding

■ Mail-Order Service

☐ Off-site Cognitive Services

☐ Long Term Care

☐ Hospital

■ Other: Home delivery, infusion, closed door

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

on call
24/7/365

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services In/Into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Marinda Howard	NV Pharmacist Registration #: 21036
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California

Parent Company (if any): FFF Enterprises, Inc.

Corporation/Organization Name: NuFactor, Inc.

Mailing Address: 44000 Winchester Road

City: Temecula State: CA Zip: 92590

Telephone: 800-323-6832 Email: lvaughan@nufactor.com

Contact Person Name: Leslie Vaughn

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CEO, President, Secretary (title) for NuFactor, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Patrick M. Schmidt

Print Name of Authorized Person

Patrick M. Schmidt

Original signature of Authorized Person (copies or stamps not accepted)

31 May 2022

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas)
) ss.
Denton COUNTY)

I, Patrick M. Schmidt, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President, CEO, Secretary, & Director for NuFactor, Inc. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Patrick M. Schmidt, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Kim Ancona
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
13th day of November, 2021.

Kim Ancona
NOTARY PUBLIC

KIM ANCONA NOTARY PUBLIC DAVIDSON COUNTY, NC

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Marinda Howard Pharmacist Registration #: 21036

Pharmacy Name: NuFactor, Inc.

Initial each statement below to indicate you have read and agree with the following:

MH I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

MH I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

MH I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

MH I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

MH I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Marinda Howard
Original signature of Managing Pharmacist (copies or stamps not accepted)

3/10/2022
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
• List the top four stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): o All General Partners; o All Limited Partners who hold 10% or more of the interest.			✓	
• Certificate of Corporate Status or Certificate of Good Standing from the Secretary of State's Office where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• Personal History Record Application found at http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. For Non-publicly traded - The top 4 shareholder/stockholders. b. For Partnerships - All general partners; all limited partners who hold 10% or more of the interest. c. For Sole Owner - The owner.		✓	✓	✓
• Submit a copy of your most recent pharmacy inspection from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(f)	✓	✓	✓	✓
• Submit a copy of your license, certification, permit or registration issued to your pharmacy from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(a)	✓	✓	✓	✓
• License Verification by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2238(2)(g)	✓	✓	✓	✓
• Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)	✓	✓	✓	✓
• Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)	✓	✓	✓	✓
• Transmit Controlled Substance Prescription Data- Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Patrick M. Schmidt

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Patrick M. Schmidt — 31 May 2022

Original signature of Authorized Person (copies or stamps not accepted) — Date

Board Use Only	Date Received: _____	Amount: $500 Check 88491735

Description of Services

NuFactor, Inc. ("NuFactor") is a specialty pharmacy located in Flower Mound Texas. NuFactor focuses on provision of high touch infusible medications (e.g., immune globulin, monoclonal antibodies) in the home setting. We provide full service including insurance benefits investigation, prior authorization management, provision of medications, durable medical equipment and supplies, pharmacist assessment and counseling, ongoing clinical monitoring, coordination of nursing services with a licensed home health agency when applicable, insurance billing and collections.

Mark I. Sedar

From: Neroni, Stacie <StacieNeroni@dwt.com>
Sent: Tuesday, October 4, 2022 10:58 AM
To: Mark I. Sedar
Cc: Johnson, Christine
Subject: NuFactor, Inc. pending non-resident pharmacy permit
Attachments: Description of Services.docx

Importance: High

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hello Mr. Sedar,

Thank you for discussing the above referenced pending application with me today. As we discussed, NuFactor does not engage in any compounding. They dispense infusion medications acquired from manufacturers and/or wholesalers on a valid prescription or order directly to patients. The drugs are then generally infused by other licensed providers just as HHAs, the pharmacy does not provide infusion services itself. Attached is a general description of services we have provided in various other states' license applications.

Please let me know if there is anything else I can provide to have this license issued as soon as possible. Thank you. Stacie.

Stacie Neroni | Pronouns: She/Her
Davis Wright Tremaine LLP
865 S Figueroa Street, Suite 2400 | Los Angeles, CA 90017
Tel: (213) 633-8607 | Fax: (213) 633-6899
Email: stacieneroni@dwt.com | Website: www.dwt.com

Anchorage | Bellevue | Los Angeles | New York | Portland | San Francisco | Seattle | Washington, D.C.



Visit our resource center for updates and virtual events regarding COVID-19 and the CARES Act at www.dwt.com/COVID-19

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:	NUFACTOR, INC.
File Number:	C2205292
Registration Date:	12/20/1999
Entity Type:	DOMESTIC STOCK CORPORATION
Jurisdiction:	CALIFORNIA
Status:	ACTIVE (GOOD STANDING)

As of March 7, 2022 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 8, 2022.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: YD63AB6

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at *bebizfile.sos.ca.gov/certification/index*.

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

John B. Scott
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Application for Registration for NuFACTOR, INC. (file number 801912916), a CALIFORNIA, USA, Foreign For-Profit Corporation, was filed in this office on January 09, 2014.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 04, 2022.

John B. Scott
Secretary of State

TEXAS STATE BOARD OF PHARMACY
333 GUADALUPE ST STE 3 500
AUSTIN TX 78701

NUFACTOR, INC.
1650 LAKESIDE PKWY STE 404-A
FLOWER MOUND TX 75028



This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **33783** Expiration Date: **5/31/2023**

Balances: **0**

NUFACTOR, INC.
1650 LAKESIDE PKWY STE 404-A
FLOWER MOUND TX 75028

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206 – Reno, NV 89521 – (775) 850-1440

Send to State Board of Pharmacy for completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

LICENSE VERIFICATION

Name: NuFactor, Inc.

Address: 1650 Lakeside Pkwy, Suite 404-A

City: Flower Mound State: Texas Zip: 75028

I hereby authorize the Texas State Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant Karen A. Schmidt

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
33783	Active	05/21/2021	05/31/2023

Has this license been encumbered in any way?	Type of Encumbrance: (if any)
☐ Yes ☒ No	☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☒ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☒ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☐ Yes ☐ No See attached.
Has applicant met all licensing requirements of your state? (If no, please explain)	☒ Yes ☐ No

Signature of State Official	Title	State	Date	Sta
Lauren D. Briggs	Assistant General Counsel	Texas	November 15, 2021	

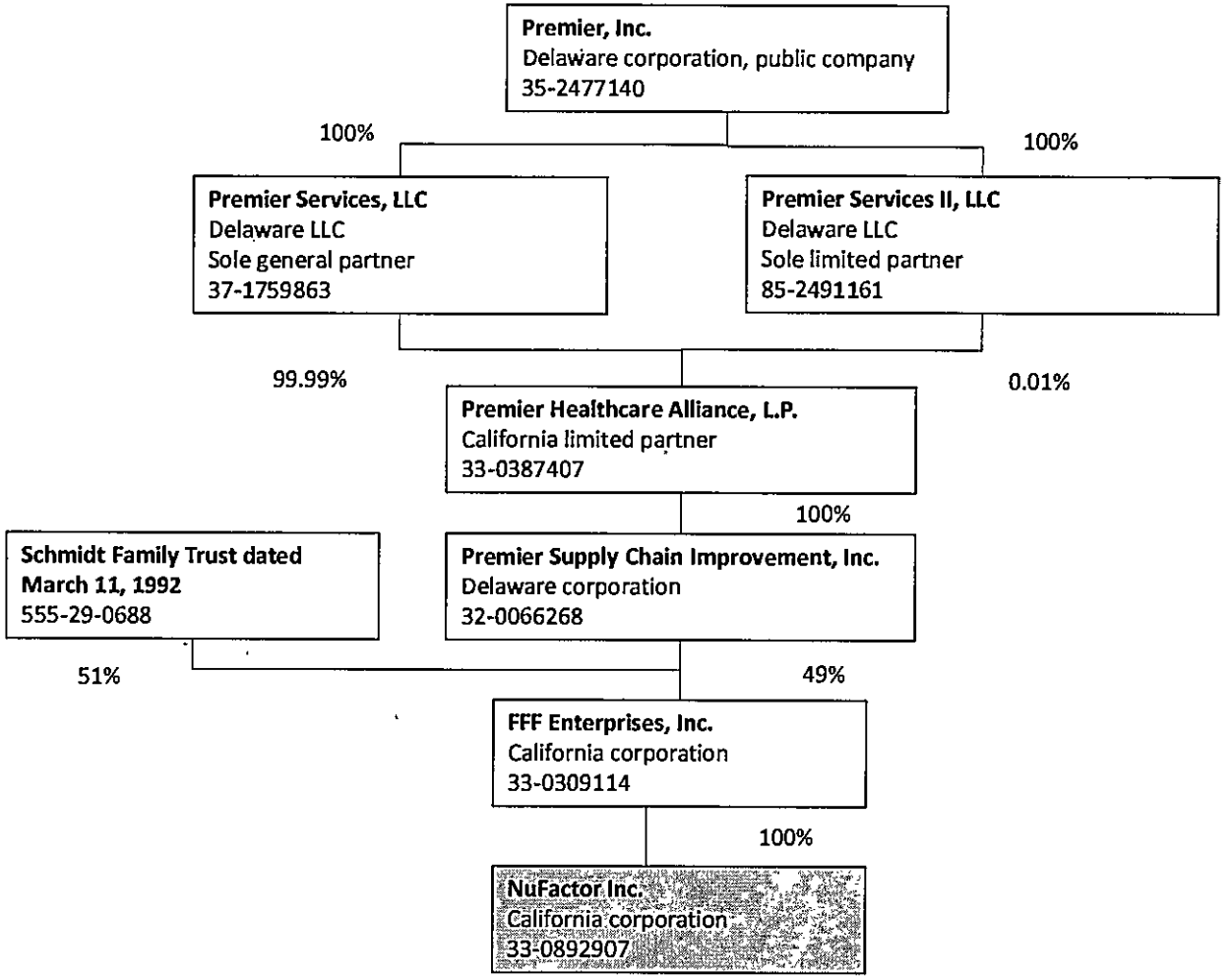
Attachment to Non-Resident Pharmacy Application for New Permit

List of Owner / Officers

Name	Title	Address	Phone number
NuFactor, Inc.	Owner / Operator	44900 Winchester Road, Temecula, CA 92590	(951) 296-2500
FFF Enterprises, Inc. 100% direct ownership of NuFactor, Inc.	Direct Owner	44000 Winchester Road, Temecula, CA 92590	(951) 296-2500
Patrick M. Schmidt	President / CEO / Secretary / Director	44000 Winchester Road, Temecula, CA 92590	(951) 296-2500
Wayne Talleur	CFO	44000 Winchester Road, Temecula, CA 92590	(951) 296-2500
Craig McKasson	Director	44000 Winchester Road, Temecula, CA 92590	(951) 296-2500

1600

Organizational Chart



1601

DECEMBER 20, 1999

INCORPORATED UNDER THE LAWS

OF THE STATE OF CALIFORNIA

Number 1

1,000 Share(s)

NUFACTOR, INC.

Authorized Capital Stock: 1,000,000 Common Shares

SEE RESTRICTIVE LEGEND ON REVERSE

THIS CERTIFIES THAT FFF ENTERPRISES, INC. is the registered holder of One Thousand and no/100 ---------- Shares transferable only on the books of the Corporation by the holder hereof in person or by Attorney upon surrender of this Certificate properly endorsed.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized officers and its Corporate Seal to be hereunto affixed this 20th day of December A.D. 1999

Patrick M. Schmidt SECRETARY

Patrick M. Schmidt PRESIDENT

For value received _____ *hereby sell, assign and transfer unto*

PLEASE INSERT SOCIAL SECURITY OR OTHER IDENTIFYING NUMBER OF ASSIGNEE

_____

_____

(NAME AND ADDRESS OF TRANSFEREE SHOULD BE PRINTED OR TYPEWRITTEN)

_____

_____ *Shares represented by the within certificate and, if required, do hereby irrevocably constitute and appoint* _____ *Attorney to transfer the said Shares on the books of the within named Corporation, with full power of substitution in the premises.*

Dated _____

In presence of _____, _____

NOTICE: THE SIGNATURE ON THIS ASSIGNMENT MUST CORRESPOND WITH THE NAME AS WRITTEN UPON THE FACE OF THE CERTIFICATE, IN EVERY PARTICULAR, WITHOUT ALTERATION OR ENLARGEMENT, OR ANY CHANGE WHATEVER.

THESE SECURITIES HAVE BEEN ISSUED PURSUANT TO THE EXEMPTION FROM REGISTRATION PROVIDED BY SECTION 25102 (f) OF THE CALIFORNIA CORPORATE SECURITIES LAW OF 1968, AS AMENDED.

1603

PASTE CANCELLED CERTIFICATE IN THIS SPACE

PASTE REVENUE STAMPS FOR ORIGINAL ISSUE IN THIS SPACE

CERTIFICATE NO. 1

FOR 1,000 SHARES

ISSUED TO

FFF ENTERPRISES, INC.

DATED December 20 19 99

RECEIVED CERTIFICATE NO. _____

FOR _____ SHARES

THIS _____ DAY OF _____ 19 ____

TRANSFER FROM ORIGINAL ISSUE BELOW

FROM WHOM TRANSFERRED:

DATED _____ 19 ____

NO. ORIGINAL CERTIFICATE	NO. ORIGINAL SHARES	NO. OF SHARES TRANSFERRED

TRANSFER DETAILS FOR SURRENDERED CERTIFICATES

NEW CERTIFICATES ISSUED TO:	NO. OF SHARES TRANSFERRED	NO OF NEW CERTIFICATES

1604

STOCK TRANSFER LEDGER

NUFACTOR, INC.

NAME OF STOCKHOLDER	PLACE OF RESIDENCE	DATE BECAME OWNER	FROM WHOM SHARES WERE TRANSFERRED (IF ORIGINAL ISSUE, ENTER AS SUCH)	CERTIFICATES ORDERED		CERTIFICATES ISSUED		AMOUNT PAID THEREON	BALANCE SHARES HELD	DATE OF TRANSFER	TO WHOM TRANSFERRED
				NOS.	NO. OF SHARES	NO. OF SHARES	NOS.				
FFF ENTERPRISES, INC.		12/20/99	Original Issue			1,000	1				

1605

JULY 13, 1988

INCORPORATED UNDER THE LAWS

OF THE STATE OF CALIFORNIA

NUMBER 13

SHARES *50*

Class A Common Stock

FFF ENTERPRISES, INC.

Authorized: 50,000 Class A Common Shares

SEE RESTRICTIVE LEGENDS ON REVERSE SIDE

This Certifies that *PATRICK M. SCHMIDT, AS TRUSTEE OF THE SCHMIDT FAMILY TRUST, DATED MARCH 11, 1992* is the registered holder of Fifty (50) Class A Common Shares

FFF ENTERPRISES, INC.

transferable only on the books of the Corporation by the holder hereof in person or by Attorney upon surrender of this Certificate properly endorsed.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized officers and its Corporate Seal to be hereunto affixed this 26th day of July A.D. 2016

Patrick M. Schmidt SECRETARY

Patrick M. Schmidt

Patrick M. Schmidt PRESIDENT

Patrick M. Schmidt

ATTORNEYS CORPORATION SERVICE, INC., NORTH HOLLYWOOD, CA.

THIS CORPORATION IS A CLOSE CORPORATION. THE NUMBER OF HOLDERS OF RECORD OF ITS SHARES OF ALL CLASSES CANNOT EXCEED 35. ANY ATTEMPTED VOLUNTARY INTER VIVOS TRANSFER WHICH WOULD VIOLATE THIS REQUIREMENT IS VOID. REFER TO THE ARTICLES, BYLAWS AND ANY AGREEMENTS ON FILE WITH THE SECRETARY OF THE CORPORATION FOR FURTHER RESTRICTIONS.

THE SHARES REPRESENTED BY THIS CERTIFICATE HAVE NOT BEEN REGISTERED UNDER THE SECURITIES ACT OF 1933, AS AMENDED, OR ANY NON-U.S. OR STATE SECURITIES LAWS, AND HAVE BEEN ACQUIRED FOR INVESTMENT AND NOT WITH A VIEW TO, OR IN CONNECTION WITH, THE SALE OR DISTRIBUTION THEREOF. THE SHARES MAY NOT BE OFFERED FOR SALE, SOLD, PLEDGED, ASSIGNED OR OTHERWISE TRANSFERRED WITHOUT AN EFFECTIVE REGISTRATION STATEMENT RELATED THERETO OR AN OPINION OF COUNSEL IN A FORM SATISFACTORY TO THE COMPANY THAT SUCH REGISTRATION IS NOT REQUIRED UNDER THE SECURITIES ACT OF 1933, AS AMENDED.

THIS SECURITY IS ALSO SUBJECT TO ADDITIONAL RESTRICTIONS ON TRANSFER AS SET FORTH IN THE SHAREHOLDERS' AGREEMENT DATED AS OF _____, 2016, COPIES OF WHICH MAY BE OBTAINED UPON REQUEST FROM FFF ENTERPRISES, INC. OR ANY SUCCESSOR THERETO.

Transfer of the shares of stock represented by this certificate are subject to the terms of a Stipulation for Settlement dated 9-8-17 in San Diego Superior Court No. DN 154086

For Value Received, ____ *hereby sell, assign and transfer unto* _____

_____ *Shares represented by the within Certificate, and do hereby irrevocably constitute and appoint*

_____ *Attorney to transfer the said Shares on the books of the within named Corporation with full power of substitution in the premises.*

Dated _____ *19*____

In presence of

_____ _____

_____

NOTICE: THE SIGNATURE OF THIS ASSIGNMENT MUST CORRESPOND WITH THE NAME AS WRITTEN UPON THE FACE OF THE CERTIFICATE, IN EVERY PARTICULAR, WITHOUT ALTERATION OR ENLARGEMENT OR ANY CHANGE WHATEVER.

1607

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JULY 13, 1988

INCORPORATED UNDER THE LAWS

OF THE STATE OF CALIFORNIA

NUMBER 14

SHARES *1*

Class A Common Stock

FFF ENTERPRISES, INC.

Authorized: 50,000 Class A Common Shares

~~XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX~~

SEE RESTRICTIVE LEGENDS ON REVERSE SIDE

This Certifies that *PATRICK M. SCHMIDT, AS TRUSTEE OF THE SCHMIDT FAMILY TRUST, DATED MARCH 11, 1992* is the registered holder of One (1) Class A Common Shares

FFF ENTERPRISES, INC.

transferable only on the books of the Corporation by the holder hereof in person or by Attorney, upon surrender of this Certificate properly endorsed.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized officers and its Corporate Seal to be hereunto affixed this 26th day of July A. D. 2016

Patrick M. Schmidt
SECRETARY

Patrick M. Schmidt
PRESIDENT

©1990 GOES KG2

ATTORNEYS CORPORATION SERVICE, INC., NORTH HOLLYWOOD, CA.

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THIS SECURITY IS ALSO SUBJECT TO ADDITIONAL RESTRICTIONS ON TRANSFER AS SET FORTH IN THE SHAREHOLDERS' AGREEMENT DATED AS OF _____, 2016, COPIES OF WHICH MAY BE OBTAINED UPON REQUEST FROM FFF ENTERPRISES, INC. OR ANY SUCCESSOR THERETO.

Transfer of the shares of stock represented by this certificate are subject to the terms of a Stipulation for Settlement dated 9-8-17 in San Diego Superior Court No. DN 154086

For Value Received, ____ *hereby sell, assign and transfer unto* _____

_____ *Shares represented by the within Certificate, and do hereby irrevocably constitute and appoint*

_____ *Attorney to transfer the said Shares on the books of the within named Corporation with full power of substitution in the premises.*

Dated _____ *19*____

In presence of

_____ _____

NOTICE: THE SIGNATURE OF THIS ASSIGNMENT MUST CORRESPOND WITH THE NAME AS WRITTEN UPON THE FACE OF THE CERTIFICATE, IN EVERY PARTICULAR, WITHOUT ALTERATION OR ENLARGEMENT, OR ANY CHANGE WHATEVER.

1609

JULY 13, 1988

INCORPORATED UNDER THE LAWS

OF THE STATE OF CALIFORNIA

NUMBER 15

SHARES *49*

Class B Common Stock

FFF ENTERPRISES, INC.

Authorized: 50,000 Class B Common Shares

SEE RESTRICTIVE LEGENDS ON REVERSE SIDE

This Certifies that *PREMIER SUPPLY CHAIN IMPROVEMENT, INC.* is the registered holder of Forty-Nine (49) Class B Common Shares

FFF ENTERPRISES, INC.

transferable only on the books of the Corporation by the holder hereof in person or by Attorney upon surrender of this Certificate properly endorsed.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized officers and its Corporate Seal to be hereunto affixed this 26th day of July A. D. 2016

Patrick M. Schmidt
SECRETARY

Patrick M. Schmidt
PRESIDENT

©1990 CCS #02

ATTORNEYS CORPORATION SERVICE, INC., NORTH HOLLYWOOD, CA.

THIS CORPORATION IS A CLOSE CORPORATION. THE NUMBER OF HOLDERS OF RECORD OF ITS SHARES OF ALL CLASSES CANNOT EXCEED 35. ANY ATTEMPTED VOLUNTARY INTER VIVOS TRANSFER WHICH WOULD VIOLATE THIS REQUIREMENT IS VOID. REFER TO THE ARTICLES, BYLAWS AND ANY AGREEMENTS ON FILE WITH THE SECRETARY OF THE CORPORATION FOR FURTHER RESTRICTIONS.

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THIS SECURITY IS ALSO SUBJECT TO ADDITIONAL RESTRICTIONS ON TRANSFER AS SET FORTH IN THE SHAREHOLDERS' AGREEMENT DATED AS OF _____, 2016, COPIES OF WHICH MAY BE OBTAINED UPON REQUEST FROM FFF ENTERPRISES, INC. OR ANY SUCCESSOR THERETO.

For Value Received, _____ *hereby sell, assign and transfer unto* _____

_____ *Shares represented by the within Certificate, and do hereby irrevocably constitute and appoint*

_____ *Attorney to transfer the said Shares on the books of the within named Corporation with full power of substitution in the premises.*

Dated _____ *19*___

In presence of

_____ _____

NOTICE: THE SIGNATURE OF THIS ASSIGNMENT MUST CORRESPOND WITH THE NAME AS WRITTEN UPON THE FACE OF THE CERTIFICATE IN EVERY PARTICULAR, WITHOUT ALTERATION OR ENLARGEMENT OR ANY CHANGE WHATEVER.

1611

STOCK TRANSFER LEDGER
FFF ENTERPRISES, INC.,
a California corporation

Class of Stock: **Common**

Authorized Shares:

- Prior to 7/26/16: 100,000 Common Shares, no par value
- On and after 7/26/16 (immediately following effectiveness of the Amended and Restated Articles of Incorporation dated 7/26/2016):
  - 50,000 Class A Common Shares, no par value and
  - 50,000 Class B Common Shares, no par value

Issued and Outstanding: 100

Name of Shareholder	Certificate Number	Date Issued	No. of Shares	Original Issue /Transfer	Date of Transfer	To Whom Transferred	Outstanding
Patrick Schmidt	1	7/14/88	50	Original Issue	CANCELLED 10/19/94	See Cert. No. 4	0
Mark Kyle	2	7/14/88	50	Original Issue	CANCELLED 7/15/93	See Cert. No. 3	0
Wallace Wong	3	7/15/93	50	Transfer from Cert. No. 2	CANCELLED 4/23/97	See Cert. No. 5	0
Patrick M. Schmidt and Diana L. Schmidt, Co-Trustees of the Schmidt Family Trust dated March 11, 1992	4	10/19/94	50	Transfer from Cert. No. 1	CANCELLED 4/23/97	See Cert. No. 6	0
Wallace L.T. Wong, Trustee of the Wallace L.T. Wong Separate Property Revocable Trust of November 25, 1996	5	4/23/97	50	Transfer from Cert. No. 3	CANCELLED 7/23/09	See Cert. No. 7	0
Patrick M. Schmidt and Diana L. Schmidt, Co-Trustees of the Schmidt Family Trust dated March 11, 1992	6	4/23/97	50	Transfer from Cert. No. 4	CANCELLED 7/23/09	See Cert. No. 8	0
Patrick M. Schmidt, Voting Trustee under the Voting Trust Agreement dated July 23, 2009	7	7/23/09	50	Transfer from Cert. No. 5	CANCELLED 7/26/16	See Cert. No. 9 & 10	0
Patrick M. Schmidt, Voting Trustee under the Voting Trust Agreement dated July 23, 2009	8	7/23/09	50	Transfer from Cert. No. 6	CANCELLED 7/26/16	See Cert. No. 11	0
Elizabeth Eastham Wong, as Successor	9	7/26/16	49	Transfer from	CANCELLED	Redeemed by	0

Name of Shareholder	Certificate Number	Date Issued	No. of Shares	Original Issue /Transfer	Date of Transfer	To Whom Transferred	Outstanding
Trustee of the Wallace L.T. Wong Separate Property Revocable Trust of November 25, 1996				Cert. No. 7	7/26/16	Corporation	
Elizabeth Eastham Wong, as Successor Trustee of the Wallace L.T. Wong Separate Property Revocable Trust of November 25, 1996	10	7/26/16	1	Transfer from Cert. No. 7	CANCELLED 7/26/16	See Cert. No. 12	0
Patrick M. Schmidt, as Trustee of the Schmidt Family Trust, dated March 11, 1992	11	7/26/16	50	Transfer from Cert. No. 8	CANCELLED 7/26/16	Converted to Class A Common See Cert. No. 13	0
Patrick M. Schmidt, as Trustee of the Schmidt Family Trust, dated March 11, 1992	12	7/26/16	1	Transfer from Cert. No. 10	CANCELLED 7/26/16	Converted to Class A Common See Cert. No. 14	0
Patrick M. Schmidt, as Trustee of the Schmidt Family Trust, dated March 11, 1992	13	7/26/16	50 Class A Common	Transfer from Cert. No. 11			50
Patrick M. Schmidt, as Trustee of the Schmidt Family Trust, dated March 11, 1992	14	7/26/16	1 Class A Common	Transfer from Cert. No. 12			1
Premier Supply Chain Improvement, Inc.	15	7/26/16	49 Class B Common	Original Issue			49
						TOTAL:	100

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Notice of Inspection

Facility Information

Name: *NUFACTOR, INC.*

License Number: *33783*

Address: *1650 LAKESIDE PKWY STE 404-A, FLOWER MOUND, TX 75028*

Phone: *(800) 292-7930*

Email:

Class of License: *A*

License Expiration: *05/31/2023*

DEA #: *FN0937738*

DEA Expiration: *10/31/2024*

Inspection Information

Type: *Compliance*

Purpose: *New Pharmacy*

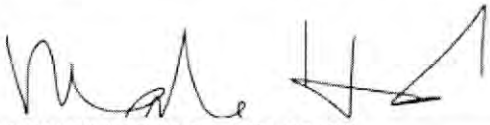
Date: *04/04/2022*

Arrival Time: *9:15 AM*

Acknowledgment

This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.



MARINDA HOWARD, PIC, 35480

Witnesses



ADRIENNE M. BAUER

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *NUFACTOR, INC.* License Number: *33783*
Class of License: *A*

Inspection Information

Type: *Compliance* Purpose: *New Pharmacy*
Date: *04/04/2022* Arrival Time: *9:15 AM* Departure Time: *11:00 AM*
Action Taken: *Inspection*

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*
01. Required licenses posted	*Satisfactory*
09. Active licenses/certifications	*Satisfactory*
62. No aiding and abetting	*Satisfactory*
65. Proper registration procedures	*Satisfactory*
79. Identification badges	*Satisfactory*

Inventory Records

15. Change of PIC inventory	*Satisfactory*

Comment

Change of PIC inventory completed on: 9/13/2021, 7/12/2021, 7/6/2021

17. Meets inventory requirements	*Satisfactory*
59. Proper drug destruction	*Satisfactory*
68. Change of ownership controlled substance inventory	*Not Applicable*
69. Annual controlled substance inventory	*Satisfactory*

Comment

Initial controlled substance inventory completed on: 10/21/2021

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?)	*Satisfactory*

NUFACTOR, INC. 33783

34. Notifications	*Satisfactory*
76. PIC (Does the pharmacy have a pharmacist-in-charge?)	*Satisfactory*

Environment/Equipment/Security

03. Orderly/Clean	*Satisfactory*
04. Balance inspection	*Not Applicable*
05. Equipment Inspection	*Satisfactory*
07. Security	*Satisfactory*
08. Environment	*Satisfactory*
48. Drugs (procurement, temperature, security, out-of-date, samples)	*Satisfactory*
90. TSBP complaint notification	*Satisfactory*

Controlled Substances

10. Prescriptions separated	*Not Applicable*
24. Theft/Loss	*Satisfactory*

Comment

No theft or loss has occurred.

26. Controlled substance prescription compliance	*Not Applicable*
30. Controlled substance invoices dated/initialed by pharmacist	*Not Applicable*
35. Controlled substance invoices separated	*Not Applicable*
46. Drug distribution	*Not Applicable*
53. Possession of controlled substances	*Not Applicable*
57. Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?)	*Satisfactory*

Labeling/Prepackaging

32. Prescription label (Is prescription label complete?)	*Satisfactory*
45. Proper dispensing/labeling	*Satisfactory*
54. Proper prepackaging procedures	*Not Applicable*

Library

06. Required Library	*Satisfactory*

NUFACTOR, INC. 33783

Training

60. Documentation of required training	*Satisfactory*
61. Supervision of supportive personnel	*Satisfactory*

Patient/Computer/Dispensing Records

18. Records available	*Satisfactory*
21. Data processing records complete	*Satisfactory*
22. Data processing system compliance	*Satisfactory*

Comment

Advised to include all required information on daily print-outs, i.e. initial or identification code of technician performing dota entry of a prescription.

25. Prescriptions (complete, retrievable, auto-refills, accelerated refills)	*Not Applicable*
37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?)	*Satisfactory*
56. Prescription transfers	*Satisfactory*
67. Written drug information provided	*Satisfactory*
80. Patient counseling	*Satisfactory*
82. Patient Medication Records	*Satisfactory*
84. Drug regimen review	*Satisfactory*
86. Absence of pharmacist records	*Not Applicable*

Policies & Procedures

70. Required policies & procedures	*Satisfactory*
92. Automated dispensing policy & procedures	*Not Applicable*

Non-Sterile Compounding

38. Area for non-sterile compounding	*Not Applicable*
43. Records for non-sterile compounding	*Not Applicable*

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and

- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).

MARINDA HOWARD, PIC, 35480

Adrienne M Bauer

TEXAS STATE BOARD OF PHARMACY

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

MM — I am the Pharmacist-in-Charge (PIC) of *NUFACTOR, INC.*, pharmacy license number *33783*, and I ☑ was/☐ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *04/04/2022*.

MM — I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.

MM — I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF (on the attestation printout).

N/A — If applicable, the Warning Notice issued contains *0* deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice.

MM — I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please mail, email, or fax this completed form to the Board office within 7 days of the date of the inspection:

Texas State Board of Pharmacy
Attn: Compliance Division
333 Guadalupe St. Suite 3-500
Austin. Texas 78701
Email: inspections@pharmacy.texas.gov
Fax: 512-305-8082

Signed: [signature] Date: *04/04/2022*

Printed Name: *MARINDA HOWARD* License No.(if applicable): *36480*

Texas State Board of Pharmacy
"Red Flags" Checklist for Pharmacies
YOU MIGHT BE A PILL MILL IF...

Check all that apply:

	(1) Your pharmacy fills a discernable pattern of prescriptions for prescribers who write essentially the same prescriptions for numerous persons, indicating a lack of individual drug therapy
	(2) Your pharmacy operates with limited hours of operation or closes after a certain threshold of controlled substance prescriptions are dispensed, and has overall low prescription dispensing volume.
	(3) Prescriptions presented to the pharmacy are for controlled substances with popularity as street drugs, such as opiates, benzodiazepines, muscle relaxants, psychostimulants, and/or cough syrups, or any combination of these drugs.
	(4) The prescriptions for controlled substances contain nonspecific or no diagnoses.
	(5) The prescriptions are commonly for the highest strength of the drug and/or for large quantities.
	(6) Dangerous drugs or OTC products (such as multi-vitamins or laxatives) are added to the controlled substance prescriptions, maintaining relatively consistent 1:1 ratio of controlled substances to dangerous drugs and/or OTC products dispensed as prescriptions.
	(7) Prescriptions are authorized by the same prescriber with what appears to be different handwriting on the hardcopy prescription drug order forms.
	(8) Upon contact with the prescriber's office, you are unable to engage in comprehensive discussion with the actual prescriber, or he/she is unconcerned about your apprehensions regarding his/her prescribing practices or unwilling to provide additional information, such as treatment goals and/or prognosis with prescribed drug therapy.
	(9) You rely solely on the prescriber's representation, or on the representation of the individual answering the phone at the number on the prescription, that prescriptions are legitimate.
	(10) The prescriber's clinic is not registered as a pain management clinic by the Texas Medical Board, despite routinely receiving prescriptions from the prescriber foropiates, benzodiazepines, and/or muscle relaxants.
	(11) Drugs prescribed are inconsistent with the prescriber's area of practice.
	(12) The prescriber of the drugs is located a significant distance from your pharmacy.
	(13) The prescriber has been subject to disciplinary action by the licensing board, had his/her DEA registration removed, or been subject to criminal action.
	(14) The Texas PMP system indicates that persons are obtaining prescriptions for the same drugs from multiple prescribers or that persons are filling prescriptions for the same drugs at multiple pharmacies.
	(15) The person's address is a significant distance from your pharmacy and/or from the prescriber's office.
	(16) Multiple persons with the same address present prescriptions from the same prescriber.
	(17) Persons pay with cash or credit card more often than through insurance.
	(18) Persons presenting controlled substance prescriptions are doing so in such a manner that varies from seeking routine pharmacy services (e.g., willing to wait in long lines to receive drugs, persons arrive in the same vehicle with prescriptions from same prescriber, one person presents to pick up prescriptions for multiple others, persons refer to drugs by "street names" and/or comment on drug's color, persons seek early refills, persons travel from outside reasonable trade area of pharmacy).
	(19) Your pharmacy charges and persons are willing to pay more for controlled substances than they would at nearby pharmacies.
	(20) Your pharmacy routinely orders controlled substances from more than one drug supplier, or your pharmacy has been discontinued by a drug supplier related to controlled substance orders.
	(21) Sporadic and non-consistent dispensing volume (including zero dispensing) varies from day to day and week to week, and your pharmacy does not maintain operational hours each week on Monday through Friday.
	(22) Your pharmacy employs or contracts security personnel during operational hours to prevent problems.
	(23) Your pharmacy has been previously warned or disciplined by the Texas State Board of Pharmacy for inappropriate/ dispensing of controlled substances (i.e., corresponding responsibility).

If you checked any of the above items, you should review the laws and rules regarding corresponding responsibility and non-therapeutic dispensing, especially Board rule §291.29, in the law book or on our website: www.pharmacy.texas.gov (click on Texas Pharmacy Rules and Laws). Additional educational material is available at: http://www.pharmacy.texas.gov/Nontherapeutic.asp. Failure of pharmacies and pharmacists to detect patterns of inappropriate dispensing of prescription drugs is unprofessional practice and constitutes grounds for disciplinary action.

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Marinda R. Howard

Date: 09/29/2021
Amount:
License #: 21036

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2023

Marinda R. Howard

License #
21036
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21036

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Marinda R. Howard

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler NuFactor, Inc.

Physical Address 1650 Lakeside Pkwy, Suite 404-A

City Flower Mound State TX Zip 75028

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 800-292-7930 Website www.nufactor.com

Licensing Company Email TXlicensing@nufactor.com

Section 2: Personal Information

First Marinda Middle _____ Last Howard

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] Hunter St

City Lantana State TX Zip 76226

Telephone [redacted] Email mhoward@nufactor.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials MH

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Purdue University		08/91-05/95	
Address	City	State	Zip
150 N University St	West Lafayette	IN	47907
Diploma/Degree obtained, if any			
BS			

School Name		From - To (MM/YY – MM/YY)	
Vincennes University		01/90-05/91	
Address	City	State	Zip
1002 N 1st St	Vincennes	IN	47591
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Washington High School		08/86 -12/89	
Address	City	State	Zip
608 E Walnut St	Washington	IN	47501
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/18- current	[redacted]Hunter St	Lantana	TX	76226
05/11-11/18	[redacted] Mill Oak Dr	Noblesville	IN	46062

Applicant's initials MH

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Nufactor, Inc			09/21-current	
Business Address		**City**	**State**	**Zip**
1650 Lakeside Parkway		Flower Mound	TX	75028
Phone	**Title**		**Number of Employed Hours**	
800-292-7930	Director of Pharmacy		1040	
Description of Duties				
Manage the day to day activities of the pharmacy.				

Business Name			From - To (MM/YY – MM/YY)	
Advanced Infusion Care			03/20-09/21	
Business Address		**City**	**State**	**Zip**
18451 Dallas Pkwy		Dallas	TX	75287
Phone	**Title**		**Number of Employed Hours**	
833-885-5812	Director of Pharmacy		3120	
Description of Duties				
Manage the day to day activities of the pharmacy.				

Business Name			From - To (MM/YY – MM/YY)	
BriovaRx Infusion Services			10/18-03/20	
Business Address		**City**	**State**	**Zip**
8400 Esters Blvd Ste 185		Irving	TX	75063
Phone	**Title**		**Number of Employed Hours**	
224-231-1741	Director of Pharmacy		2950	
Description of Duties				
Manage the day to day activities of the pharmacy.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials MH

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials MH

I, Marinda Howard, **certify that as the designated representative for**

Nufactor, Inc,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Marinda Howard

Print Name (First, Last)

Marinda Howard

Original Signature (electronic, copies or stamps not accepted)

3/10/22

Date

Applicant's initials MH

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Marinda Howard

Print Name (First, Last)

Marinda Howard

Original Signature (electronic, copies or stamps not accepted)

3/10/22

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Denton

I, Marinda Howard, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Marinda Howard

Original Signature

3/10/22

Date

Subscribed and Sworn to before me this 10 day of March.

Janice Marie Magrini

Notary Public Signature

JANICE MARIE MAGRINI
Notary ID #133137906
My Commission Expires
June 3, 2025

(Seal)

Applicant's initials MH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: NuFactor, Inc.

Physical Address: 1650 Lakeside Pkwy, Suite 404-A, Flower Mound, TX 75028

City: Flower Mound State: TX Zip: 75028

Mailing Address (if different from physical address): N/A

City: _____ State: _____ Zip: _____

Telephone: 800-292-7930 Website: www.nufactor.com

Licensing Company Email: txlicensing@nufactor.com

Section 2: Personal Information

First: Patrick Middle: Maurice Last: Schmidt

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Winchester Rd

City: Temecula State: CA Zip: 92590

Telephone: [redacted] Email: pschmidt@fffenterprises.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of California, Los Angeles		09/87 - 06/88	
Address	City	State	Zip
1147 Murphy Hall	Los Angeles	CA	90095
Diploma/Degree obtained, if any			
Bachelors of Sociology			
School Name		From - To (MM/YY – MM/YY)	
University of California, Los Angeles		09/74 - 06/77	
Address	City	State	Zip
1147 Murphy Hall	Los Angeles	CA	90095
Diploma/Degree obtained, if any			
N/A			
School Name		From - To (MM/YY – MM/YY)	
West High School		09/70 - 06/74	
Address	City	State	Zip
20401 Victor St	Torrance	CA	90503
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2014 - current	[redacted]Haw River Rd	Oak Ridge	NC	27310
From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/2008 - current	[redacted]Bridlewood Rd	Fallbrook	CA	92028
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
FFF Enterprises, Inc.			07/1988 - current	
Business Address		**City**	**State**	**Zip**
44000 Winchester Rd		Temecula	CA	92590
Phone	**Title**			
951-296-2500	Chief Executive Officer			
Description of Duties				
Executive leadership				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
6/28/2017	6/15/2020	California	Santa Ana	Orange County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
30-2017-00928966-CU-BC-CXC	Superior Court of California

Reason/Charge
Breach of Contract and other contract based claims

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Amy Wong v. Elizabeth Wong et al.	Lawsuit

Name of Business/Industry/Entity
FFF Enterprises, Inc. and Patrick Schmidt

Provide explanation below:

The Claims relate to, and arise out of, Amy J. Wong's alleged ownership interest in the Wong Shares for FFF Enterprises, Inc. redeemed from Defendant Elizabeth Wong, as Trustee of the Wallace L.T. Wong Separate Property Revocable Trust. Matter was stayed pending a dispute between Elizabeth Wong and Amy Wong in family court, which once was resolved, this matter was dismissed as to all defendants.

Patrick M. Schmidt
Original Signature (electronic, copies or stamps not accepted)

6 May 2022
Date

Applicant's initials PMS

CIV-120

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and state Bar number, and address):	FOR COURT USE ONLY
David E. Outwater, Esq.(178093)/Randi E. Pinckes, Esq.(182377) OUTWATER & PINCKES, LLP 900 Roosevelt Irvine, CA 92620 TELEPHONE NO.: (949) 748-7480 FAX NO. (Optional): (949) 748-7481 E-MAIL ADDRESS (Optional): doutwater@oplawyers.com/rpinckes@oplawyers.com ATTORNEY FOR (Name): Plaintiff, Amy Ju Wong	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE STREET ADDRESS: 751 West Santa Ana Blvd MAILING ADDRESS: CITY AND ZIP CODE: Santa Ana, CA 92701 BRANCH NAME: Civil Complex Center	
PLAINTIFF/PETITIONER: Amy Wong, et al. DEFENDANT/RESPONDENT: Elizabeth Wong, et al.	
NOTICE OF ENTRY OF DISMISSAL AND PROOF OF SERVICE ☐ **Personal Injury, Property Damage, or Wrongful Death** ☐ **Motor Vehicle** ☐ **Other** ☐ **Family Law** ☐ **Eminent Domain** ☒ **Other** *(specify):* Breach of Contract	CASE NUMBER: 30-2017-00928966

TO ATTORNEYS AND PARTIES WITHOUT ATTORNEYS: A dismissal was entered in this action by the clerk as shown on the *Request for Dismissal (Attach a copy completed by the clerk.)*

Date: June 11, 2020

Randi E. Pinckes ▶ _____

(TYPE OR PRINT NAME OF ☒ ATTORNEY ☐ PARTY WITHOUT ATTORNEY) (SIGNATURE)

PROOF OF SERVICE

1. I am over the age of 18 and not a party to this cause. My residence or business address is:

2. ☐ I am a resident of or employed in the county where the mailing occurred. I served a copy of the *Notice of Entry of Dismissal* and *Request for Dismissal* by mailing them, in a sealed envelope with postage fully prepaid, as follows:
   a. ☐ I deposited the envelope with the United States Postal Service.
   b. ☐ I placed the envelope for collection and processing for mailing following this business's ordinary practice with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.
   c. Date of deposit: d. Place of deposit *(city and state):*
   e. Addressed as follows *(name and address):*

3. ☐ I served a copy of the *Notice of Entry of Dismissal and Request for Dismissal* by personally delivering copies as shown below:
   a. Name of person served:
   b. Address at which person served:
   c. On (*date*): d. At (*time*):

4. ☐ I served a copy of the *Notice of Entry of Dismissal* and *Request for Dismissal* by electronically serving copies as shown below *(complete if electronic service is used based on a court order or agreement of the parties):*
   a. Name of person served:
   b. Electronic service address of person served:
   c. On (*date*): d. At (*time*):
   e. Electronic service address from which I served the documents:
   ☐ Proof of electronic service is attached.

5. ☐ Proof of service on additional parties is attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

_____ ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

Form Adopted for Mandatory Use
Judicial Council of California
CIV-120 [Rev. January 1, 2012]

NOTICE OF ENTRY OF DISMISSAL AND PROOF OF SERVICE

Code of Civil Procedure, § 581 et seq.,
Cal. Rules of Court, rule 3.1390
www.courts.ca.gov

Electronically Filed by Superior Court of California, County of Orange, 06/09/2020 12:28:00 PM.
30-2017-00928966-CU-BC-CXC - ROA # 450 - DAVID H. YAMASAKI, Clerk of the Court By Sarah Loose, Deputy Clerk.

CIV-110

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: 178093
NAME: David E. Outwater, Esq./Randi E. Pinckes, Esq.
FIRM NAME: Outwater & Pinckes, LLP
STREET ADDRESS: 900 Roosevelt
CITY: Irvine STATE: CA ZIP CODE: 92620
TELEPHONE NO.: (949) 748-7480 FAX NO.: (949) 748-7481
E-MAIL ADDRESS: doutwater@oplawyers.com; rpinckes@oplawyers.com
ATTORNEY FOR (Name): Amy Wong, et al.

FOR COURT USE ONLY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE
STREET ADDRESS: 751 West Santa Ana Blvd.
MAILING ADDRESS:
CITY AND ZIP CODE: Santa Ana, CA 92701
BRANCH NAME: Civil Complex Center

Plaintiff/Petitioner: Amy Wong, et al.
Defendant/Respondent: Elizabeth Wong, et al.

REQUEST FOR DISMISSAL

CASE NUMBER: 30-2017-00928966

A conformed copy will not be returned by the clerk unless a method of return is provided with the document.

This form may not be used for dismissal of a derivative action or a class action or of any party or cause of action in a class action. (Cal. Rules of Court, rules 3.760 and 3.770.)

1. TO THE CLERK: Please dismiss this action as follows:
   a. (1) [X] With prejudice (2) [ ] Without prejudice
   b. (1) [X] Complaint (2) [ ] Petition
      (3) [ ] Cross-complaint filed by *(name)*: on *(date)*:
      (4) [ ] Cross-complaint filed by *(name)*: on *(date)*:
      (5) [ ] Entire action of all parties and all causes of action
      (6) [ ] Other *(specify)*:*
2. *(Complete in all cases except family law cases.)*
   The court [ ] did [x] did not waive court fees and costs for a party in this case. *(This information may be obtained from the clerk. If court fees and costs were waived, the declaration on the back of this form must be completed).*

Date: June 9, 2020
David E. Outwater, Esq.
(TYPE OR PRINT NAME OF [X] ATTORNEY [ ] PARTY WITHOUT ATTORNEY)

▶ _____
(SIGNATURE)

Attorney or party without attorney for:
[X] Plaintiff/Petitioner [ ] Defendant/Respondent
[ ] Cross Complainant

*If dismissal requested is of specified parties only of specified causes of action only, or of specified cross-complaints only, so state and identify the parties, causes of action, or cross-complaints to be dismissed.

3. **TO THE CLERK:** Consent to the above dismissal is hereby given.**

Date:

(TYPE OR PRINT NAME OF [ ] ATTORNEY [ ] PARTY WITHOUT ATTORNEY)

▶ _____
(SIGNATURE)

Attorney or party without attorney for:
[ ] Plaintiff/Petitioner [ ] Defendant/Respondent
[ ] Cross Complainant

** If a cross-complaint – or Response (Family Law) seeking affirmative relief – is on file, the attorney for cross-complainant (respondent) must sign this consent if required by Code of Civil Procedure section 581 (i) or (j).

(To be completed by clerk)

4. [x] Dismissal entered as requested on *(date)*: 06/09/2020
5. [ ] Dismissal entered on *(date)*: as to only *(name)*:
6. [ ] Dismissal not entered as requested for the following reasons *(specify)*:

DAVID H. YAMASAKI, Clerk of the Court

7. a. [ ] Attorney or party without attorney notified on *(date)*:
   b. [ ] Attorney or party without attorney not notified. Filing party failed to provide
      [ ] a copy to be conformed [ ] means to return conformed copy

Date: 06/09/2020 Clerk, by Sarah Loose, Deputy

Form Adopted for Mandatory Use
Judicial Council of California
CIV-110 [Rev. Jan. 1, 2013]

Code of Civil Procedure, § 581 et seq.; Gov. Code, § 68637(c); Cal. Rules of Court, rule 3.1390
www.courts.ca.gov

PROOF OF SERVICE

STATE OF CALIFORNIA, COUNTY OF ORANGE

I am employed in the County of Orange, State of California. I am an active member of the State Bar of California and not a party to the within action; my business address is OUTWATER & PINCKES, LLP, 900 Roosevelt, Irvine, California 92620. My email address is rpinckes@oplawyers.com.

On **June 9, 2020**, I served the foregoing document(s), described as follows:

REQUEST FOR DISMISSAL

on the interested parties as follows:

Donald Hamman, Esq. Eve Brackmann, Esq. Stuart Kane LLP 620 Newport Center Drive, Suite 200 Newport Beach, CA 92660 Email: dhamman@stuartkane.com Email: ebrackmann@stuartkane.com	*Attorneys for Plaintiffs Amy Ju Wong, Individually, as Trustee of the Wallace L. T. Wong and Amy J. Wong Family Living Trust, dated August 29, 1989, and as Trustee of the Amy J. Wong Revocable Trust, dated February 27, 2003*
Evan Borges, Esq. Greenberg Gross, LLP 650 Town Center Drive, Suite 1700 Costa Mesa, CA 92626-7025 Email: eborges@ggtriallaw.com	*Attorneys for Defendants, Elizabeth E. Wong, Individually, and Elizabeth E. Wong, Trustee of the Wallace L. T. Wong Separate Property Revocable Trust, dated 11/25/96*
Caitlin C. Blanche, Esq. K&L Gates, LLP 1 Park Plaza, 12th Floor Irvine, CA 92614 Email: Caitlin.Blanche@klgates.com	*Attorneys for Patrick M. Schmidt, Individually and as Trustee of The Schmidt Family Trust, dated March 11, 1992, and FFF Enterprises, Inc.*
Jason D. Strabo, Esq. McDermott Will & Emery, LLP 2049 Century Park East, Suite 3800 Los Angeles, CA 90067-3218 Email: jstrabo@mwe.com	*Attorneys for Premier Supply Chain Improvement, Inc.*
Michele S. Assayag, Esq. Assayag ▪ Mauss, LLP 2915 Red Hill Avenue, Suite 200 Costa Mesa, CA 92626 Email: michelea@amlegalgroup.com	*Attorneys for Wells Fargo Bank, N.A.*
Bruce G. Schweitzer, Esq. P.O. Box 5306 Newport Beach, CA 92662 Email: brucebbi@sbcglobal.net	*Attorney for Edward S. Inouye*

( ) **BY MAIL.** I placed the document(s) in sealed envelope(s) addressed according to the address(es) listed above and caused such envelope(s) to be deposited in the mail at Irvine, California. The envelope(s) was/were mailed with postage thereon fully prepaid. I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. It is deposited with U.S. postal service on that same day in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit for mailing in affidavit.

( ) **BY OVERNIGHT MAIL.** I placed the document(s) in seal envelope(s) addressed accordingly and caused such envelope(s) to be deposited in the delivery box regularly maintained by FEDERAL EXPRESS, in an envelope or packaged designated by FEDERAL EXPRESS with delivery fees paid or provided for, addressed as set forth above.

(X) **BY ELECTRONIC SERVICE.** Based on a court order, an agreement of the parties to accept service by electronic transmission and/or pursuant to CRC 2.251(a)(2)(B), I caused the above-referenced document(s) to be sent to the person(s) at the electronic address(es) listed above.

( ) **BY PERSONAL SERVICE.** I delivered the document(s) in sealed envelope(s) by hand to the offices of the addressee(s) listed above.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Executed on **June 9, 2020,** at Irvine, California.

Randi E. Pinckes
Randi E. Pinckes

PROOF OF SERVICE

STATE OF CALIFORNIA, COUNTY OF ORANGE

I am employed in the County of Orange, State of California. I am an active member of the State Bar of California and not a party to the within action; my business address is OUTWATER & PINCKES, LLP, 900 Roosevelt, Irvine, California 92620. My email address is rpinckes@oplawyers.com.

On **June 11, 2020,** I served the foregoing document(s), described as follows:

NOTICE OF ENTRY OF DISMISSAL

on the interested parties as follows:

Donald Hamman, Esq. Eve Brackmann, Esq. Stuart Kane LLP 620 Newport Center Drive, Suite 200 Newport Beach, CA 92660 Email: dhamman@stuartkane.com Email: ebrackmann@stuartkane.com	*Attorneys for Plaintiffs Amy Ju Wong, Individually, as Trustee of the Wallace L. T. Wong and Amy J. Wong Family Living Trust, dated August 29, 1989, and as Trustee of the Amy J. Wong Revocable Trust, dated February 27, 2003*
Evan Borges, Esq. Greenberg Gross, LLP 650 Town Center Drive, Suite 1700 Costa Mesa, CA 92626-7025 Email: eborges@ggtriallaw.com	*Attorneys for Defendants, Elizabeth E. Wong, Individually, and Elizabeth E. Wong, Trustee of the Wallace L. T. Wong Separate Property Revocable Trust, dated 11/25/96*
Caitlin C. Blanche, Esq. K&L Gates, LLP 1 Park Plaza, 12th Floor Irvine, CA 92614 Email: Caitlin.Blanche@klgates.com	*Attorneys for Patrick M. Schmidt, Individually and as Trustee of The Schmidt Family Trust, dated March 11, 1992, and FFF Enterprises, Inc.*
Jason D. Strabo, Esq. McDermott Will & Emery, LLP 2049 Century Park East, Suite 3800 Los Angeles, CA 90067-3218 Email: jstrabo@mwe.com	*Attorneys for Premier Supply Chain Improvement, Inc.*
Michele S. Assayag, Esq. Assayag ▪ Mauss, LLP 2915 Red Hill Avenue, Suite 200 Costa Mesa, CA 92626 Email: michelea@amlegalgroup.com	*Attorneys for Wells Fargo Bank, N.A.*
Bruce G. Schweitzer, Esq. P.O. Box 5306 Newport Beach, CA 92662 Email: brucebbi@sbcglobal.net	*Attorney for Edward S. Inouye*

( ) **BY MAIL.** I placed the document(s) in sealed envelope(s) addressed according to the address(es) listed above and caused such envelope(s) to be deposited in the mail at Irvine, California. The envelope(s) was/were mailed with postage thereon fully prepaid. I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. It is deposited with U.S. postal service on that same day in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit for mailing in affidavit.

( ) **BY OVERNIGHT MAIL.** I placed the document(s) in seal envelope(s) addressed accordingly and caused such envelope(s) to be deposited in the delivery box regularly maintained by FEDERAL EXPRESS, in an envelope or packaged designated by FEDERAL EXPRESS with delivery fees paid or provided for, addressed as set forth above.

(X) **BY ELECTRONIC SERVICE.** Based on a court order, an agreement of the parties to accept service by electronic transmission and/or pursuant to CRC 2.251(a)(2)(B), I caused the above-referenced document(s) to be sent to the person(s) at the electronic address(es) listed above.

( ) **BY PERSONAL SERVICE.** I delivered the document(s) in sealed envelope(s) by hand to the offices of the addressee(s) listed above.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Executed on **June 11, 2020,** at Irvine, California.

Randi E. Pinckes

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
05/08/2012	12/19/2012	Delaware	Wilmington	New Castle County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
12-50687-MFW		U.S. Bankruptcy Court, District of Delaware		
Reason/Charge				
adversary proceeding filed by liquidating Trustee of CRC Parent Corporation et al.				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Liquidating Trustee of CRC Parent Corporation et al. v. FFF Ente		Lawsuit		
Name of Business/Industry/Entity				
FFF Enterprises, Inc.				

Provide explanation below:

Adversary Proceeding pursuant to Sections 547 and 550 of Chapter 5 of title 11 of the United States Bankruptcy Code seeking to disallow transfers made by Debtor to FFF Enterprises during the "preference period." Matter was voluntarily dismissed by Plaintiff.

Patricia M. Schuch
Original Signature (electronic, copies or stamps not accepted)

19 May 2022
Date

Applicant's initials PMS

THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

In re	)	Chapter 11
	)	
CRC PARENT CORPORATION, *et al.* f/k/a CHEM RX CORPORATION, *et al.*,[1]	)	Case No. 10-11567 (MFW)
	)	
	)	(Jointly Administered)
Debtors.	)	
	)	
AP SERVICES, LLC, AS TRUSTEE OF THE CRC LITIGATION TRUST,	)	
	)	
Plaintiff,	)	Adv. Pro. No. 12-50687 (MFW)
	)	
v.	)	
	)	
FFF ENTERPRISES, INC.,	)	
	)	
Defendant.	)	
	)	

NOTICE OF VOLUNTARY DISMISSAL

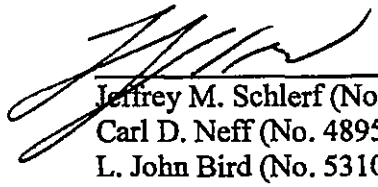
PLEASE TAKE NOTICE that, pursuant to Rule 41(a)(1)(A)(i) of the Federal Rules of Civil Procedure made applicable pursuant to Rule 7041 of the Federal Rules of Bankruptcy Procedure, before service by the above-captioned Defendant of an answer or responsive motion,

[1] The Debtors in these chapter 11 cases, along with the last four (4) digits of each Debtor's federal tax identification number are: CRC Parent Corporation f/k/a Chem Rx Corporation (8469), B.J.K. Inc. (5997), CRC NJ, LLC f/k/a ChemRx New Jersey, LLC (9370), CRC PA, LLC f/k/a ChemRx / Salerno's, LLC (5981), CRC BR, LLC f/k/a ChemRx-Boca Raton, LLC (8021) and CRC CT, LLC f/k/a ChemRx Care, LLC (0826).

Plaintiff AP Services, LLC, as Trustee of the CRC Litigation Trust, hereby dismisses the above-referenced action with prejudice.

Date: December 19, 2012
Wilmington, Delaware

FOX ROTHSCHILD LLP



Jeffrey M. Schlerf (No. 3047)
Carl D. Neff (No. 4895)
L. John Bird (No. 5310)
919 N. Market St., Suite 1600
Wilmington, DE 19801
Telephone: (302) 654-7444
Counsel to AP Services, LLC

CERTIFICATE OF SERVICE

I, L. John Bird, certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made. I further certify that the service of this **Notice of Voluntary Dismissal** was made December 19, 2012 by:

☒ Service as indicated to:

***Via* United States First Class Mail:**

Michael B. Lubic, Esquire
Brett D. Bissett
K&L Gates LLP
10100 Santa Monica Blvd., Seventh Floor
Los Angeles, CA 90025

FFF Enterprises, Inc.
c/o Brett D. Bissett
10100 Santa Monica Blvd
Seventh Floor
Los Angeles, CA 90067

☐ Personal Service: By leaving the process with defendant or with an officer or agent of defendant at:

☐ Residence Service: By leaving the process with the following adult at:

☐ Certified Mail Service on an Insured Depository Institution: By sending the process by certified mail addressed to the following officer of the defendant at:

☐ Publication: The defendant was served as follows: [Describe briefly]

☐ State Law: The defendant was served pursuant to the laws of the State of _____, as follows: [Describe briefly]
(name of state)

Under penalty of perjury, I declare that the foregoing is true and correct.

December 19, 2012
Date

Signature

Print Name:	L. John Bird, Esquire
Business Address:	Fox Rothschild LLP 919 North Market Street, Suite 1600
City: Wilmington	State: DE Zip: 19801

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
12/24/2013	05/26/2017	Texas	Sherman	Grayson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
4:13-CV-755	United States District Court for the Eastern District of Texas, Sherman Division

Reason/Charge
Action filed by Plaintiff AmerisourceBergen Specialty Group, Inc. alleging that FFF Enterprises infringed Plaintiff's patent.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Amerisource Bergen Specialty Group, Inc. v. FFF Enterprises, Inc	Lawsuit

Name of Business/Industry/Entity
FFF Enterprises, Inc.

Provide explanation below:

This was a patent infringement lawsuit filed by Amerisource Bergen Specialty Group, Inc. alleging that FFF Enterprises, Inc. directly and indirectly infringed certain of the claims of Amerisource Bergen Specialty Group, Inc.'s patent. Matter was stayed in favor of a petition filed by FFF Enterprises, Inc. for Covered Business Method Patent Review under the Transitional Program for Covered Business Method Patents with the Patent Trial and Appeal Board. Matter was ultimately dismissed voluntarily by Plaintiff after conclusion of the review by the Patent Trial and Appeal Board. The Patent Review Board concluded that FFF Enterprises, Inc. did not infringe Amerisource Bergen Specialty Group, Inc.'s patent.

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

IIN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF TEXAS
SHERMAN DIVISION

AMERISOURCEBERGEN SPECIALTY GROUP, INC.,	§	
	§	
	§	**CASE NO. 4:13-CV-755-RAS**
Plaintiff,	§	
	§	
vs.	§	**JURY TRIAL DEMANDED**
	§	
FFF ENTERPRISES, INC.,	§	
	§	
Defendant.	§	

AGREED ORDER LIFTING STAY AND DISMISSING ACTION WITH PREJUDICE

Having considered the parties' Agreed Motion to Lift Stay and Dismiss (Dkt. No. 100), the court hereby ORDERS that the pending stay of proceedings (Dkt. No. 86) is lifted and this action is DISMISSED WITH PREJUDICE.

The parties shall each bear their own non-taxable expenses and attorneys' fees incurred in this action, and Plaintiff AmerisourceBergen Specialty Group, Inc. ("ABSG") shall pay Defendant FFF Enterprises, Inc. ("FFF") for taxable costs in the amount of $22,000.

IT IS SO ORDERED.

SIGNED this the 26th day of May, 2017.

Richard A. Schell

RICHARD A. SCHELL
UNITED STATES DISTRICT JUDGE

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/10/2014	10/28/2015	California	Riverside	Riverside

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
5:14-cv-02092-BRO-DTB	United States District Court for the Central District of California (Eastern Division – Rive

Reason/Charge
Action for Declaratory Judgment filed by FFF Enterprises, Inc. against AmerisourceBergen Specialty Group, Inc. and ASD

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FFF Enterprises, Inc. v. ASD Specialty Healthcare, Inc., Amerisou	Lawsuit

Name of Business/Industry/Entity
FFF Enterprises, Inc.

Provide explanation below:

Action for Declaratory Judgment filed by FFF Enterprises, Inc. against AmerisourceBergen Specialty Group, Inc. and ASD Specialty Healthcare Inc. seeking to have the court the legal ownership of a patent which AmerisourceBergen Specialty Group, Inc. claimed it owned despite conflicting records. The patent at issue is the subject of a lawsuit filed by AmerisourceBergen Specialty Group, Inc. against FFF Enterprises, Inc. on December 24, 2013 (see entry 1). Matter was voluntarily dismissed by FFF Enterprises, Inc.

Original Signature (electronic, copies or stamps not accepted)

19 May 2022
Date

Applicant's initials

Thomas M. Melsheimer (admitted *Pro Hac Vice*)
Email: tmelsheimer@winston.com
Thomas B. Walsh, IV (admitted *Pro Hac Vice*)
Email: twalsh@winston.com
WINSTON & STRAWN LLP
2501 N. Harwood St., 17th Floor
Dallas, TX 75201
Telephone: (214) 453-6500
Facsimile: (214) 453-6400

Olga May (SBN 232012)
omay@fr.com
FISH & RICHARDSON P.C.
12390 El Camino Real
San Diego, CA 92130
Telephone: (858) 678-4745
Facsimile: (858) 678-5099

Attorneys for Plaintiff FFF ENTERPRISES, INC.

UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA, WESTERN DIVISION

FFF ENTERPRISES, INC.,

Plaintiff,

v.

ASD SPECIALTY HEALTHCARE, INC. AND AMERISOURCEBERGEN SPECIALTY GROUP, INC.,

Defendants.

Case No. 5:14-cv-02092-BRO (DTBx)

PLAINTIFF FFF ENTERPRISES, INC.'S NOTICE OF DISMISSAL OF ENTIRE CASE WITH PREJUDICE

Fed.R.Civ.P. 41(a)(1)(A)(i)

Judge: Hon. Beverly Reid O'Connell
Courtroom: 7C

Plaintiff FFF Enterprises, Inc. filed this case on October 10, 2014. The only remaining defendants are ASD Specialty Healthcare, Inc. and AmerisourceBergen Specialty Group, Inc. Neither defendant has served an Answer or a motion for summary judgment.

Pursuant to Fed. R. Civ. P. 41(a)(1)(A)(i), Plaintiff FFF Enterprises, Inc. hereby dismisses this case in its entirety with prejudice.

The parties have agreed that they shall each bear their own costs and attorneys' fees incurred in this case.

Dated: May 30, 2017

FISH & RICHARDSON P.C.

By: */s/ Olga May*

Olga May (SBN 232012)
omay@fr.com
FISH & RICHARDSON P.C.
12390 El Camino Real
San Diego, CA 92130
Telephone: (858) 678-4745
Facsimile: (858) 678-5099

Thomas M. Melsheimer (admitted *Pro Hac Vice*)
Email: tmelsheimer@winston.com
Thomas B. Walsh, IV (admitted *Pro Hac Vice*)
Email: twalsh@winston.com
WINSTON & STRAWN LLP
2501 N Harwood St, 17th Floor
Dallas, TX 75201
Telephone: (214) 453-6500
Facsimile: (214) 453-6400

Attorneys for Plaintiff FFF ENTERPRISES, INC.

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of the above and foregoing document has been served on May 30, 2017, to all counsel of record who are deemed to have consented to electronic service via the Court's CM/ECF system per Civil Local Rule 5.4. Any other counsel of record will be served by electronic mail, facsimile and/or overnight delivery.

/s/ Olga I. May
Olga I. May
omay@fr.com

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
08/26/2015	11/10/2015	Virginia	Clarksburg	Harrison County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
1:15-ap-0036		Northern District of Virginia (Clarksburg)		
Reason/Charge				
adversary proceeding filed by liquidating trustee for Fairmont General Hospital, Inc. et al.				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Liquidating Trustee for Fairmont General Hospital, Inc. v. FFF Ent		Adversary Proceeding pursuant to Sections 547 and 550		
Name of Business/Industry/Entity				
FFF Enterprises, Inc.				

Provide explanation below:

Adversary Proceeding pursuant to Sections 547 and 550 of Chapter 5 of title 11 of the United States Bankruptcy Code seeking to disallow transfers made by Debtor to FFF Enterprises during the "preference period." Matter was voluntarily dismissed by Plaintiff.

Original Signature (electronic, copies or stamps not accepted)

19 May 2022
Date

Applicant's initials

UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF WEST VIRGINIA
CLARKSBURG DIVISION

In re: FAIRMONT GENERAL HOSPITAL, INC., Debtor.	Case No. 1:13-bk-01054 Chapter 11
CLIFFORD A. ZUCKER, Liquidating Trustee, Plaintiff, v. FFF ENTERPRISES, Defendant.	Adv. Pro. No. 1:15-ap-00036

NOTICE OF VOLUNTARY DISMISSAL OF COMPLAINT

Clifford A. Zucker, as Trustee of the Fairmont General Hospital Liquidating Trust, by and through his undersigned counsel, hereby dismisses the above-captioned adversary proceeding as to Defendant, FFF Enterprises, pursuant to Fed. R. Civ. P. 41(a), made applicable by Fed. R. Bankr. P. 7041.

DINSMORE & SHOHL LLP

Dated: October 26, 2015

By: */s/ Janet Smith Holbrook, Esq.*

Janet Smith Holbrook, Esq.
611 Third Avenue
Huntington, WV 25701
Tel: 304-529-6181
Fax: 304-522-4312
Email: janet.holbrook@dinsmore.com

Attorneys for Clifford A. Zucker, Liquidating Trustee

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
9/18/2017	7/23/2019	California	Riverside	Riverside
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
CC1701062		Superior Court of California		
Reason/Charge				
Personal Injury				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Velasquez v. FFF Entreprises, Inc.			Lawsuit	
Name of Business/Industry/Entity				
FFF Enterprises, Inc.				

Provide explanation below:

Plaintiff Thomas Velasquez sued FFF Enterprises, Inc. for economic and personal injuries arising out of an industrial accident which occurred on 10/7/16 at Defendant's plant and loading dock. The parties reached a confidential settlement in this matter and the matter was dismissed on July 23, 2019.

Patrick M. Schmidt
Original Signature (electronic, copies or stamps not accepted)

19 May 2022
Date

Applicant's initials PMS

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
1/30/2019	8/14/2020	Texas	Houston	Harris County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2019-07341		Harris County, 55th District Court		
Reason/Charge				
Breach of Contract				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
FFF Enterprises, Inc. v. Egret Bay Neurology, P.A		Lawsuit		
Name of Business/Industry/Entity				
FFF Enterprises, Inc.				

Provide explanation below:

Breach of contract action filed by FFF Enterprises against a customer for failure to pay for pharmaceutical products supplied to customer. Matter dismissed.

Patrick M. Schmidt
Original Signature (electronic, copies or stamps not accepted)

19 May 2022
Date

Applicant's initials PMS

8/13/2020 2:21:46 PM 1655
Marilyn Burgess - District Clerk
Harris County
Envelope No: 45361240
By: JOHN-MILLER, LEWIS
Filed: 8/13/2020 2:21:46 PM
Pgs-1

4

CAUSE NO. 2019-07341

FFF ENTERPRISES, INC.,	§	**IN THE DISTRICT COURT**
PLAINTIFF,	§	
	§	
vs.	§	**55TH JUDICIAL DISTRICT**
	§	
EGRET BAY NEUROLOGY, P.A.,	§	
DEFENDANT.	§	**HARRIS COUNTY, TEXAS**

ORDER

After considering the Plaintiff, FFF ENTERPRISES, INC.'s Notice of Non-Suit without Prejudice, the Court:

GRANTS the motion and dismisses this cause without prejudice as to the Defendant, EGRET BAY NEUROLOGY, P.A.

Signed on this the _____ day of _____, 202__.

Signed:
8/14/2020

PRESIDING JUDGE

NA39783.001

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
06/11/2019	07/31/2019	California	Riverside	Riverside
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
5:19-cv-01072-JFW-SHK				
Reason/Charge				
Action for Breach of Contract filed by FFF Enterprises against Campus Eye Group ASC PC, Campus Eye Group ASC LLC				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
FFF Enterprises, Inc. v. Campus Eye Group PC et al.		Lawsuit		
Name of Business/Industry/Entity				
FFF Enterprises, Inc.				

Provide explanation below:

Action filed for failure to pay for medical products ordered and received by Defendants and delivered by Plaintiff. Action was voluntarily dismissed by FFF Enterprises, Inc.

Patrick M. Schmidt
Original Signature (electronic, copies or stamps not accepted)

19 May 2022
Date

Applicant's initials PMS

Timothy Carl Aires, Esq. (138169)
AIRES LAW FIRM
6 Hughes, Suite 205
Irvine, California 92618
(949) 718-2020 TEL
(949) 718-2021 FAX

Attorneys for Plaintiff,
FFF ENTERPRISES INC.

UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA, RIVERSIDE DIVISION

FFF ENTERPRISES INC., Plaintiff, v. CAMPUS EYE GROUP ASC PC; CAMPUS EYE GROUP ASC LLC; CAMPUS EYE GROUP LLC; and DOES 1 through 10, inclusive, Defendants.	Case No. 5:19-cv-01072-JFW-SHK NOTICE OF DISMISSAL [F.R.C.P., Rule 41(a)(1)(A)(i)]

NOTICE IS HEREBY GIVEN by Plaintiff FFF Enterprises Inc., pursuant to F.R.C.P., Rule 41(a)(1)(A)(i), that this civil action shall be, and hereby is, dismissed.

DATED: July 31, 2019

AIRES LAW FIRM

By: _____
Timothy Carl Aires, Esq.
Attorney for Plaintiff,
FFF ENTERPRISES INC.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
08/28/2020	10/27/2020	California	Los Angeles	Los Angeles
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2:20-ap-01523-ER		U.S. Bankruptcy Court for the Central District of California (Los Angeles)		
Reason/Charge				
Adversary Proceeding				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Liquidating Trustee of St. Francis Medial Center v. FFF Enterprise			Lawsuit/Adversary Proceeding	
Name of Business/Industry/Entity				
FFF Enterprises, Inc.				

Provide explanation below:

Adversary Proceeding pursuant to Sections 547 and 550 of Chapter 5 of title 11 of the United States Bankruptcy Code seeking to disallow transfers made by Debtor to FFF Enterprises during the "preference period." Matter was voluntarily dismissed by Plaintiff.

Robert A. Schmidt
Original Signature (electronic, copies or stamps not accepted)

19 May 2022
Date

Applicant's initials RAS

JOSEPH L. STEINFELD, JR.
jsteinfeld@askllp.com
BRIGETTE MCGRATH
bmcgrath@askllp.com
GARY D. UNDERDAHL
gunderdahl@askllp.com
ASK LLP, 2600 Eagan Woods Drive
Suite 400, St. Paul, MN 55121
Tel: (651) 406-9665 / Fax: (651) 406-9676

Counsel to Liquidating Trustee

ASK LLP
2600 EAGAN WOODS DR., SUITE 400
EAGAN, MN 55121
(651) 406-9665

UNITED STATES BANKRUPTCY COURT

CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION

In re VERITY HEALTH SYSTEM OF CALIFORNIA, INC., *et al.*, Debtors and Debtors In Possession.	Lead Case No. 2:18-bk-20151-ER Jointly administered with: Case No. 2:18-bk-20162-ER; Case No. 2:18-bk-20163-ER; Case No. 2:18-bk-20164-ER; Case No. 2:18-bk-20165-ER; Case No. 2:18-bk-20167-ER; Case No. 2:18-bk-20168-ER; Case No. 2:18-bk-20169-ER; Case No. 2:18-bk-20171-ER; Case No. 2:18-bk-20172-ER; Case No. 2:18-bk-20173-ER; Case No. 2:18-bk-20175-ER; Case No. 2:18-bk-20176-ER; Case No. 2:18-bk-20178-ER; Case No. 2:18-bk-20179-ER; Case No. 2:18-bk-20180-ER; Case No. 2:18-bk-20181-ER;
Howard Grobstein, Liquidating Trustee for the VHS Liquidating Trust, Plaintiff, v. FFF Enterprises, Inc., Defendant.	Chapter 11 Cases Hon. Ernest M. Robles Adversary No. 20-01523 **STIPULATION OF VOLUNTARY DISMISSAL OF ADVERSARY PROCEEDING**

IT IS HEREBY stipulated and agreed pursuant to Rule 41(a)(1) of the Federal Rules of Civil Procedure, which is incorporated by reference into Rule 7041 of the Federal Rules of Bankruptcy Procedure, by the above-captioned plaintiff and above-captioned defendant, by and through their respective counsel, that the above-captioned adversary proceeding to avoid and recover preferences be dismissed. This matter is dismissed with prejudice. An answer has been filed.

Dated: October 15, 2020

ASK LLP

/s/ Gary D. Underdahl
Gary D. Underdahl, MN SBN 0301693
(*Admitted Pro Hac Vice*)
Joseph L. Steinfeld, Jr.
Brigette McGrath
2600 Eagan Woods Drive
Suite 400, St. Paul, MN 55121
Tel: (651) 406-9665
Email: gunderdahl@askllp.com

Counsel for the Liquidating Trustee

Dated: October 15, 2020

K&L GATES LLP

/s/ Armando V. Arballo
Armando V. Arballo
David C. Neu
10100 Santa Monica Blvd
Los Angeles, CA 90067
Telephone: (202) 717-5880
Email: armando.arballo@klgates.com
david.neu@klgates.com

Counsel for Defendant, FFF Enterprises, Inc.

ASK LLP
2600 EAGAN WOODS DR., SUITE 400
EAGAN, MN 55121
(651) 406-9665

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
10/19/2020		CA	Riverside	Riverside
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
MCC2002005		Superior Court of California		
Reason/Charge				
Alleging discrimination on the basis of gender, disability and wrongful termination				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Stephanie Harper		Lawsuit		
Name of Business/Industry/Entity				
Nufactor				

Provide explanation below:

Harper filed a lawsuit alleging claims related to her previous employment with NuFactor, Inc. Plaintiff's claims arise from allegations that NuFactor allegedly discriminated against and wrongfully terminated Plaintiff for being pregnant. The parties reached a confidential settlement of this matter.

Stephanie M. Schmidt
Original Signature (electronic, copies or stamps not accepted)

19 Aug 2022
Date

Applicant's initials SMS

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
06/26/2021	01/12/2022	Delaware	Wilmington	New Castle
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
21-50945-MFW		U.S. Bankruptcy Court, District of Delaware		
Reason/Charge				
Adversary proceeding				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Liquidating Trustee for Center City Healthcare, LLC et al. v. FFF E			Lawsuit/Adversary Proceeding	
Name of Business/Industry/Entity				
FFF Enterprises, Inc.				

Provide explanation below:

Adversary Proceeding pursuant to Sections 547 and 550 of Chapter 5 of title 11 of the United States Bankruptcy Code seeking to disallow transfers made by Debtor to FFF Enterprises during the "preference period." Matter was voluntarily dismissed by Plaintiff.

Patrick M. Schmidly
Original Signature (electronic, copies or stamps not accepted)

19 May 2022
Date

Applicant's initials PMS

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

In re CENTER CITY HEALTHCARE, LLC d/b/a HAHNEMANN UNIVERSITY HOSPITAL, *et al.*,[1] Debtors.	Chapter 11 Case No. 19-11466 (MFW) (Jointly Administered) **Related to Docket Nos. 3565 and 3627**
CENTER CITY HEALTHCARE, LLC d/b/a HAHNEMANN UNIVERSITY HOSPITAL and ST. CHRISTOPHER'S HEALTHCARE, LLC, Plaintiffs, v. FFF ENTERPRISES INC., Defendant.	Adv. Proc. No. 21-50945 (MFW) **Related to Adv. Pro. Nos. 18 and 20**

ORDER APPROVING SETTLEMENT OF PREFERENCE CLAIMS AGAINST FFF ENTERPRISES INC. PURSUANT TO FEDERAL RULE OF BANKRUPTCY PROCEDURE 9019

The Court having considered the motion (the "**Motion**")[2] of the above-captioned debtors and debtors in possession (collectively, the "**Debtors**"), pursuant to Rule 9019 of the Federal Rules of Bankruptcy Procedure for approval of the settlement of certain claims for avoidance and recovery of allegedly preferential transfers (the "**Preference Claims**"), as set forth in the

1 The Debtors in these cases, along with the last four digits of each Debtor's federal tax identification number, are: Center City Healthcare, LLC (3341), Philadelphia Academic Health System, LLC (8681), St. Christopher's Healthcare, LLC (8395), Philadelphia Academic Medical Associates, LLC (8165), HPS of PA, L.L.C. (1617), SCHC Pediatric Associates, L.L.C. (0527), St. Christopher's Pediatric Urgent Care Center, L.L.C. (6447), SCHC Pediatric Anesthesia Associates, L.L.C. (2326), StChris Care at Northeast Pediatrics, L.L.C. (4056), TPS of PA, L.L.C. (4862), TPS II of PA, L.L.C. (5534), TPS III of PA, L.L.C. (5536), TPS IV of PA, L.L.C. (5537), and TPS V of PA, L.L.C. (5540). The Debtors' mailing address is 216 North Broad Street, 4th Floor, Philadelphia, Pennsylvania 19102.

2 Capitalized terms used but not defined herein shall have the meanings ascribed to them in the Motion.

Settlement Agreement attached as **Exhibit 1** hereto; and the Court finding that the Settlement Agreement is fair and reasonable, and the Court having jurisdiction to consider the Motion and the relief requested therein; and due and sufficient notice of the Motion having been given; and it appearing that the relief requested by the Motion is in the best interest of the Debtors' estates, creditors and other parties in interest; and the Court having reviewed the Motion and considered the arguments made at the hearing, if any; and after due deliberation and sufficient cause appearing therefor

IT IS HEREBY ORDERED THAT::

1. The Motion is Granted as set forth herein.

2. The Settlement Agreement attached hereto as **Exhibit 1** with respect to the Debtors' Preference Claims against FFF Enterprises is hereby approved in full and final settlement of such claims.

3. Within five (5) days following the entry of this Order, FFF Enterprises shall pay the Settlement Amount to the Debtors.

4. The Court shall retain jurisdiction over all affected parties with respect to any matters, claims or rights arising from or related to the implementation and interpretation of this Order.

Dated: February 24th, 2022
Wilmington, Delaware

MARY F. WALRATH
UNITED STATES BANKRUPTCY JUDGE

SAUL EWING
ARNSTEIN
& LEHR

MARK MINUTI
Phone: (302) 421-6840
Fax: (302) 421-5873
Mark.Minuti@saul.com
www.saul.com

January 28, 2022

BY FED EX AND EMAIL (kwinnett@fffenterprises.com)
FFF Enterprises Inc.
Attn: Karen Winnett, General Counsel
44000 Winchester Road
Temecula, CA 92590

RE: **In re Center City Healthcare, LLC, et al.,**
Case No. 19-11466 (MFW) (Bankr. D. Del.) and
Center City Healthcare, LLC, et al. v. FFF Enterprises Inc.,
Adv. Pro. No. 21-50945 (MFW) (Bankr. D. Del.)

Dear Ms. Winnett:

Our firm serves as bankruptcy counsel to debtor Center City Healthcare, LLC and its related debtors (collectively, the "**Debtors**") in the above-captioned bankruptcy case pending in the United States Bankruptcy Court for the District of Delaware (the "**Bankruptcy Court**"). I am writing in connection with the default judgment (the "**Judgment**") entered against FFF Enterprises, Inc. ("**Defendant**") in the above-captioned Adversary Proceeding (the "**Adversary Proceeding**") in the amount of $25,472 (plus court filing costs in the amount of $350). A copy of the Judgment By Default is attached hereto as **Exhibit A**.

Prior to filing the Adversary Proceeding, on June 7, 2021, the Debtors sent a settlement letter to Defendant, without response. The complaint in the Adversary Proceeding was filed on June 25, 2021 and sought, *inter alia*, (a) the avoidance and recovery of transfers pursuant to sections 547, 548 & 550 of the Bankruptcy Code and (b) the disallowance of any filed or scheduled claims. The Defendant was served with the complaint on July 27, 2021, but never responded. As you can see, the Judgment was entered on December 28, 2021.

Twenty Thousand $20,000 DCN

Before taking steps to execute on the Judgment, and in order to avoid incurring additional costs (taxable to the Defendant), we are writing in the hope of consensually resolving this matter. Specifically, the Debtors will agree to the satisfaction of the monetary Judgment in return for payment of ~~$24,200~~ and the Defendant's waiver of the right to pursue a general unsecured claim for the settlement amount under Bankruptcy Code section 502(h). ~~The foregoing offer equates to approximately a five percent (5%) discount, plus the waiver of post-judgment interest and reimbursement of the court filing costs.~~ The foregoing offer is subject to approval of the Bankruptcy Court, with payment due within five (5) calendar days of the entry of an order by the

Bankruptcy Court approving the resolution. Absent timely receipt of the settlement payment, the offer contained herein shall be void *ab initio*, and the Debtors shall be free to seek collection of the entire monetary Judgment, including interest and costs. Payment of the settlement amount can be sent by check payable to debtor "Philadelphia Academic Health System," as follows:

Philadelphia Academic Health System
c/o Eisner Advisory Group LLC
Attention: Allen Wilen
One Logan Square
130 North 18th St., Suite 3000
Philadelphia, PA 19103

Please acknowledge the Defendant's acceptance of the within offer by signing and returning a copy of this letter. We will then file an appropriate motion for Bankruptcy Court approval. If we do not hear from you within seven (7) calendar days of the date of this letter, the offer contained herein shall be deemed withdrawn and we will move forward to execute on the full Judgment. We look forward to your favorable response.

Very truly yours,

Mark Minuti

Mark Minuti

cc: Allen Wilen, CRO
John DiNome, Esq., Chief Human Resources Officer
and Assistant General Counsel
Jeffrey C. Hampton, Esq.

ACKNOWLEDGED AND AGREED:

FFF ENTERPRISES INC.

Wayne Talleur

By: Wayne Talleur
Its: Chief Financial Officer
Dated: 2/4/2022

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This is in response to Question # 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
08/30/2021		CA	Riverside	Riverside
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
CVRI2103626		Superior Court of California		
Reason/Charge				
Alleging unpaid overtime, unpaid meal period premiums, unpaid minimum wages, final wages not timely paid, wages not ti				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Tanya Marie Bitanga, et al.		Lawsuit		
Name of Business/Industry/Entity				
FFF Enterprises, Inc.				

Provide explanation below:

Plaintiff asserts causes of action against FFF and NuFactor under the California Labor Code for unpaid wages, meal and rest period violations, unpaid minimum wage and other derivative claims. Matter is currently pending.

Patrick M. Schmidt
Original Signature (electronic, copies or stamps not accepted)

19 May 2022
Date

Applicant's initials PMS

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
3/25/2022	Pending	California	Riverside	Riverside
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
202111- 15441859		EEOC/California Department of Fair Employment and Housing		
Reason/Charge				
Age and disability discrimination				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Verano v. FFF Enterprises, Inc.		Charge of Discrimination		
Name of Business/Industry/Entity				
FFF Enterprises, Inc.				

Provide explanation below:

Plaintiff, a current FFF employee, alleges he was discriminated against on the basis of age and perceived disability. Matter is currently pending.

Patrick M. Schmidt
Original Signature (electronic, copies or stamps not accepted)

19 Aug 2022
Date

Applicant's initials PMS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Patrick M. Schmidt

Print Name (First, Last)

Patrick M. Schmidt — 11 Jun 2022

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of North Carolina, ss. County of Guilford

I, Patrick M. Schmidt, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Patrick M. Schmidt — 19 May 2022

Original Signature — **Date**

Subscribed and Sworn to before me this 19TH day of May 2022.

Kim Ancona

Notary Public Signature

KIM ANCONA NOTARY PUBLIC DAVIDSON COUNTY, NC

(Seal)

Applicant's initials PM

4KK

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ *New Pharmacy or* ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH***_____

Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☒ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Roman Health Pharmacy LLC

Physical Address: 3175 Northwoods Parkway, Suite B, Peachtree Corners, GA 30071

Mailing Address: 3602 Quantum Blvd

City: Boynton Beach State: FL Zip Code: 33426

Telephone: 888-798-8686 Fax: N/A

Toll Free Number: 888-798-8686 (Required per NAC 639.708)

E-mail: rxlicensing@ro.co Website: romanhealthpharmacy.com

Managing Pharmacist: Prerakkumar Adhuria License Number. 21263

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
■ ☐	Retail	☐ ■	Off-site Cognitive Services
☐ ■	Hospital (# beds____)	☐ ■	Parenteral **
■ ☐	Internet	☐ ■	Parenteral (outpatient)
☐ ■	Nuclear	☐ ■	Outpatient/Discharge
☐ ■	Ambulatory Surgery Center	■ ☐	Mail Service
☐ ■	Community	☐ ■	Long Term Care
☐ ■	Other: _____	☐ ■	Sterile Compounding **
		☐ ■	Non Sterile Compounding
	All boxes must be checked	☐ ■	Mail Service Sterile Compounding **
	For the application to be complete	☐ ■	Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ■

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ■

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ■

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ■

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ■

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

_____

Original Signature of Person Authorized to Submit Application, no copies or stamps

Christina Antoun

Print Name of Authorized Person

7/13/21

Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Roman Health Ventures Inc.

Mailing Address: 116 W 23rd Street, 4th Floor

City: New York State: NY Zip: 10011

Telephone: 888-798-8686 Fax: N/A

Contact Person: Zachariah Reitano, President

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Roman Health Ventures Inc., 116 W 23rd Street, 4th Floor , NY, NY 10011
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: N/A %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 5:00 pm Saturday closed am _____ pm

Sunday closed am _____ pm 24 Hours No

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Christina Antoun

Responsible Person of Roman Health Pharmacy LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Christina Antoun
Print Name of Authorized Person

7/13/21
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
) ss.
Palm Beach COUNTY)

I, Christina Antoun, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Licensing and Compliance Manager for Roman Health Pharmacy LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Christina Antoun, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
28th day of April, 2021.

NOTARY PUBLIC

STEVENS MILORD
Commission # GG 102811
Expires September 9, 2021
Bonded thru Budget Notary Services

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ROMAN HEALTH PHARMACY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

6408659 8300

SR# 20220709383

Authentication: 202762866

Date: 02-24-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

Roman Health Pharmacy LLC

List of Officers

Corporate Officers of Roman Health Pharmacy LLC:

Name	Title
Zachariah Reitano	President and Manager
Rob Schutz	Vice President
Saman Rahmanian	Secretary, Treasurer, and Manager

STATE OF GEORGIA
Georgia Board of Pharmacy
Retail Pharmacy
LICENSE NO. PHRE010948 Status: Active

Roman Health Pharmacy LLC,
3175 Northwoods Pkwy Ste B
Peachtree Corners GA 30071

Expires: 06/30/2023
Issued: 06/28/2021

Pharmacist in Charge RPH030248
Prerakkumar Adhuria

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Retail Pharmacy** in the State of Georgia. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.
Please notify the Board if you have a change of address.

STATE OF GEORGIA
Georgia Board of Pharmacy
Retail Pharmacy
LICENSE NO. PHRE010948 Status: Active
Roman Health Pharmacy LLC,
3602 Quantum Blvd
Boynton Beach FL 33426

Expires: 06/30/2023 Pharmacist in Charge RPH030248
Issued: 06/28/2021 Prerakkumar Adhuria
Real-time license verification is available at gadch.mylicense.com/verification

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206 – Reno, NV 89521 – (775) 850-1440

Send to State Board of Pharmacy for completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

LICENSE VERIFICATION

Name: Roman Health Pharmacy LLC

Address: 3175 Northwoods Parkway, Suite B

City: Peachtree Corners State: GA Zip: 30071

I hereby authorize the Georgia Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant _____

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires

Has this license been encumbered in any way? ☐ Yes ☐ No	Type of Encumbrance: (if any) ☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☐ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☐ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☐ Yes ☐ No
Has applicant met all licensing requirements of your state? (If no, please explain)	☐ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal

Licensee Information

Name: Roman Health Pharmacy LLC

Owner:

Address: 3175 Northwoods Pkwy Ste B
Peachtree Corners GA 30071

Primary Source License Information

Profession:	Pharmacy	**License No:**	PHRE010948	**License Status:**	Active
License Type:	Retail Pharmacy	**Obtained By Method:**	Application	**License Subtype:**	
Issue Date:	6/28/2021	**Expiration Date:**	6/30/2023	**Last Renewal Date:**	

Discipline Information

- Public Board Orders -

If a public board order exists, it may be listed below.
Public Board Order means that there is a public document concerning the licensee.
The existence of a public Board order does not necessarily mean the licensee is currently under any type of disciplinary action.

Please understand that the absence of a scanned order linked to this record does not necessarily mean that no public actions exist.

No scanned public board order documents exist.

Associated Licenses

Relationship:	Supervisor		
Prerequisite Licensee:	Adhuria, Prerakkumar	**Prerequisite License:**	RPH030248
Association Date:	6/28/2021	**Expiration Date:**	

You may close this window to return to your search results

Data current as of: July 2, 2021 15:12:56

This website is to be used as a primary source verification for licenses issued by the Boards of Dentistry and Pharmacy. Paper verifications are available for a fee. Please contact the Boards of Dentistry and Pharmacy at 404-651-8000.

OPERATING AGREEMENT
OF
ROMAN HEALTH PHARMACY LLC

THIS OPERATING AGREEMENT (this "**Agreement**") of **ROMAN HEALTH PHARMACY LLC**, a Delaware limited liability company (the "**Company**"), dated as of May 11, 2017, is made and entered into by **ROMAN HEALTH VENTURES INC.**, a Delaware corporation (the "**Member**").

WHEREAS, the Member wishes to form a limited liability company pursuant to and in accordance with the Delaware Limited Liability Company Act (as amended from time to time, the "**Act**");

NOW, THEREFORE, the Member hereby agrees as follows:

ARTICLE I
THE COMPANY

Section 1.1 **Formation; Admission**. The Company was formed as a limited liability company under the provisions of the Act by the filing on May 11, 2017 of the Certificate of Formation with the Secretary of State of the State of Delaware (the "**Certificate**"). The filing of the Certificate is hereby ratified by the Member.

Section 1.2 **Name; Purpose**. The name of the Company shall be **ROMAN HEALTH PHARMACY LLC**. The Company may engage in any lawful business of every kind and character for which a limited liability company may be organized under the Act or any successor statute. The Company shall have all of the powers provided for a limited liability company under the Act.

Section 1.3 **Registered Agent; Offices**.

(a) The registered agent for the service of process and the registered office shall be that person and location reflected in the Certificate. The Board (as such term is defined below) may, from time to time, change the registered agent or office through appropriate filings with the Secretary of State of the State of Delaware. In the event the registered agent ceases to act as such for any reason or the registered office shall change, the Board shall promptly designate a replacement registered agent or file a notice of change of address as the case may be.

(b) The principal place of business of the Company shall be located in such location as the Board may from time to time determine. The Company may have, in addition to such office, such other offices and places of business at such locations, both within and without the State of Delaware, as the Board may from time to time determine or the business and affairs of the Company may require.

Section 1.4 **Filings and Foreign Qualification**. The Member, any Manager (as such term is defined below) or any authorized officer of the Company shall promptly execute and deliver all such certificates and other instruments conforming hereto as shall be necessary to accomplish all filing, recording, publishing and other acts appropriate to comply with all requirements for the formation and operation of a limited liability company under the laws of the State of Delaware and for the qualification and operation of a limited liability company in all other jurisdictions where the Company shall propose to conduct business.

Section 1.5 **Units**. The membership interests in the Company shall be denominated in units referred to as "**Units**". The total number of Units that the Company shall have authority to issue is 500 Units. The Member is the owner of 500 Units. The rights and liabilities of the Member shall be as provided in the Act, except as is otherwise expressly provided in this Agreement. All of the Units shall be in registered form, and the Company shall maintain a register in which the name and address of the then current holders of Units shall be recorded. Unless otherwise determined by the Board, Units shall not be certificated.

Section 1.6 **Limited Liability**. Except as otherwise provided by the Act, the debts, obligations and liabilities of the Company, whether arising in contract, tort or otherwise, shall be solely the debts, obligations and liabilities of the Company, and neither the Member nor any Manager or officer shall be obligated personally for any such debt, obligation or liability of the Company solely by reason of being a member, manager or officer of the Company.

ARTICLE II
CAPITAL CONTRIBUTIONS; PROFITS AND LOSSES; DISTRIBUTIONS

Section 2.1 **Capital Contributions**. The Member may, in its sole discretion, but shall not be required to, make contributions of the type permitted by the Act to the capital of the Company. Except as otherwise provided in this Agreement, the Member shall not be entitled to withdraw, or to receive a return of, any capital contribution or any portion thereof. No interest shall accrue on any capital contributions.

Section 2.2 **Profits and Losses**. All profits and losses of the Company shall be allocated and charged to the holder(s) of the Units on a pro rata basis. All items of Company taxable income, gain, loss, deduction or credit recognized or allocated for federal income tax purposes shall also be allocated and credited or charged to the holder(s) of the Units on a pro rata basis.

Section 2.3 **Distributions**. Subject to the Act and other applicable law, the Board shall cause the Company to distribute funds to the holder(s) of the Units on a pro rata basis at the Board's discretion.

ARTICLE III
MANAGEMENT

Section 3.1 **Board of Managers**. Except to the extent otherwise provided for in this Agreement, the powers of the Company shall be exercised by and under the authority of, and the business and affairs of the Company shall be managed under the direction of, a Board of Managers (the "**Board**"), which shall initially consist of two (2) managers (the "**Managers**"). Except as otherwise set forth in this Agreement, the Member shall not, by reason of its status as a member, have any authority to act for and bind the Company, but shall have only the right to vote on or approve: (a) the actions specified in this Agreement to be voted on or approved by the Member; and (b) except to the extent otherwise provided in this Agreement, the actions specified in the Act to be voted on or approved by the Member. The size of the Board may be increased or decreased by the Member in its sole discretion. The Member shall have the right to appoint and to remove, with or without cause, any or all of the Managers in its sole discretion. The Managers shall initially be Zachariah Reitano and Saman Rahmanian.

Section 3.2 **Meetings of the Board; Quorum; and Action by the Board**. Meetings of the Board shall be held at such times and places as may be decided by the Member. Notice of the time and place of a meeting shall be delivered personally or by telephone to each Manager and sent by first-class mail, facsimile, electronic mail or a nationally recognized overnight courier, charges prepaid, addressed to each Manager at that Manager's address as it is shown on the records of the Company. In case the notice is mailed, it shall be deposited in the United States mail at least five (5) calendar days before the time of the holding of the meeting. In case the notice is delivered personally or by telephone, facsimile, electronic mail or overnight courier, it shall be given at least two (2) calendar days before the time of the holding of the meeting. Any oral notice given personally or by telephone may be communicated either to the Manager or to a person at the office of the Manager whom the person giving the notice has reason to believe will promptly communicate it to the Manager. Attendance by any Manager at a meeting of the Board shall constitute a waiver of notice to such Manager of such meeting. The notice need not specify the purpose of the meeting. At all meetings of the Board, the presence of a majority of the total number of Managers shall be necessary and sufficient to constitute a quorum for the transaction of business. Unless otherwise specifically required by law or this Agreement, the act of a majority of Managers present at a meeting at which a quorum is present shall be the act of the Board. If a quorum shall not be present at any meeting of the Board, the Managers present may adjourn the meeting from time to time, without notice other than announcement at the meeting, until a quorum shall be present. At any such adjourned meeting, any business may be transacted that might have been transacted at the meeting as originally convened. Any action required or permitted to be taken at any meeting of the Board may be taken without a meeting if a majority of the Managers consent thereto in writing, and the writing is filed with the minutes of proceedings of the Board. A photographic, photo-static, facsimile, electronic (including in .pdf format) or similar reproduction of a writing signed by a Manager shall be regarded as signed by the Manager for purposes of this Section 3.2.

Section 3.3 **Authority of Managers**. Unless specifically authorized by a resolution duly adopted by the Board, no Manager, solely in his or her capacity as a Manager, shall have the authority or power to act as agent for or on behalf of the Company or any other Manager, to

do any act which would be binding on the Company or any other Manager, to incur any expenditures on behalf of or for the Company, or to execute, deliver and perform any agreements, acts, transactions or other matters on behalf of the Company.

Section 3.4 Officers.

(a) The Board may designate one or more individuals (who may or may not be Managers) to serve as officers of the Company. The Company shall have such officers as the Board may from time to time determine, which officers may (but need not) include a Chairman, Chief Executive Officer, President, Chief Operating Officer, Chief Financial Officer, one or more Vice Presidents (and in case of each such Vice President, with such descriptive title, if any, as the Board shall deem appropriate), Secretary and Treasurer. Unless the Board determines otherwise, if the title is one commonly used for officers of a business corporation formed under the Delaware General Corporation Law, the assignment of such title shall constitute the delegation to such person of the authorities and duties that are customarily associated with that office. Any delegation pursuant to this Section 3.4 may be revoked at any time by the Board.

(b) Each of the following persons is hereby appointed to serve as an officer of the Company, until removed by the Board, with or without cause, in its sole and absolute discretion, or the earlier death or resignation of such person:

Name	Office
Zachariah Reitano	President
Saman Rahmanian	Secretary and Treasurer
Rob Schutz	Vice President

ARTICLE IV
EXCULPATION AND INDEMNIFICATION

Neither the Member, any Manager nor any officer of the Company (each, an "**Indemnified Party**") shall be liable to the Company for any loss, damage or claim incurred by reason of any act or omission performed or omitted by the Indemnified Party in good faith on behalf of the Company and in a manner reasonably believed to be within the scope of the authority conferred on the Indemnified Party by this Agreement, except that the Indemnified Party shall be liable for any such loss, damage or claim incurred by reason of the Indemnified Party's willful misconduct or gross negligence. To the fullest extent permitted by applicable law, the Indemnified Party shall be entitled to indemnification from the Company for any loss, damage or claim incurred by the Indemnified Party by reason of any act or omission performed or omitted by the Indemnified Party in good faith on behalf of the Company and in a manner reasonably believed to be within the scope of the authority conferred on the Indemnified Party, except that the Indemnified Party shall not be entitled to be indemnified in respect of any loss, damage or claim incurred by the Indemnified Party by reason of willful misconduct or gross negligence with respect to such acts or omissions; provided, however, that any indemnity under this Article IV shall be provided out of and to the extent of Company assets only, and the

Member shall not have any liability on account thereof. Notwithstanding anything herein to the contrary, the indemnification afforded herein shall be subject to, and no broader than permitted by, the laws of Delaware, in the absence of the approval of the Member.

ARTICLE V
DISSOLUTION

Section 5.1 **Events of Dissolution**. The Company shall have a perpetual existence unless sooner dissolved by:

(a) the election of the Member; or

(b) the entry of a decree of judicial dissolution under Section 18-802 of the Act.

Section 5.2 **Bankruptcy of the Member**. The bankruptcy of the Member will not cause the Member to cease to be the member of the Company and upon the occurrence of such event, the business of the Company shall continue without dissolution.

Section 5.3 **Liquidation and Winding Up**. In the event of dissolution, the Company shall be wound up and its assets liquidated. In connection with the dissolution and winding up of the Company, the Board or such other person designated by the Board shall proceed with the sale, exchange or liquidation of all of the assets of the Company and shall conduct only such other activities as are necessary to wind up the Company's affairs, and the assets of the Company shall be applied in the manner, and in the order of priority, set forth in Section 18-804 of the Act.

ARTICLE VI
ACCOUNTS

All funds of the Company shall be deposited in the name of the Company in such account or accounts as shall be designated by the Board. All withdrawals from such account or accounts are to be made upon written bank instruments which must be signed by a Manager or a duly authorized officer.

ARTICLE VII
BOOKS

The Board shall cause to be kept, at the principal place of business of the Company, full and proper ledgers and other books of account in which shall be entered all matters relating to the Company, including all income, expenditures, assets and liabilities thereof. Such books shall be kept on a calendar-year basis in accordance with generally accepted accounting principles consistently applied, and shall be closed and balanced at the end of each tax year.

ARTICLE VIII
MISCELLANEOUS

Section 8.1 **Governing Law**. This Agreement, and any question, dispute or other matter related to or arising from this Agreement, will be governed by the laws of the State of Delaware without reference to conflict of laws principles.

Section 8.2 **Binding Effect**. This Agreement binds the Member and its respective distributees, successors and assigns and any other person claiming a right or benefit under or covered by this Agreement.

Section 8.3 **Amendments**. This Agreement may be amended upon the written consent of the Member.

Section 8.4 **Severability**. If any provision of this Agreement is held to be illegal, invalid or unenforceable:

(a) that provision will be fully severable and this Agreement will be construed and enforced as if the illegal, invalid or unenforceable provision had never been part of this Agreement;

(b) the remaining provisions of this Agreement will remain in full force and will not be affected by the illegal, invalid or unenforceable provision or by its severance from this Agreement; and

(c) in the place of the illegal, invalid, or unenforceable provision, there will be added automatically to this Agreement a legal, valid and enforceable provision that is as similar to the illegal, invalid or unenforceable provision as possible.

Section 8.5 **Entire Agreement**. This Agreement embodies the complete agreement and understanding among the parties hereto with respect to the subject matter hereof and supersedes and preempts any prior understandings, agreements or representations by or among the parties hereto, written or oral, which may have related to the subject matter hereof in any way.

[*Signature Page Follows*]

IN WITNESS WHEREOF, the Member has executed this Agreement as of the date first set forth above.

ROMAN HEALTH VENTURES INC.

By: _____

Name: Zachariah Reitano

Title: Co-Founder and Chief Executive Officer

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Roman Health Pharmacy LLC

Physical Address: 3175 Northwoods Parkway, Suite B

City: Peachtree Corners State: GA Zip: 30071

Mailing Address (if different from physical address): 3602 Quantum Blvd

City: Boynton Beach State: FL Zip: 33426

Telephone: 888-798-8686 Website: romanhealthpharmacy.com

Licensing Company Email: rxlicensing@ro.co

Section 2: Personal Information

First: Prerakkumar Middle: Last: Adhuria

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 3175 Northwoods Pkwy, Suite B

City: Peachtree Corners State: GA Zip: 30071

Telephone: 888-798-8686 Email: Prerak.Adhuria@ro.co

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials PA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Pennsylvania STATE UNIVERSITY		06/04 - 06/13	
Address	**City**	**State**	**Zip**
1600 Woodland Rd	Abington	PA	19001
Diploma/Degree obtained, if any			
none			

School Name		From - To (MM/YY – MM/YY)	
Philadelphia College of Osteopathic Medicine - GA Campus		8/13 - 5/17	
Address	**City**	**State**	**Zip**
625 Old Peachtree Rd	Suwanee	GA	30024
Diploma/Degree obtained, if any			
Pharm.D.			

School Name		From - To (MM/YY – MM/YY)	
Archbishop Ryan High School		09/00 - 06/04	
Address	**City**	**State**	**Zip**
11201 Academy Rd	Philadelphia	PA	19154
Diploma/Degree obtained, if any			
High School diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/19 - Present	[redacted] Durden Rd. NE	Brookhaven	GA	30319
11/18 - 06/19	[redacted] Peachtree Rd NE #2607	Atlanta	GA	30326
08/16 - 11/18	[redacted] Peachtree Rd NE #305	Atlanta	GA	30326
06/16 - 08/16	[redacted] Brill St.	Philadelphia	PA	19120
08/14 - 06/16	[redacted] Kenridge Way	Suwanee	GA	30024
08/13 - 08/14	[redacted] Duluth Hwy	Lawrenceville	GA	30043
06/08 - 08/13	[redacted] Brill St.	Philadelphia	PA	19120
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's Initials PA

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Roman Health Pharmacy LLC			
Business Address	**City**	**State**	**Zip**
3175 Northwoods Parkway, Suite B	Peachtree Corners	GA	30071
Phone	**Title**	**Number of Employed Hours**	
888-798-8686	Pharmacist-In-Charge	40 hours per week	
Description of Duties			
- Build and oversee Pharmacy/staff - work w/multidisciplinary teams - Process/Review medication orders			

Business Name			From - To (MM/YY – MM/YY)
Benzer Pharmacy/Loganville Drugs			12/17 - 04/21
Business Address	**City**	**State**	**Zip**
257 Main Street	Loganville	GA	30052
Phone	**Title**	**Number of Employed Hours**	
678-292-6243	Pharmacist in Charge	40 hrs/week	
Description of Duties			
- Process/Review med orders - Manage Pharmacy daily duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
7/21/2021		AL	Birmingham	
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
—				
Reason/Charge				
Getting Licensed in State of ~~AL~~ Interview				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				

Provide explanation below:

- I attended the interview for Pharmacist on July 21st at 1:30 pm for normal licensing affairs. Attached is my appointment letter. (STATE of Alabama)

Original Signature (electronic, copies or stamps not accepted)

3/15/2022
Date

Applicant's initials BA

I, Prerakkumar Adhuria, **certify that as the designated representative for**

Roman Health Pharmacy LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Prerakkumar Adhuria

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/15/2022

Date

Applicant's initials PA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Prerakkumar Adhuria

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/15/2022

Date

Please have this section completed in the presence of a Notary Public.

State of GA., ss. County of Gwinnett

I, Prerakkumar Adhuria, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/15/2022

Date

Subscribed and Sworn to before me this 15th day of MARCH 2022.

Notary Public Signature

VINOD K SAGAR
COM. EXP.
NOTARY
PUBLIC
Nov. 11, 2023
FULTON COUNTY, GEORGIA

(Seal)

Applicant's initials PP

Fwd: Alabama Pharmacist Interview July 21st at 1:30 pm

Prerak Adhuria <prerak.adhuria@gmail.com>
Tue 3/15/2022 10:05 AM
To: The UPS Store #0296 <store0296@theupsstore.com>

1 attachments (64 KB)
Board Interview Details 7.2021.docx;

CAUTION! This email originated from outside of the organization. Please do not open attachments or click links from an unknown or suspicious origin.

---------- Forwarded message ---------
From: **Anne Marie Nolen** <anolen@albop.com>
Date: Fri, Jul 16, 2021, 3:13 PM
Subject: Alabama Pharmacist Interview July 21st at 1:30 pm
To: Anne Marie Nolen <anolen@albop.com>

Hello pharmacist candidate,

With the state of Alabama ending the state of emergency and public health order for COVID-19 earlier this month, we have been able to schedule more interviews for July 21st, resulting in more candidates. Therefore, to be sure everyone receives all the appropriate information, I am resending the interview details for **Wednesday, July 21st at 1:30 pm.** If our records are incorrect, please let me know.

The most important detail for next week is that our Board office will not open its doors to applicants until 1:00 pm. Therefore, if you are flying/driving in early, please visit a nearby coffee shop or restaurant until 1pm.

Thank you,

Anne Marie

ANNE MARIE (THIBODEAUX) NOLEN, PHARMD, MPH

Practice Agreement Manager | Pharmacist Licensing Manager

Georgia Drugs and Narcotics Agency
254 Washington Street SW - G2000
Atlanta, Georgia 30334

RETAIL

Pharmacy Permit Inspection Form

Board Office: 404-651-8000
Board Fax: 470-386-6137
GDNA Office: 404-656-5100
GDNA Fax: 404-651-8210
GDNA Toll Free: 800-656-6568

Pharmacy Information							
Inspection Type:	New Store Inspection (Pending Approval)					Applicant #1921843	
Permit Type Primary:	Independent 10-01		Permit Type Secondary:				
Pharmacy Name	Roman Health Pharmacy LLC					County:	Gwinnett
						Date:	06/25/2021
Pharmacy Permit #:	Pending	Exp Date:	Pending	DEA:	Pending	Exp Date:	Pending
Street Address:	3175 Northwoods Parkway, Suite B						
City:	Peachtree Corners	State:	GA	Zip:	30071	Hours:	M-F 9-5 Sa&Su Closed
Phone:	888-798-8686	Fax:	N/A	Pharmacy Email:			
Pharmacist-in-Charge:	Prerakkumar Adhuria			License #:	RPH030248	Exp Date:	12/31/2022
Other Employees							
						Exp Date:	
						Exp Date:	
						Exp Date:	
						Exp Date:	
						Exp Date:	
						Exp Date:	
						Exp Date:	
Last GDNA Inspection Date	N/A			Inspected By:		N/A	
Recommendations Made:	N/A			Corrections Made:		N/A	

Criteria	Satisfactory	Comments
1. Pharmacy License	N/A	
2. DEA Permit	N/A	
3. Pharmacist/Intern License	N/A	
4. Dangerous Drug Rxs	N/A	
5. Schedule II Rxs	N/A	
6. Schedule III, IV, V Rxs	N/A	
7. Refill Records / Computer Printout Records	N/A	
8. Exempt Narcotic Book	N/A	
9. PSE Logbook and Combat Meth Certificate	N/A	
10. Drug Distribution Records (Non-Rx Sales)	N/A	
11. DEA Biennial Inventory	N/A	
12. Drug Purchase Records (Invoices/Order Forms)	N/A	
13. Rx Department Security / Authorized Access Only	Yes	See comment below.
14. Rx Department Sanitation / Orderly	Yes	See comment below.
15. Adequate Pharmacy Temperature Control	Yes	
16. Rx Drug Stock (Adulterated / Misbranded)	N/A	
17. Laws / Rules / Appropriate Reference Material	Yes	See comment below.
18. Required Equipment for Pharmacy Type	Yes	See comment below.
19. Exemption Documentation / Other Reports	N/A	
20. Policies & Procedures Manual (if required)	N/A	
21. Patient Counseling / Patient Profile Records	N/A	
22. Safety Concerns, i.e. Adequate Staffing	N/A	
23. Proper Supervision of Pharmacy Technicians	N/A	
24. List Drug Suppliers and Reverse Distributors:	Prospective suppliers: Safecor, Pfizer and Auburn.	

GDNA considers this document confidential for use between GDNA, the Board of Pharmacy, and the registrant

Georgia Drugs and Narcotics Agency
254 Washington Street SW - G2000
Atlanta, Georgia 30334

RETAIL

Pharmacy Permit Inspection Form

Board Office: 404-651-8[illegible]
Board Fax: 470-386-8137
GDNA Office: 404-656-5126
GDNA Fax: 404-651-8210
GDNA Toll Free: 800-869-1548

Compounding	Does this Pharmacy Compound Medication?	N/A	
	Type of Compounding Conducted		
25. Was a GDNA non-sterile compounding inspection conducted during this visit?		N/A	
26. Was a GDNA sterile compounding inspection conducted during this visit?		N/A	
27. Is this pharmacy registered with the FDA as a 503B Outsourcing Facility?		N/A	
28. Does this pharmacy receive compounded products from outside sources?		N/A	
	If yes, provide names of suppliers:		
Vaccinations	Does this pharmacy administer vaccinations via protocol?	N/A	

29. Types of vaccinations adminstered:

	Influenza	N/A	Shingles	N/A	Pneumococcal	N/A	Meningitis	N/A	Other	

	Satisfactory	Comments
30. Vaccination Protocol Agreement	N/A	
31. Signed & Notarized Affidavit	N/A	
32. Liability Insurance for each Vaccinating Pharmacist	N/A	
33. Immunization cards issued	N/A	
34. Attempt to contact PCP within 72hrs	N/A	
35. Reporting vaccinations to G.R.I.T.S.	N/A	
36. Supervision during administration	N/A	

Delivery by Mail	Does the pharmacy deliver prescription mediations to the patient via mail or common carrier?	N/A

	Satisfactory	Comments
37. Controlled substance prescriptions sent signature required	N/A	
38. Temperature sensitive Rxs packed correctly	N/A	
39. Proper documentation maintained by pharmacy	N/A	
40. Replacement of compromised Rx shipment	N/A	

Recommendations / Comments

The minimum required equipment for a retail pharmacy is located in the new pharmacy. The new pharmacy provides sufficient space and meets minimum floor space requirements. The new pharmacy meets the minimum security requirements allowing it to be closed and locked to prevent unauthorized entry. Anticipated business model: Mail Order Pharmacy. Pharmacy is subject to the GA BOP laws/rules for Delivery by Mail (See BOP Rule 480-48).

Recommendation: Amend Rx label to list Peachtree Corners vs. Norcross for the city. Also, reference "expiration date" versus "Discard 1 year after dispense."

Discussed "Red Flags" that a person may be seeking controlled substances for non-legitimate purpose.

*Facility meets minimum requirements to recommend approval.

This inspection report has been read and explained to the pharmacist whose name appears below. Explanations include any observed violations, deficiencies, or comments, and such are based on state/federal laws and rules pertaining to the practice of pharmacy in the State of Georgia. I do affirm the information I have given pursuant to this inspection is true and correct to the best of my knowledge. This inspection report is not intended to be all inclusive, and there may be deficiencies, non-compliance, or violations of the laws and rules not detected and noted in this report.

Pharmacist's Email: prerak.adhuria@rx.co

Printed Name: Prerakkumar Adhuria

Signature: Pharmacist-in-Charge or on Duty

Printed Name: Richard White

Special Agent, Georgia Drugs & Narcotics Agency

Today's Date 06/25/2021

APPLICATION FOR CERTIFICATION AS A PROVIDER OF INTERNET PHARMACY SERVICES

Addendum to Pharmacy Application
(Only required if providing internet services)

GENERAL INFORMATION

Name of Nevada license pharmacy: Roman Health Pharmacy LLC

Nevada license number: _____

Websites in use or intended to be used: romanhealthpharmacy.com

Affiliated websites (websites that link to or otherwise direct users to your website):
getroman.com, hellorory.com, and quitwithzero.com

VIPPS CERTIFICATION

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered be NABP) certified? Please provide a copy with application. Yes ☐ No ☑

If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.

PHARMACIES LACKING VIPPS CERTIFICATION

1. Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy Yes ☑ No ☐

PLEASE ATTACH A SEPARATE SHEET LISTING ALL THE STATES IN WHICH YOU ARE LICENSED, INCLUDING THE DATE OF INITIAL LICENSURE AND THE LICENSE NUMBER.

2. Does the pharmacy maintain and enforce policies and procedures that ensure the following:

A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives? Yes ✔ No ☐

B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy? Yes ✔ No ☐

C) That for each pharmacy the pharmacy fills the prescription cannot be filled by another pharmacy? Yes ✔ No ☐

D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner? Yes ✔ No ☐

E) That the prescriptions will be filled in compliance with all applicable federal and state laws? Yes ✔ No ☐

F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription? Yes ✔ No ☐

G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver? Yes ✔ No ☐

H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy? Yes ✔ No ☐

I) That the pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device? Yes ✔ No ☐

J) That the pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices? Yes ✔ No ☐

3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes? Yes ✔ No ☐

4. Will the pharmacy provide review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides? Yes ✔ No ☐

5. Does the pharmacy maintain controls of its computer system, information concerning patients, and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents? Yes ✔ No ☐

6. Does the pharmacy comply with applicable federal and state laws regarding the following:

   A) To the dispensing of prescription drugs? Yes ✔ No ☐

   B) To the record keeping related to the patients served by the pharmacy, the purchase of prescription drugs and the sale and dispensing of prescription drugs? Yes ✔ No ☐

   C) To the sale of over-the-counter products, including any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs ? Yes ✔ No ☐

7. Does the pharmacy ship prescriptions to a patient using secure and traceable means? Yes ✔ No ☐

8. Does the pharmacy ship prescriptions to a patient using packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the *United States Pharmacopoeia, 25th* edition, 2002, which is hereby adopted by reference? Yes ✔ No ☐

PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.

The signature below certifies that the answers provided in this application are true, correct and complete.



Signature of Owner

7/13/21

Date

POL-10-R0 Fulfillment

Policy

Prescriptions

- Each pharmacist must sign and date the daily log, attesting to the accuracy of the prescription information they processed for that date.
- Prescriptions must only be shipped into the states where the shipping pharmacy is appropriately permitted, registered, or licensed.
- Labels must be affixed to each prescription container and must include appropriate content that is properly formatted, in accordance with applicable pharmacy laws and regulations.

Illegitimate Prescriptions and Invalid Patient-Practitioner Relationships

- Pharmacists are responsible for recognizing and taking appropriate action for illegitimate prescriptions or invalid patient-practitioner relationships.

Delivery Delays

- Patients must be notified in a timely manner when prescription delivery is delayed.
    - Appropriate fulfillment arrangements must be made available to the patient, including the transfer of the prescription to a pharmacy of the patient's choice.

Document History	
Effective Date	**Description of Change**
Current	New document: POL-10-R0 Fulfillment

POL-8-R0 Quality

Policy

- Roman Health Pharmacy designates a qualified person who is responsible for implementing a continuous quality improvement program that accomplishes the following:
    - Detects and appropriately resolves quality-related events
    - Modifies systems and processes to prevent quality-related events
- The Pharmacy Manager must ensure that a quality improvement meeting with pharmacists and pharmacy technicians occurs regularly and is appropriately documented. The meeting will cover, at a minimum, the following topics:
    - Quality-related events that occurred since the previous quality improvement meeting and any other applicable quality-related issues or topics
    - Corrective actions, if any
- Adverse events, side effects, and quality-related events reported to a Roman Health Pharmacy must be escalated to the appropriate pharmacist for resolution.

Document History	
Effective Date	**Description of Change**
Current	New document: POL-8-R0 Quality

Related Procedures

Fulfilling Prescriptions via Online Visit

Fulfilling Prescriptions via Ro Pharmacy

Training Pharmacy Employees

Document History	
Effective Date	**Description of Change**
Current	New document: SOP-6.7-R0 Recognizing Illegitimate Prescriptions and Invalid Patient-Practitioner Relationships

4.1.3. Verify the practitioner's information with the DEA Registration Validation tool, located on the DEA website:

https://apps.deadiversion.usdoj.gov/webforms/validateLogin.jsp

Please Note: The lookup tool is only available to DEA registrants.

4.2. Contact the practitioner by telephone using the contact number from the pharmacy's database or another reputable resource, other than from the prescription in question, and obtain the necessary information.

4.3. Verify the practitioner's license(s) and credential(s) with the appropriate agency (for example, the Board of Medicine).

5. If a prescription is confirmed to be illegitimate or fraudulent, or based on an invalid patient-practitioner relationship, take the following actions:

5.1. Notify the pharmacist-on-duty.

5.2. Notify the Pharmacy Compliance Team (see the List of Important Contacts, located in the appendix).

5.3. Notify local law enforcement (see the List of Local Authorities, located in the appendix).

5.4. Retain all illegitimate or fraudulent prescriptions as evidence and, if requested, release it to the appropriate law enforcement officials.

5.5. If applicable, notify the following entities:

5.5.1. The local DEA office (see the List of Local Authorities, located in the appendix)

5.5.2. The appropriate Board of Pharmacy(s) (see the List of Board of Pharmacy Contacts, located in the appendix)

5.5.3. Other pharmacies in the area

6. Appropriately document any investigations, findings, and actions.

Appendix Resources

DEA Pharmacist's Manual

Document Retention Schedule

List of Board of Pharmacy Contacts

List of Important Contacts

List of Local Authorities

2.4. Looks too good, or has a textbook appearance.

2.5. The prescription is written in the following manner:

2.5.1. With the directions in full, without abbreviations

2.5.2. With abbreviations that are not standard

2.5.3. In different color inks

2.5.4. In different handwriting styles

3. When processing a prescription, look for signs that indicate it may be issued based on an invalid patient-practitioner relationship:

3.1. The practitioner writes significantly more prescriptions (or in larger quantities) compared to other practitioners in your area.

3.2. The patient appears to be returning too frequently. A prescription that should have lasted for a month in legitimate use, is being refilled on a biweekly, weekly or even a daily basis.

3.3. The practitioner writes prescriptions for antagonistic drugs, such as depressants and stimulants, at the same time (drug abusers often request prescriptions for "uppers and downers" at the same time).

3.4. The patient appears presenting prescriptions written in the names of other people.

3.5. A number of people appear simultaneously, or within a short time, all bearing similar prescriptions from the same physician.

3.6. Numerous "strangers," people who are not regular patrons or residents of your community, suddenly show up with prescriptions from the same physician.

4. If a prescription is suspected of being illegitimate or fraudulent, or based on an invalid patient-practitioner relationship, take the following actions, if applicable:

4.1. Verify that the practitioner is in the pharmacy's database, and if not take the following steps:

4.1.1. Verify the practitioner's information with the NPI lookup tool, located on the National Plan & Provider Enumeration System (NPPES) website:

https://nppes.cms.hhs.gov/

Please Note: Issuance of an NPI does not ensure or validate that the practitioner is appropriately licensed or credentialed.

4.1.2. Confirm the DEA number is authentic, following the procedure described in the DEA Pharmacist's Manual, located in the appendix.

SOP-6.7-R0 Recognizing Illegitimate Prescriptions and Invalid Patient-Practitioner Relationships

---

Approval Signatures

Title:	Name:	Signature:	Date:
_____	_____	_____	_____
_____	_____	_____	_____

Audience

- Pharmacists
- Pharmacy Technicians

Purpose

The fulfillment of illegitimate prescriptions is prevented by adhering to proper policies and procedures for recognizing illegitimate prescriptions and invalid patient-practitioner relationships.

Responsibility

- The Licensing and Compliance Manager is responsible for coordinating with management to ensure the training and enforcement of this procedure.
- The Pharmacy Manager is responsible for the training and enforcement of this procedure for the employees they manage.

Procedure

1. When receiving an oral prescription, pay attention to the following red flags or suspicious behavior from the caller:
    1.1. Sounds unprofessional, hesitant, or nervous
    1.2. Does not use standard medical terminology
    1.3. Provides medication quantities, directions, or other information that are unusual
    1.4. Provides pharmacy or practitioner information, such as National Provider Identifier (NPI) or Drug Enforcement Administration (DEA) number, that is invalid or incorrect
2. When processing a prescription, look for signs that indicate it may be illegitimate or forged:
    2.1. The practitioner's handwriting is too legible.
    2.2. The quantities, directions, or dosages differ from usual medical usage.
    2.3. The prescription appears to be photocopied.

Related Procedures

Fulfilling Prescriptions via Online Visit

Fulfilling Prescriptions via Ro Pharmacy

Substituting Generic and Therapeutic Equivalents

Training Pharmacy Employees

Document History	
Effective Date	**Description of Change**
Current	New document: SOP-6.5-R0 Performing Verification and Drug Utilization Review

4. Perform a drug utilization review of the following issues:
    - 4.1. Potential drug therapy problems
    - 4.2. Therapeutic duplication
    - 4.3. Interactions (e.g. drug-drug, drug-allergy, drug-disease, drug-age)
    - 4.4. Contraindications
    - 4.5. Allergies or sensitivities
    - 4.6. Inappropriate dosage or route
    - 4.7. Inappropriate directions for use
    - 4.8. Inappropriate duration of therapy
    - 4.9. Over- or under-utilization
    - 4.10. Abuse or misuse
5. If appropriate, document any concerns.
6. If there is an unresolved concern, take appropriate action to resolve and document the issue, including communicating directly with the patient or prescribing practitioner.

Physical Product Check

7. Perform a physical product check by determining that the prescription has been prepared so that it is free of the following issues:
    - 7.1. Errors of drug, strength, or quantity
    - 7.2. Errors in labeling (e.g. national drug code (NDC), manufacturer information, consumer medication information (CMI), medication guide, or auxiliary labels);
    - 7.3. Prescription medication that is expired, damaged, or otherwise unfit for dispensing;
    - 7.4. Adulteration;
    - 7.5. Misbranding
8. If appropriate, document any concerns.
9. If there is an unresolved concern, take appropriate action to resolve and document the issue, including communicating directly with the patient or prescribing practitioner.

Appendix Resources

None

SOP-6.5-R0 Performing Verification and Drug Utilization Review

Approval Signatures

Title:	Name:	Signature:	Date:

Audience

- Pharmacists
- Pharmacy Technicians

Purpose

Patient safety is ensured by adhering to proper policies and procedures for verifying that prescriptions are dispensed correctly and appropriately.

Responsibility

- The Licensing and Compliance Manager is responsible for coordinating with management to ensure the training and enforcement of this procedure.
- The Pharmacy Manager is responsible for the training and enforcement of this procedure for the employees they manage.
- Unless otherwise performed in accordance with applicable pharmacy laws and regulations, only pharmacists may perform drug utilization reviews and physical product checks.

Procedure

Drug Utilization Review

1. If applicable, take appropriate action to resolve and document each safety alert.
2. Confirm that each substitution of prescription medication is appropriate, according to the procedure for Substituting Generic and Therapeutic Equivalents.
3. Confirm that the prescription is associated with the correct patient profile, at a minimum checking for the following information:
   - 3.1. Name;
   - 3.2. Date of birth

Training Pharmacy Employees

Document History	
Effective Date	**Description of Change**
Current	New document: SOP-6.4-R0 Notifying Patients of Delivery Delays

SOP-6.4-R0 Notifying Patients of Delivery Delays

Audience

- Pharmacists
- Pharmacy Technicians

Purpose

Timely prescription delivery to patients is ensured by adhering to proper policies and procedures for notifying patients of delivery delays and preventing the interruption of prescription medication therapy.

Responsibility

- The Licensing and Compliance Manager is responsible for coordinating with management to ensure the training and enforcement of this procedure.
- The Pharmacy Manager is responsible for the training and enforcement of this procedure for the employees they manage.

Procedure

1. Ensure the patient is notified of delivery delays in a timely manner by taking the following steps:
    1.1. Contact the patient with their preferred contact method (e.g. email, text, or telephone) and document the interaction.
    1.2. If requested by the patient, transfer the prescription to be filled at a local pharmacy of the patient's choice.
2. The pharmacist on duty must use professional judgement to determine if it is appropriate to contact the prescribing practitioner in the following situations:
    2.1. The patient cannot be reached.
    2.2. An interruption of prescription medication therapy could occur.
    2.3. Patient harm could occur.

Appendix Resources

Document Retention Schedule

Related Procedures

Counseling Patients

Document History	
Effective Date	**Description of Change**
Current	New document: SOP-4.2-R0 Instructing Patients or Caregivers On Product Disposal

- *Do not flush medication, since Roman Health Pharmacy does not currently dispense any prescription medications that appear on the Food and Drug Administration (FDA) Flush List[2].*

(If the prescription medication cannot be disposed of via a local Drug Take-Back Program[3], and it is not a drug that requires flushing for immediate disposal, provide the following instructions:)

1. *Remove the drug from its original container and mix it with something undesirable, such as used coffee grounds, dirt, laundry detergent, or cat litter. This makes the medicine less appealing to children and pets and unrecognizable to someone who might intentionally go through the trash looking for drugs.*
2. *Put the mixture in something you can close (for example, a resealable zipper storage bag, empty can, or another container) to prevent the drug from leaking or spilling out.*
    2.1. *Place the closed bag, can, or container containing the mixture in the garbage*
3. *Scratch out all your personal information on the medicine packaging to protect your identity and privacy.*
    3.1. *Place the medicine packaging in the garbage*

4. If for OTC merchandise, provide the following instructions to the patient:

    Your medicine may be safely discarded by:

    - *Removing any personal information from the packaging.*
    - *Putting it in a closed bag, can, or another container.*
    - *Placing the bag, can, or container containing the OTC merchandise in the trash.*

5. If for sharps (e.g. needles and syringes), provide the following instructions to the patient:

    Place all needles, syringes, and any other items containing bodily fluid into a Sharps Disposal Container. When full, mail the Sharps Disposal Container to the address listed on the return label.

Appendix Resources

None

Related Procedures

Counseling Patients

Training Pharmacy Employees

[2]https://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-flush-potentially-dangerous-medicine#FlushList
[3] https://www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html

SOP-4.2-R0 Instructing Patients or Caregivers On Product Disposal

Audience

- Pharmacists
- Pharmacy Technicians

Purpose

The proper disposal[1] of prescription medication by patients is ensured by adhering to proper policies and procedures for instructing patients on how to discard products that are unwanted, expired, damaged, or unusable

Responsibility

- The Licensing and Compliance Manager is responsible for coordinating with management to ensure the training and enforcement of this procedure.
- The Pharmacy Manager is responsible for the training and enforcement of this procedure for the employees they manage.

Procedure

1. Pharmacists-only must counsel patients according to the procedure for Counseling Patients.
2. This procedure is activated when communication from a patient is received for one of the following reasons:
   - 2.1. Requesting information on how to discard prescription medication or over-the-counter (OTC) merchandise.
   - 2.2. Expressing they intend to stop using prescription medication or OTC merchandise in their possession.
   - 2.3. Expressing they have prescription medication or OTC merchandise in their possession that is expired, damaged, or unusable.
3. If for prescription medication, provide the following instructions to the patient:

   Your medicine may be safely discarded by: Using a Drug Take-Back Program. The U.S. Drug Enforcement Administration (DEA) sponsors a National Prescription Drug Take-Back Day in communities nationwide. Many communities also have their own drug take-back programs (check with local law enforcement to find a location).

[1] www.safe.pharmacy

Related Procedures

Establishing Policy and Procedure Control and Training

Training Pharmacy Employees

Document History	
Effective Date	**Description of Change**
Current	New document: SOP-1.1-R0 Establishing Pharmacy Policies and Procedures

6.7. Responding to detected problems with corrective actions in a timely manner

Limited Operations

7. Unless otherwise performed in accordance with applicable pharmacy laws and regulations, and in compliance with the Pharmacy Policies and Procedures Manual, the following business activities are restricted and must be immediately reported to the Pharmacy Compliance Team if discovered:

   7.1. Purchasing, storing, selling, or handling:

      7.1.1. Federal or state listed or scheduled controlled substances

      7.1.2. Biological products

      7.1.3. Prescription medication under a FDA mandated Risk Evaluation and Mitigation Strategy (REMS) program

   7.2. Purchasing, storing, selling, or handling List I Chemicals or precursors to List I Chemicals (e.g. iodine, ephedrine, pseudoephedrine, and red phosphorus). List I Chemicals are designated by the Drug Enforcement Agency, and a complete and updated list is maintained at its website: https://www.deadiversion.usdoj.gov/schedules/index.html

   7.3. Purchasing, storing, selling, or handling prescription medication that does not comply with the Food, Drug, and Cosmetic Act (FDCA)

   7.4. Dispensing prescription medication that was previously dispensed from a pharmacy

   7.5. Participating in federal or state Medicare or Medicaid programs

   7.6. Engaging in wholesale distribution of prescription medication

   7.7. Engaging in sterile compounding

   7.8. Dispensing for office-use

National Association Of Boards Of Pharmacy Reporting

8. The Licensing and Compliance Manager is responsible for providing the National Association of Boards of Pharmacy (NABP) with updated information about each RHP, according to the procedure for Reporting to the National Association of Boards of Pharmacy.

Appendix Resources

Document Retention Schedule

List of Board of Pharmacy Contacts

List of Important Contacts

Pharmacy Policies and Procedures Manual Review Schedule and History

Reporting to the National Association of Boards of Pharmacy

2.3.2. Implementing pharmacy policies and procedures to ensure quality, safety, ethics, and compliance standards at RHPs

2.3.3. Aligning RHP operations in accordance with the following:

2.3.3.1. Federal laws and regulations

2.3.3.2. State laws and regulations

2.3.3.3. Regulations and guidelines by the Food and Drug Administration, Boards of Pharmacies, Drug Enforcement Administration, and other applicable entities

2.4. Attending Board of Pharmacy meetings

2.5. Attending professional conferences related to the practice of telemedicine, medicine, pharmacy, and law

3. All pharmacy policies and procedures are reviewed and updated at least once yearly. This review is performed by qualified persons and takes into consideration the effectiveness of policies and procedures in reducing dispensing errors and other quality-related events.

3.1. The review is documented—noting any changes made or a statement that no changes were made—in the Policy and Procedure Review Schedule and History, located in the appendix.

Excursions From The Written Policies And Procedures

4. The pharmacist on duty is responsible for determining a plan of action for cases when written pharmacy policies and procedures are absent or cannot be followed due to unique circumstances. In these situations, the pharmacist must take the following steps:

4.1. Use professional judgement

4.2. Communicate the excursion to the Pharmacy Compliance Team in a timely manner

Documentation And Compliance

5. All pharmacy records are stored according to the procedure for Maintaining and Managing Records for a length of time according to the Document Retention Schedule.

6. The Pharmacy Compliance Team helps ensure that operations at RHPs are appropriately followed by taking the following steps:

6.1. Establishing the written Pharmacy Policies and Procedures Manual

6.2. Ensuring timely training, communication, and enforcement of the Pharmacy Policies and Procedures Manual and important revisions

6.3. Maintaining transparency in pharmacy operations

6.4. Conducting risk assessments

6.5. Performing internal audits

6.6. Exercising due diligence in verifying colleagues and prescription medication suppliers

SOP-1.1-R0 Establishing Pharmacy Policies and Procedures

Audience

- Pharmacists
- Pharmacy Technicians

Purpose

Roman Health Pharmacy (RHP) offers pharmacy services to patients throughout the United States. Patient safety, legal compliance, and ethical practices are ensured by establishing, maintaining, and adhering to proper policies and procedures that govern pharmacy operations.

Responsibility

- The Licensing and Compliance Manager is responsible for coordinating with management to ensure the training, implementation, maintenance, and enforcement of the Pharmacy Policies and Procedures Manual.
- The Licensing and Compliance Manager and Inventory and Safety Manager are responsible for final approval of pharmacy policies and procedures before they are implemented.
- Pharmacists are responsible for escalating any questions or concerns about pharmacy policies or procedures to the Pharmacy Manager.
- Employees are responsible for escalating any questions or concerns about compliance to their immediate manager, the Pharmacy Manager, or the Compliance Team.

Procedure

Creating And Maintaining Policies And Procedures

1. Pharmacy policies and procedures are written in accordance with applicable pharmacy laws and regulations for all states where RHP operates.
    1.1. Conflicts between laws or regulations will be evaluated by the Ro legal department on a case by case basis to ensure compliance.
2. Compliance with the pharmacy laws and regulations affecting RHP operations is maintained with several components, including but not limited to the following:
    2.1. Maintaining a qualified staff of attorneys with relevant expertise in telemedicine, pharmacy, medicine, and healthcare
    2.2. Consulting with qualified third-party legal services
    2.3. Appointing a qualified Pharmacy Compliance Team whose responsibilities include the following:
        2.3.1. Researching applicable pharmacy best practices, laws, and regulations

POL-1-R0 The Pharmacy Policies and Procedures Manual

Policy

- The Pharmacy Policies and Procedures Manual is established to accomplish the following at Roman Health Pharmacies:
  - Set minimum standards for safety, quality, and compliance
  - Serve as the principal training material for pharmacists and pharmacy technicians
- Pharmacy policies and procedures are created and revised in accordance with applicable pharmacy laws and regulations and maintained with appropriate document control.
- Management will take disciplinary action, up to and including termination of employment, against employees who violate the Pharmacy Policies and Procedures Manual.
- Employees must never act in any of the following ways:
  - Obstruct audits or investigations
  - Lie or make misleading statements
  - Alter business or pharmacy records to misrepresent information
- Roman Health Pharmacy designates a qualified person who is responsible for coordinating with management to ensure the training and enforcement of each pharmacy policy and procedure.

Document History	
Effective Date	**Description of Change**
Current	New document: POL-1-R0 The Pharmacy Policies and Procedures Manual

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 08/18/2022
Amount:
License #: 21263

Prerakkumar Adhuria

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:08/18/2022
Expires:10/31/2023

Prerakkumar Adhuria

License #
21263
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21263
Effective Date:08/18/2022

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Prerakkumar Adhuria

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

4LL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

☐ Nevada

☑ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☑ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Santa Barbara Specialty Pharmacy, LLC

Physical Address: 4690 Carpinteria Ave Suite B

City: Carpinteria State: CA Zip: 93013-1875

Mailing Address (if different from physical address): 376 Northlake Blvd Suite 1008

City: Altamonte Springs State: FL Zip: 32701

Telephone: 888-292-0744 Toll Free # (NAC 639.708, NRS 639.23286): 805-770-2061

Fax: 805-456-0416 Contact Email: license@bioplusrx.com

Website: https://santarx.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Fady Habib Supervising/

Managing Pharmacist NV Pharmacist Registration #: 22662

Type of Pharmacy (check all applicable)

☑ Retail/Community

☐ Hospital (# beds _____)

☐ Internet

☐ Nuclear

☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

☑ Retail/Community

☐ Non-sterile Compounding

☐ Sterile Compounding

☑ Mail-Order Service

☐ Off-site Cognitive Services

☐ Long Term Care

☐ Hospital

☐ Other:

Days of Operation

☑ Monday ☑ Tuesday ☑ Wednesday ☑ Thursday ☑ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Fady Habib	NV Pharmacist Registration #: 22662
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California

Parent Company (if any): BioPlus Parent, LLC

Corporation/Organization Name: Santa Barbara Specialty Pharmacy, LLC

Mailing Address: 50 Kennedy Plaza, 12th Floor

City: Providence State: RI Zip: 02903

Telephone: 401-2786770 Email: license@bioplusrx.com Contact Person Name: Elvin Montanez Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chief Operations Officer (title) for Santa Barbara Specialty Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Elvin Montanez
Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

7/11/22
Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Fady Habib hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge (title) for Santa Barbara Specialty Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 12 day of July, 2022
by FADY HABIB

Notary Public

MO ASIM
Notary Public - California
Santa Barbara County
Commission # 2274682
My Comm. Expires Feb 4, 2023

N/A

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: N/A Pharmacist Registration #: _____

Pharmacy Name: Santa Barbara Specialty Pharmacy, LLC

Initial each statement below to indicate you have read and agree with the following:

GM I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

GM I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

GM I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

GM I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

GM I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	**Yes**	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	**State:**	**Date:**	**Case #:**

Criminal Action:	**State:**	**Date:**	**Case #:**	**County:**	**Court:**

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

Date 2/11/22

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	**Publicly Traded**	**Non-publicly Traded**	**Partner-ship**	**Sole Owner**
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Elvin Montanez, COO

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

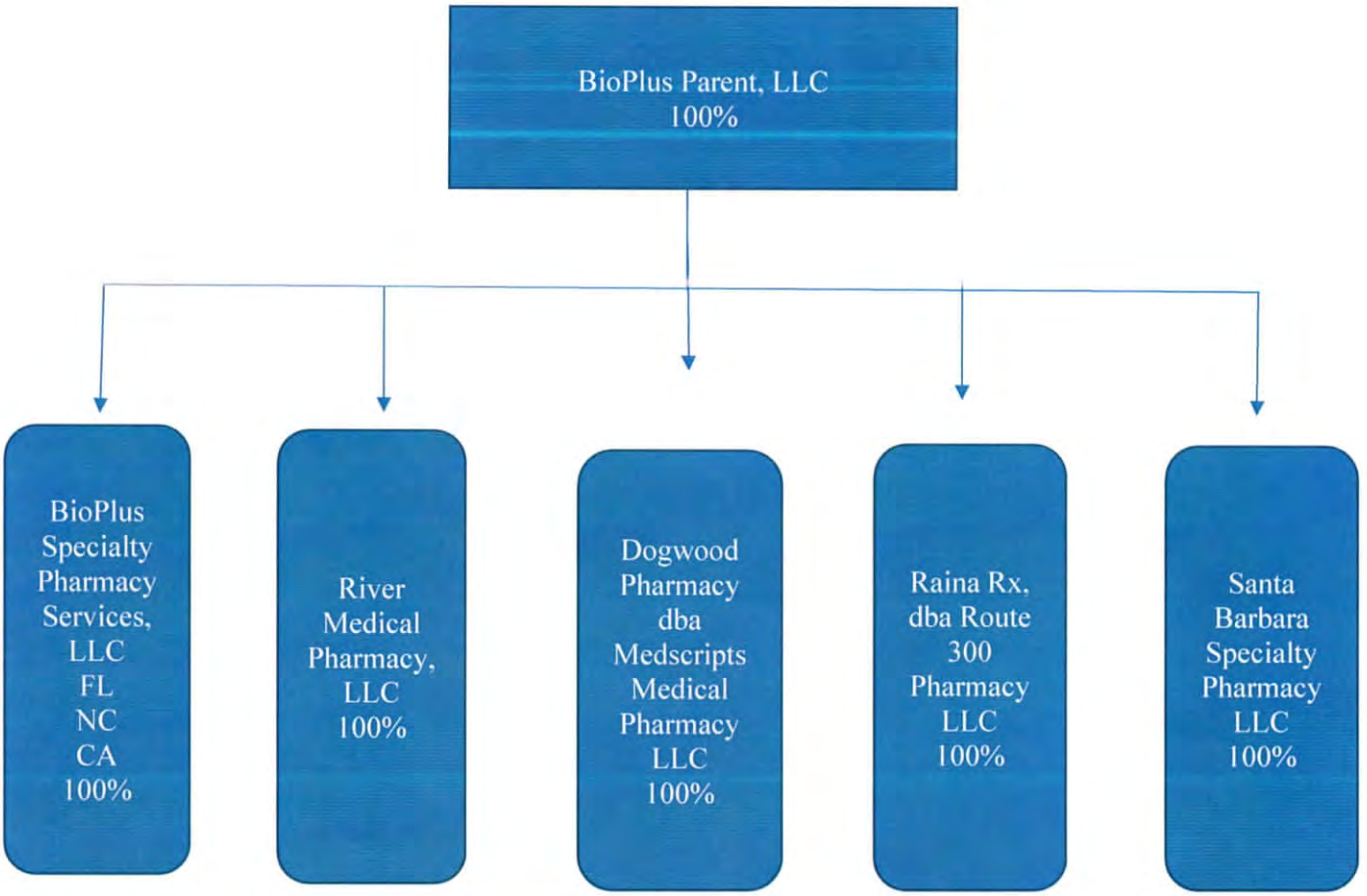
Original signature of Authorized Person (copies or stamps not accepted)

Date 7/11/22

Board Use Only	Date Received: _____	Amount: 500.00 CK: 1379 ✓

Santa Barbara Pharmacy

Santa Barbara Specialty Pharmacy, LLC Organizational Chart



Santa Barbara Pharmacy

Ownership:

BioPlus Parent, LLC – 100% Direct Owner
50 Kennedy Plaza 12th Floor Providence, RI 02903-2393
Phone: 401-278-6770

Officer List:

Barb Weller CFO Manager
Mark Montgomery President
Elvin Montanez COO

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	SANTA BARBARA SPECIALTY PHARMACY, LLC
Entity No.:	201310010103
Registration Date:	04/10/2013
Entity Type:	Limited Liability Company - CA
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 10, 2022.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 051216111

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 58666

NAME: SANTA BARBARA SPECIALTY PHARMACY LLC

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

4690 CARPINTERIA AVE STE B
CARPINTERIA CA 93013
SANTA BARBARA COUNTY

ISSUANCE DATE

APRIL 29, 2022

EXPIRATION DATE

APRIL 1, 2023

CURRENT DATE / TIME

OCTOBER 19, 2022
8:54:47 AM

LICENSE RELATIONSHIPS

NAME: SASSOLA, MARCEL III

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 40870 **PRIMARY STATUS:** CLEAR

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy X Hospital Pharmacy ___ Clinic ___ Exempt Hospital ___ Wholesaler ___ Hypodermic ___

Date: 3/26/2021 Inspector: Mayta Vu

Firm: SANTA BARBARA SPECIALTY PHARMACY LLC Phone: (805) 770-2061

Address: 4690 CARPINTERIA AVE STE B City: CARPINTERIA Zip: 93013

Ownership: CORPORATION

Permit #: LSC101097 PHY55695 Permit Exp: 6/1/2021 DEA#: FS4133930 DEA Exp: 2/28/2022

Date of Self Assessment Form: 3/19/2021 Other Permit #: N/A Date of DEA Inventory: 3/19/2021

Hours M-F: 0900 to 1700 Hours Saturday on-call Hours Sunday: on-call

PIC MARCEL SASSOLA III RPH40870 Administrator ___

RPH Consultant ___

Staff RPH Name:	License #:	Staff Name:	License #:
JANNE LA	RPH83226		

Inspector Remarks:

Sterile Compounding Renewal Inspection
Assisted by PIC Sassola and RPh La
Closed-door, home infusion pharmacy that provides mainly specialty infusion services (e.g. hemophilia medications, IVIG)
Compounding and Pharmacy self-assessments - available
Sterile compounding: Sterile to sterile, non-hazardous preparations only, patient-specific
CSP Risk Level: Low risk and medium
Average number of CSPs compounded daily: 1-2 per month

Wholesaler: Cardinal
Reverse Distributor: Pharmalogistics
Pharmaceutical Waste Management: Stericycle
Quarterly Reconciliation: last biennial performed on 3/19/2021. Pharmacy does not carry controlled substances onsite.
Posted: Original pharmacy and sterile compounding licenses and current renewals, DEA registration, Notice to Consumers and Interpretive Services Poster

Several documents including but not limited to: certification reports, self-assessments, pharmacist and technician training records, environmental logs, end-product testing, compounding logs/labels, master formulas, and policies and procedures were collected via email and reviewed prior to inspection on or about March 22, 2021.

STERILE COMPOUNDING AREA
The compounding suite consists of an ISO 8 ante room and an ISO 7 non-HD buffer room. The ante room has a line of demarcation, a tacky mat on the dirty side of the LOD, a supply cart with garbing supplies, an eyewash station, and a sink. The non-HD buffer room has two ISO 5 laminar airflow workbenches, a Baxa repeater pump, and a small cart with supplies.

Last certification completed on November 12, 2020 by CleanRoom Services
Dynamic testing, HEPA filter leak testing, Non-viable air sampling

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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Viable air and surface sampling – no growth detected on samples collected
Air changes – ante room at 92 acph, non-HD buffer room at 59 acph
Pressure differentials – ante room to main pharmacy at 0.053" w.c., non-HD buffer room to ante room at 0.065" w.c.
Smoke studies - viewed during inspection
Cleaning agents
Germicidal detergent: Cavicide
Disinfectant: Sterile 70% Isopropyl Alcohol
Sporicidal: Decon-Spore
Cleaning of walls and ceilings: done monthly

POLICIES AND PROCEDURES – spot checked prior to inspection
Annual review of Policies and Procedures by PIC. Last review performed on 1/4/2021
Staff notification of any changes in processes or to the policy and procedure manual
Aseptic Technique, Hand hygiene and garbing, Conduct in an ISO environment
Facility cleaning and disinfecting – available, *see comments below.*
QA program/policy and procedure: end-product testing, recalls
Environmental sampling: action levels for CFUs and actions to be taken when CFUs have been exceeded – available
Compounding, filling, and labeling; **BUDs;** storage of compounded preparations – available
Reference materials: USP 797, manufacturer's package insert
Policy SCL-004, pages 2-3 under "Routine use of Laminar Flow Hoods – Cleaning" states (1) cleaning is done with sterile water and (2) at least once weekly, cleaning is to be done with a quaternary ammonia solution, a phenolic solution, or Accel TB. CCR 1751.4(d) states cleaning daily cleaning must be done with a germicidal detergent.

LABELING REQUIREMENTS
Compounded by pharmacy – prints on patient label
Generic names of principal ingredients/ Instructions for storage and BUD
Rate of infusion for intravenous sterile preparations
Route of administration for injectable preparations

RECORDKEEPING – maintain for 3 years
Master formulas/ Patient specific compounding records
- Viewed for 3 prescriptions for Entyvio 300 mg in NS 250 ml. *Rx 103221, compounded 1/12/21, assigned a use by date of 1/31/22. Rx 103052, compounded 2/2/21, assigned a use by date of 1/31/2022. Rx 103197, compounded 3/8/21, assigned a use by date of 5/30/22. Pharmacy will hand write the BUD (date/time). Corrected during inspection.*

Refrigerator / room / freezer temperature logs – viewed for January 2021 and February 2021
Pressure logs – viewed for January 2021 and February 2021
Cleaning logs for room, PECs, shelving – viewed for January 2021 and February 2021
Log of looking for expired medications – viewed for January 2021 and February 2021; *on Maintenance Control Log*

TRAINING – viewed for both RPh Marcel Sassola and TCH Debbie Mooney; maintain for 3 years
Gloved fingertip and media fill testing; written documentation and process review by qualified pharmacy personnel
Didactic, pharmaceutical calculations
Observational skills assessments: hand hygiene and garbing, aseptic technique, cleaning and disinfecting

QUALITY ASSURANCE / PROCESS EVALUATION
End-product testing performed by Dynalabs
- 2 bags of Magnesium 1 gm in NS 50 ml, compounded, 6/8/20 tested for endotoxin, potency, and bag volume

No ADRs attributable to CSPs reported in the last 12 months

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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

In house air (settling) and surface sampling done every other quarter, alternating with certification company

PHARMACY LAW WAIVERS:
Waiver(s) implemented at this facility: None

Discussion:
1. Discussed CCR 1707.5 – patient centered labeling
2. Discussed CCR 1735.4 as related to rates of infusion on patient labels for admixed IVs.

Education:
1. COVID-19 CDPH/FDA Guidance Documents are available on the Board of Pharmacy's website
2. The March 2021 Issue of *The Script Newsletter* is now available online on the Board of Pharmacy's website.

Mayta Vu, Inspector
Phone: (559) 753-1446
Fax: (559) 291-1013
Email: mayta.vu@dca.ca.gov

Licensee Remarks:

I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) _____

Pharmacist (print) MARCOS SAESOLA

Inspector (sign) _____

Inspector (print) Mayta Vu

Owner(sign) _____

Owner(print) MARCOS SAESOLA

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FS1526790	02-28-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	05-23-2022

SANTA BARBARA SPECIALTY PHARMACY LLC
4690 CARPINTERIA AVE.
STE. B
CARPINTERIA, CA 93013

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FS1526790	02-28-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	05-23-2022

SANTA BARBARA SPECIALTY PHARMACY LLC
4690 CARPINTERIA AVE.
STE. B
CARPINTERIA, CA 93013

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Santa Barbara Specialty Pharmacy, LLC

Physical Address: 4690 Carpinteria Ave Suite B

City: Carpinteria State: CA Zip: 93013-1875

Mailing Address (if different from physical address): 376 Northlakd Blvd Suite 1008

City: Altamonte Springs State: FL Zip: 32701

Telephone: 888-292-0744 Website: https://santarx.com

Licensing Company Email: license@bioplusrx.com

Section 2: Personal Information

First: Fady Middle: Last: Habib

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Sherman Way, Unit [redacted]

City: Reseda State: CA Zip: 91335

Telephone: [redacted] Email: fady@santarx.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials FH

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The German University in Cairo, EG		10/07-10/12	
Address	**City**	**State**	**Zip**
El Tagamoa El Khames	New Cairo City, Egypt		
Diploma/Degree obtained, if any			
Bachelor of Pharmacy			
School Name		**From - To (MM/YY – MM/YY)**	
College De La Salle High School		10/05-6/07	
Address	**City**	**State**	**Zip**
6 El Beshnini St	Berket AZ Zalti, Daher, Cairo, Egypt		
Diploma/Degree obtained, if any			
General			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/21-07/22	[redacted]Sherman Way, Unit[redacted]	Reseda	CA	91335
From - To (MM/YY – MM/YY) 02/20-05/21	Address [redacted]Lost Hills Rd, Unit 2303	City Calabasas	State CA	Zip 91301
From - To (MM/YY – MM/YY) 01/18-02/20	Address [redacted]Wellspring St	City Carlsbad	State CA	Zip 92010
From - To (MM/YY – MM/YY) 01/16-01/18	Address [redacted]Cartier Aisle	City Irvine	State CA	Zip 94565
From - To (MM/YY – MM/YY) 05/13-01/16	Address [redacted]Summerfield Dr	City Bay Point	State CA	Zip 94565
From - To (MM/YY – MM/YY) 11/12-05/13	Address [redacted]Igon Rd	City Ellicott City	State MD	Zip 21042
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record-keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
Santa Barbara Specialty Pharmacy, LLC		06/22- current	
Business Address	**City**	**State**	**Zip**
4690 Carpinteria Ave Suite B	Carpinteria	CA	93013
Phone	**Title**	**Number of Employed Hours**	
805-770-2061		680	
Description of Duties			
Pharmacist			

Business Name		From - To (MM/YY – MM/YY)	
BioMatrix Specialty Pharmacy		02/20-6/22	
Business Address	**City**	**State**	**Zip**
7959 Deering Ave	Canoga Park	CA	91304
Phone	**Title**	**Number of Employed Hours**	
	Clinical Pharmacist	4320	
Description of Duties			
Pharmacist, Home Infusion/Specialty Pharmacy Specialties, Immunoglobulins, Transplant & Hemophilia Therapies			

Business Name		From - To (MM/YY – MM/YY)	
Diplomat Specialty Infusion Pharmacy		10/18-02/20	
Business Address	**City**	**State**	**Zip**
1819 Aston Ave	Carlsbad	CA	
Phone	**Title**	**Number of Employed Hours**	
	Clinical Pharmacist	2240	
Description of Duties			
Pharmacist, Home Infusion/Specialty Pharmacy Specialties-Total Parenteral Nutrition, Immunoglobulins, Aphap 1 Antitrysin Deficiency, Hereditary Angioedema, TNF Alpha - Inhibitors, Enzyme Replacement Therapy			

Business Name		From - To (MM/YY – MM/YY)	
Walgreens		12/14-10/18	
Business Address	**City**	**State**	**Zip**
13052 Newport Ave	Tustin	CA	
Phone	**Title**	**Number of Employed Hours**	
	Retail Pharmacist	6400	
Description of Duties			
Retail Pharmacist-Community Pharmacy, Patient Education, Team Leadership, Inventory Control			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials FH

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials FH

I, Fady Habib, **certify that as the designated representative for**

Santa Barbara Specialty Pharmacy, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Fady Habib

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/12/22

Date

Applicant's initials FH

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Fady Habib
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/12/22
Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Santa Barbara

I, FADY ADHAM HABIB, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/12/22
Date

Subscribed and Sworn to before me this 12 day of July, 2022

Notary Public Signature

MO ASIM
Notary Public - California
Santa Barbara County
Commission # 2274682
My Comm. Expires Feb 4, 2023

(Seal)

Applicant's initials FH

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 04/11/2022
Amount:
License #: 22662

Fady A. Habib

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:04/11/2022
Expires:10/31/2023

Fady A. Habib

License #
22662
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 10/31/2023
STATUS: Active

License Type: Pharmacist
License #: 22662
Effective Date:04/11/2022

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Fady A. Habib

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

4MM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Y

Where is the facility located?

☐ Nevada

☑ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☑ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: THE PHARMACY HUB LLC.

Physical Address: 15600 NW 15th Ave, Suite C

City: Miami State: FL Zip: 33169

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 305-731-2318 Toll Free # (NAC 639.708, NRS 639.23286): 1-888-958-1382

Fax: 305-548-2454 Contact Email: KEN@THEPHARMACYHUB.COM

Website: WWW.THEPHARMACYHUB.COM.

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): AMER ABDELMAKSOUD ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: AMER ABDELMAKSOUD # 22665 NV ✓

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Retail/Community	☑ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

☑ Monday ☑ Tuesday ☑ Wednesday ☑ Thursday ☑ Friday ☐ Saturday ☑ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: AMER ABDELMAKSOUD	NV Pharmacist Registration #: 22665
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	✓	
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: Kenwaljit S. Bains	Credentials: Pharmacist	%: 100
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: FLORIDA

Parent Company (if any): N/A

Corporation/Organization Name: THE PHARMACY HUB LLC.

Mailing Address: 15600 NW 15th Ave, Suite C

City: Miami State: Florida Zip: 33169

Telephone: 305-791-2318 Email: KEN@THEPHARMACYHUB.com

Contact Person Name: Ken Bains cell (954)-895-9454

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President / Owner (title) for THE PHARMACY HUB LLC. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Kenwaljit Singh Bains

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

05/15/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Kanwaljit Singh Bains hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Owner / President (title) for THE PHARMACY HUB LLC. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

K. S

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 16th day of May, 2022

Notary Public

BHERGNON ALEMAN
Notary Public - State of Florida
Commission # GG 936174
My Comm. Expires Dec 2, 2023

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: AMER ABDELMAKSOUD Pharmacist Registration #: 22665

Pharmacy Name: THE PHARMACY HUB LLC.

Initial each statement below to indicate you have read and agree with the following:

AM — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

AM — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

AM — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

AM — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

AM — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Amer Maksoud — Original signature of Managing Pharmacist (copies or stamps not accepted)

06/06/2022 — Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kenwaljit Singh Bains.

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

K. Bains

Original signature of Authorized Person (copies or stamps not accepted)

05/15/2022

Date

Board Use Only	Date Received: _____	Amount: 500 cc

THE PHARMACY HUB RESPONSES

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.

Non-Publicly Traded Partner : THE PHARMACY HUB

• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)

KENWALJIT SINGH BAINS (President/Owner)
[redacted] COLLINS AVE
PH5403
SUNNY ISLES, FL
33160
SS# [redacted]
DOB [redacted]
100% OWNERSHIP

• List the top four stockholders and their percent ownership. NRS 639.231(3)

ONLY one owner.
KENWALJIT SINGH BAINS (100% Stockholder)
[redacted] COLLINS AVE
PH5403
SUNNY ISLES, FL
33160
SS# [redacted]
DOB [redacted]
100% OWNERSHIP

• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)

KENWALJIT SINGH BAINS (100% Stockholder)
[redacted] COLLINS AVE
PH5403
SUNNY ISLES, FL
33160
SS# [redacted]
DOB [redacted]
100% OWNERSHIP

• Copy of DEA Registration if handling controlled substances (REQUIRED FOR NONNEVADA PHARMACIES ONLY)

The Pharmacy Hub will not be dispensing control substances into the State of Nevada. The Pharmacy Hub will not be pursuing a DEA # for the current foreseen future since there is no need for the current business in dispensing control substances. If at any point The Pharmacy Hub pursues applying for a DEA # and is granted a DEA # for the site, we would immediately report this to the Nevada Board of Pharmacy and have in place all regulatory and compliance to make sure we meet and exceed the control substance dispensing requirements of the State of Nevada and CFR under Federal Law.

• Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)

THE PHARMACY HUB does not provide Internet Pharmacy services

• Transmit Controlled Substance Prescription Data- Pharmacies dispensing scheduled IIV controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/

Not applicable but understood if we pursue a DEA number.

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Florida HEALTH

Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

May 27, 2022

The Pharmacy Hub, LLC
Attn: Kenwaljit Bains
15600 NW 15th AVE, STE C
Miami, FL 33169

RE: Sealed License Certification for Dr. Kenwaljit Singh Bains

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Pharmacist
LICENSE NUMBER:	PS40931
ORIGINAL CERTIFICATION:	02/20/2006
EXPIRATION DATE:	09/30/2023
CURRENT STATUS OF LICENSE:	CLEAR, ACTIVE
AGENCY ACTION:	No
LICENSE GRANTED BY:	Endorsement

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Gale Stith

Regulatory Specialist II

cc: KEN@THEPHARMACYHUB.COM

/gs

Department of Health

KENWALJIT SINGH BAINS

License Number: PS40931

Data As Of 5/13/2022

Profession	Pharmacist
License	PS40931
License Status	CLEAR/ACTIVE
License Expiration Date	9/30/2023
License Original Issue Date	02/20/2006
Address of Record	[redacted] COLLINS AVE PH5403 SUNNY ISLES SUNNY ISLES, FL 33160
Discipline on File	No
Public Complaint	No

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.


Florida
DRIVER LICENSE
USA
CLASS E
[redacted]
1 BAINS
2 KENWALJIT SINGH
8 [redacted] COLLINS AVE PH5403
SUNNY ISLES, FL 33160-5107
3 DOB [redacted]
15 SEX M
4b EXP 04/27/2028
16 HGT 6'-00"
12 RESTR A
9a END NONE
DONOR
4a ISS 02/17/2020
5DD X632002172961
Operation of a motor vehicle constitutes consent to any sobriety test required by law.

KEN BAINS PHARMACIST LICENSES

STATE	DATE ISSUED	LICENSE EXPIRATION	RENEWAL	LICENSE NUMBER	DISCIPLINARY
FLORIDA	2/20/2006	9/30/2023	COMPLETED	PS40931	NONE
MICHIGAN	6/28/2002	06/28/2023	COMPLETED	5302031085	$500 FINE
NORTH CAROLINA	11/21/2012	12/31/2022	COMPLETED	22995	NONE
COLORADO	3/18/2022	10/31/2023	New License	PHA0023942	NONE
NEBRASKA	3/11/2022	1/1/2024	New License	17431	NONE
OREGON	6/14/2022	6/30/2023	New License	RPH-0018990	NONE
NEVADA					Register and take MPJE
ARIZONA					Register and take MPJE
TEXAS					Register and take MPJE

State of Florida
Department of State

I certify from the records of this office that THE PHARMACY HUB LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on January 28, 2022, effective January 21, 2022.

The document number of this company is L22000050840.

I further certify that said company has paid all fees due this office through December 31, 2022, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 220210112055-100379738301#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Tenth day of February, 2022

Laurel M. Lee
Secretary of State

Electronic Articles of Organization For Florida Limited Liability Company

L22000050840
FILED 8:00 AM
January 28, 2022
Sec. Of State
mnkane

Article I

The name of the Limited Liability Company is:

THE PHARMACY HUB LLC

Article II

The street address of the principal office of the Limited Liability Company is:

15600 NW 15TH AVENUE,
SUITE C
MIAMI, FL. US 33166

The mailing address of the Limited Liability Company is:

15600 NW 15TH AVENUE,
SUITE C
MIAMI, FL. US 33166

Article III

The name and Florida street address of the registered agent is:

KENWALJIT S BAINS
18201 COLLINS AVE PH5403
SUNNY ISLES, FL. 33160

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: KENWALJIT S. BAINS

L22000050840
FILED 8:00 AM
January 28, 2022
Sec. Of State
mnkane

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
KENWALJIT S BAINS
18201 COLLINS AVE PH5403
SUNNY ISLES, FL. 33160 US

Article V

The effective date for this Limited Liability Company shall be:

01/21/2022

Signature of member or an authorized representative

Electronic Signature: KENWALJIT S. BAINS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

AC# 10981888

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
05/12/2022	PH 33959	130108

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Schedule II & III
Community Pharmacy

Expiration Date: **FEBRUARY 28, 2023**
THE PHARMACY HUB LLC
15600 SUITEC 15600 NW 15TH AVENUE
SUITE C
MIAMI, FL - 33169

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC# 10981888

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
05/12/2022	PH 33959	130108

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date : **FEBRUARY 28, 2023**

THE PHARMACY HUB LLC

REGISTRANT SIGNATURE

QUALIFICATION(S):
Schedule II & III
Community Pharmacy

EXPIRATION DATE: **FEBRUARY 28, 2023**

Your license number is PH 33959. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes, request duplicate licenses and much more.

It's simple. Log onto your MQA Online Services account today at http://flhealthsource.gov/. Select the "Account Login" button to access your account. For changes to your name, address or to request duplicate licenses, choose your selection from the dropdown list under "Manage My License". Your profession will open for renewal 90 days prior to your expiration date. When the renewal cycle opens for your profession, the "Renew My License" header will automatically display on your license Dashboard.

IMPORTANT ANNOUNCEMENTS

ARE YOU RENEWAL READY?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit www.FLHealthSource.gov/AYRR

GROUNDS FOR DISCIPLINE

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed. Florida Statutes can be accessed at www.leg.state.fl.us/Statutes

Mission:
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Florida HEALTH

Vision: To be the **Healthiest State** in the Nation

Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

May 19, 2022

Ken Bains
The Pharmacy Hub Llc
15600 Nw 15Th Avenue, Suite C
Miami, FL 33169

RE: License Certification for The Pharmacy Hub Llc

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH33959
ORIGINAL CERTIFICATION:	05/11/2022
EXPIRATION DATE:	02/28/2023
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No
LICENSE GRANTED BY:	N/A
OTHER CERTIFICATIONS:	Community Pharmacy, Schedule Ii & Iii

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Gwendolyn Bailey

Gwendolyn Bailey
Operations & Mgmt. Consultant Mgr.

Department of Health

License Number: PH33959

Data As Of 5/15/2022

Profession	Pharmacy	
License	PH33959	
License Status	CLEAR/	
Qualifications	Schedule II & III	Community Pharmacy
License Expiration Date	2/28/2023	
License Original Issue Date	05/11/2022	
Address of Record	15600 15600 NW 15th Avenue Suite C MIAMI, FL 33169	
Discipline on File	No	
Public Complaint	No	

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Florida HEALTH

Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

May 11, 2022

The Pharmacy Hub Llc
15600 Suitec 15600 Nw 15th Avenue
Suite C
Miami, FL 33169

To Whom It May Concern:

Congratulations! You are now licensed as a Pharmacy in Florida. Your license number is **PH 33959**. You will receive the actual copy of your license within 7 days.

Your license will expire on **02/28/2023** and must be renewed biennially. Renewal notices are mailed to the last mailing address of record approximately 90 days prior to the expiration of your license. It is your responsibility to keep this office informed in writing of your current mailing address for receiving your license renewal notice and other pertinent information concerning your pharmacy permit.

In accordance with section 893.055(3)(a), F.S., any health care practitioner who has dispensed a controlled substance, as defined in section 893.03, Florida Statutes (F.S.), (i.e., OxyContin®, Percocet®, Vicodin®, Klonopin®, Xanax®, and Valium®), is required to report dispensing information to the Prescription Drug Monitoring Program's database each time a controlled substance in schedules II, III, IV, and V are dispensed to a patient, as soon thereafter as possible but no later than close of business the day after the prescription is dispensed unless an extension or exemption is approved by the Department of Health. This includes pharmacies licensed under chapter 465, F.S., and dispensing health care practitioners licensed under chapter 458, 459, 461, 462, 465, or 466, F.S.

Please visit http://www.floridahealth.gov/statistics-and-data/e-forcse/dispenser/index.html and view the Data Submission Guide for Dispensers for step-by-step instructions on how to create an account to upload your controlled substance dispensing information.

The Department of Health is committed to continuous improvement in customer service. As a recent licensee, you are our most valuable customer. How you feel about the service we provided you while you were getting licensed matters a great deal. To make it simple for you to share your opinions, we have developed an on-line survey at http://www.floridahealth.gov/licensing-and-regulation/survey/new-licensee-questionnaire.html . The brief time you take to tell us how we performed our jobs will help us better serve you and other new licensees in the future.

Sincerely,

Gerlisia Still
Regulatory Specialist III

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV355 - Community Pharmacy (New Business / Change of Owner)

File # 28345
Insp # 184485

NAME	PERMIT NUMBER	DATE OF INSPECTION
THE PHARMACY HUB LLC		05/10/2022
DOING BUSINESS AS		
STREET ADDRESS 15600 SuiteC 15600 NW 15th Avenue Suite C	**TELEPHONE #** 954-895-9454	**EXT**
CITY MIAMI	**COUNTY** MIAMI-DADE	**STATE/ZIP** FL/33169

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours 10:00 am to 7:00 pm
Monday Y	Monday Hours 10:00 am to 7:00 pm
Tuesday Y	Tuesday Hours 10:00 am to 7:00 pm
Wednesday Y	Wednesday Hours 10:00 am to 7:00 pm
Thursday Y	Thursday Hours 10:00 am to 7:00 pm
Friday Y	Friday Hours 10:00 am to 7:00 pm
Saturday Y	Saturday Hours Closed
Sunday N	Sunday Hours 10:00 am to 5:00 pm

Registered Pharmacist / Intern / Tech

License # PS 40931	Licensee Name Kenwaltjit S. Bains
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # NO DEA YET (NEW PHARMACY)	

License Relations

Pharmacy Affiliate

BAINS, KENWALJIT SINGH	License # 40931

RX DPT MGR/COR/POR

BAINS, KENWALJIT SINGH	License # 40931

INV355 - Community Pharmacy (New Business / Change of Owner)

COMMUNITY REQUIREMENTS GENERAL SECTION

Rx Department is open for a minimum of 20 hours per week and signage stating the hours the pharmacy department is open. [64B16-28.1081, F.A.C.]	N/A
Patient Consultation Area sign is posted. [64B16-28.1035, F.A.C]	Yes
Private Consultation Area available. [64B16-28.1035, F.A.C]	Yes
Generic equivalent sign is posted. [465.025(7), F.S]	Yes
Prescription department is clean and safe, has a sink with running water convenient to the prescription department, and references and equipment necessary for the practice of pharmacy. [64B16-28.102 F.A.C.]	Yes
Pharmacy has a designated Prescription Department manager with a current and active Florida license. [465.018, F.S.]	Yes
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16 -27.410(2)(a) F.A.C.]	Yes

INV355 - Community Pharmacy (New Business / Change of Owner)

Insp # 184485

THE PHARMACY HUB LLC

File # 28345

Continuous Quality Improvement Program described in Policy and Procedure manual [64B16-27.300 F.A.C.] [766.101(1)(a)(l) F.S.]	Yes
Policy and Procedure to prevent the fraudulent dispensing or controlled substances. [465.022 (4) F.S]	Yes
Prescription Department is securable from unauthorized access. [64B16-28.109 F.A.C.]	Yes
All medications to be purchased from a Florida licensed wholesaler [499-F.S.]	Yes
The following rules have been reviewed with the applicant: 64B16-30.003, F.A.C. (Citations), 64B16-28.140(4) F.A.C. (Compounding Records), 64B16-28.1081, F.A.C. (Regulation of Daily Operating Hours; Commencement of Operation-s), 64B16-28.202, F.A.C (Closing of a Pharmacy)	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	Yes
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	Yes

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Remarks:

This is a new business pharmacy inspection for a community permit conducted with Kenwaltjit S. Bains, PDM. Pharmacy is clean/safe and has met all inspection requirements.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature

BARREIROS, DANAY

Date:5/10/2022

Representative:

Kenwaltjit S Bains PS 40931

Date:5/10/2022

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler The Pharmacy HUB LLC.

Physical Address 15600 NW 15th AVE Suite C

City Miami State FL Zip 33169

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 305-731-2318 Website _____

Licensing Company Email Ken@pharmacyhub.com.

Section 2: Personal Information

First Amer Middle Hussien Fathy Last Abdelmeksoud.

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Jacob Crossing Dr.

City Holiday State FL Zip 34691

Telephone [redacted] Email [redacted]@gmail.com.

Are you a citizen of the United States? ☐ Yes ☒ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.179)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials AA.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	City	State	Zip	From - To (MM/YY – MM/YY)
Alexandria school of pharmacy.				8/2009 – 6-2014
Address: Alexandria EGYPT	N/A.	N/A	N/A.	
Diploma/Degree obtained, if any: B.S. of Pharmaceutical sciences.				
School Name: Gamal Abdelnasser High school				From - To (MM/YY – MM/YY) 9-2006 – 6-2009
Address: Alexandria East — EGYPT		State N/A	Zip N/A.	
Diploma/Degree obtained, if any: High school Degree.				
School Name				From - To (MM/YY – MM/YY)
Address	City	State	Zip	
Diploma/Degree obtained, if any				
School Name				From - To (MM/YY – MM/YY)
Address	City	State	Zip	
Diploma/Degree obtained, if any				
School Name				From - To (MM/YY – MM/YY)
Address	City	State	Zip	
Diploma/Degree obtained, if any				

N/A.

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/16-04/17	[redacted] locust ridge Dr.	Trillvale	PA	15209
04/17-06/17	[redacted] old williamsburg hwy	Murrysville	PA	15668
06/17-11/17	[redacted] SE Arapahoe ln.	Lake city	FL	32025
11/17-11/18	[redacted] canterbury dr	Largo	FL	33770
12/19-5/19	[redacted] Tailwinkee Ave	Dunedin	FL	34698
6/19-10/20	[redacted] Lakeside Commons Dr.	Tampa	FL.	33613
11/20-now.	[redacted] SW 39th St.	Davie	FL	33314
5/22-now.	[redacted] Jacob crossing ln	Holiday	FL	34691
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Absolute pharmacy			From - To (MM/YY – MM/YY): 5/19 – 5/20
Business Address: 16011 N Nebraska Ave	City: Lutz	State: FL	Zip:
Phone: 813 999 2700	Title: Sterile Comp. pharmacist	Number of Employed Hours: 3000 hrs	
Description of Duties: Sterile compounding pharmacist; verification.			

Business Name: Hollandale pharmacy			From - To (MM/YY – MM/YY): 6/20 – 5/22
Business Address: 2666 SW 36th st.	City: Ft. Lauderdale	State: FL	Zip: 33312
Phone: 954-455-3822	Title: QA pharmacist.	Number of Employed Hours: 6500	
Description of Duties: QA procedures implementation/RED/STAGE sterile RPL			

Business Name: The pharmacy HUB. LLC			From - To (MM/YY – MM/YY): 6/22 – now
Business Address: 15600 NW 15th Ave	City: Miami	State: FL	Zip: 33169
Phone: 305-731-2818	Title: Part time pharmacist (writer)	Number of Employed Hours: 500 –	
Description of Duties: Helping pharmacy owners in establishing pharmacy SOPs; protocols and procedures.			

Business Name: Shields pharmacy			From - To (MM/YY – MM/YY): 6/22 – now
Business Address: 2196 Main st ste A	City: Dunedin	State: FL.	Zip: 34698
Phone: 727-618-2680	Title: Consultant pharmacist (Part-time)	Number of Employed Hours: 200	
Description of Duties: STAGE in QA; Compounding procedures, SOPs.			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:	Number of Employed Hours:	
Description of Duties:			

Continue on next page if additional space is needed.

Applicant's initials AA

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials AA' 5

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

7-18-2022
Date

Applicant's initials AA.

I, Amer Abdelmaksoud., certify that as the designated representative for The pharmacy HUB.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Amer Abdelmaksoud.
Print Name (First, Last)

Amer Abdelmaksoud
Original Signature (electronic, copies or stamps not accepted)

7-18-2022
Date

Applicant's initials AA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Amer Abdelmoksoud.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/18/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Hillsborough/Broward County.

I, Amer H Abdelmoksoud., being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/28/22

Date

Subscribed and Sworn to before me this 28th day of July/2022.

Notary Public Signature

MAKONNEN WALLEN
Notary Public - State of Florida
Commission # HH 145945
My Comm. Expires Jun 27, 2025
Bonded through National Notary Assn.

Applicant's initials AA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler THE PHARMACY HUB LLC.

Physical Address 15600 NW 15th Ave, Suite C

City Miami State FL Zip 33169

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 305-731-2318 Website www.THEPHARMACYHUB.com

Licensing Company Email Ken@THEPHARMACYHUB.com.

Section 2: Personal Information

First Kenwaljit Middle Singh Last Bains.

Alias(es, nicknames, name changes, etc.) Kep Bains / Kenny Bains.

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Collins Ave. PH5403

City Sunny Isles State FL Zip 33160

Telephone [redacted] Email Ken@THEPHARMACYHUB.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: N/A to: N/A

Military Occupation/Specialty N/A

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's Initials KB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Wayne State University		09/96 - 03/02	
Address	**City**	**State**	**Zip**
42 W. Warren Ave	Detroit	MI	48202
Diploma/Degree obtained, if any			
Bsc. of Allied Health Sciences.			

School Name		From - To (MM/YY – MM/YY)	
Wayne State University		09/96 - 03/02	
Address	**City**	**State**	**Zip**
42 W. Warren Ave.	Detroit	MI	48202
Diploma/Degree obtained, if any			
Bsc. of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Belle River District High School		09/92 - 07/96	
Address	**City**	**State**	**Zip**
333 South St. E	Belle River	ONTARIO CANADA	NOR 1A0
Diploma/Degree obtained, if any			
High School Graduation Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/15 - Present	[redacted] Collins Ave PH 5403	Sunny Isles	FL	33160
03/10 - 10/15	[redacted] Portofino Meadows Blvd	Orlando	FL	32824
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials KB

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
MEDZDIRECT			10/15 – Present	
Business Address		City	State	Zip
1065 NE 125th ST Suite 207		North Miami	FL	33161
Phone	Title		Number of Employed Hours	
786 347-0365	Director of Pharmacy.		17K plus over 5yrs	
Description of Duties				
Manage Regulatory and Compliance of Pharmacy, Fill/Check Orders, work with Clinical team in Psych care.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials KB

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials KB

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

K. [signature]

Original Signature (electronic, copies or stamps not accepted)

05/15/2022

Date

Applicant's initials KB

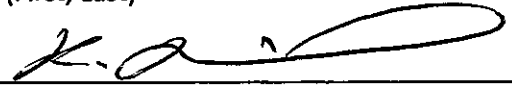
I, KENWALJIT SINGH BAINS, **certify that as the designated representative for** THE PHARMACY HUB LLC.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

KENWALJIT S. BAINS

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

05/15/2022

Date

Applicant's initials KB.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kenwaljit Singh Bains
Print Name (First, Last)

K. B.
Original Signature (electronic, copies or stamps not accepted)

05/16/2022
Date

Please have this section completed in the presence of a Notary Public.

State of FLORIDA, ss. County of Miami / DADE

I, KENWALJET S. Bains, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

K. B.
Original Signature

05/16/2022
Date

Subscribed and Sworn to before me this 16th day of May 2022.

Notary Public Signature

BHERGNON ALEMAN
Notary Public - State of Florida
Commission # GG 936174
My Comm. Expires Dec 2, 2023

(Seal)

Applicant's initials KB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/ Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler THE PHARMACY HUB LLC.

Physical Address 15600 NW 15th Ave Suite C

City Miami State FLORIDA Zip 33169

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 305-731-2318 Website www.THEPHARMACYHUB.com

Licensing Company Email KEN@THEPHARMACYHUB.com

Section 2: Personal Information

First KENWALJIT Middle SINGH Last BAINS

Alias(es, nicknames, name changes, etc.) KEN, KENNY

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Collins Ave PH5403

City Sunny Isles State FL Zip 33160

Telephone [redacted] Email KEN@THEPHARMACYHUB.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.320)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: N/A to: N/A

Military Occupation/Specialty N/A

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	N/A

Applicant's initials KB.

Section 5: List your high school and all post-secondary schools you have attended (Please start with most recent and include periods of unemployment. Attach additional sheets if needed.)

School Name	From - To (MM/YY – MM/YY)
Belle River District High School	

Address	City	State	Zip
333 South St.	Belle River	ONTARIO	NOR-1A0

Diploma/Degree obtained, if any	
High School Diploma	CANADA

School Name	From - To (MM/YY – MM/YY)
Wayne State University	09/96 - 05/2002

Address	City	State	Zip
42 W. Warren Ave	Detroit	MI	48202

Diploma/Degree obtained, if any
Bsc of Allied Health Sciences & Bsc of Pharmacy.

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any

[redacted]

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10-2015 - Present	[redacted] Collins Ave PH5403	Sunny Isles	FL	33160
03-2010 - 10/2015	[redacted] Portofino Meadows Blvd	Orlando	FL	32824

Applicant's initials KB.

Section 7: Provide [illegible] 3 years [illegible] for the corporations listed [illegible] by this [illegible] 25% [illegible] shares [illegible] Attach additional sheets [illegible] of relevant experience for [illegible] Owners.

Business Name			From - To (MM/YY – MM/YY)
THE PHARMACY HUB LLC.			01/2022 – Present
Business Address	**City**	**State**	**Zip**
15600 NW 15th Ave Suite C	Miami	FL	33169
Phone	**Title**		
954-895-9454	CEO / President		
Description of Duties			
Owner – New startup, all facets.			

Business Name			From - To (MM/YY – MM/YY)
MED2DIRECT PHARMACY.			10-2015 – Present
Business Address	**City**	**State**	**Zip**
1065 NE 125th STREET Suite 207	N. Miami	FL	33161
Phone	**Title**		
786-347-0365	Director of Pharmacy Operations.		
Description of Duties			
– Manage Day to Day Operations and Staff. Report to CEO & make sure we exceed all yearly KPI's while remaining compliant with all State & Federal Laws.			

Business Name			From - To (MM/YY – MM/YY)
Value Pharmacy			01-2019 – 11-2019
Business Address	**City**	**State**	**Zip**
407 W. OAK ST.	Kissimmee	FL	34741
Phone	**Title**		
407-518-9445	PIC PHARMACY MANAGER.		
Description of Duties			
PIC for entire Facility.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials KB

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's Initials KB

Section 3: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials KB

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1, Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
		MI	DETROIT	WAYNE

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Attached Doc's.	STATE OF MI. / DETROIT Police Dep. / MI Board of Pharm

Reason/Charge: LARCENY BY DIVERSION - CRIMINAL - MI BOARD OF PHARMACY - See Attached Doc's.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
	N/A.

Name of Business/Industry/Entity:

Provide explanation below: PLEASE SEE ATTACHED INFO.

K. B

Original Signature (electronic, copies or stamps not accepted)

07/13/2022

Date

Applicant's Initials KB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

KENWALJIT S. BAINS.

Print Name (First, Last)

K. B

Original Signature (electronic, copies or stamps not accepted)

07/13/2022

Date

Please have this section completed in the presence of a Notary Public.

State of FLORIDA, ss. County of MIAMI-DADE

I, KENWALJIT S. BAINS., being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

K. B

Original Signature

07/13/2022.

Date

Subscribed and Sworn to before me this 13th day of July 2022

Notary Public Signature

Applicant's initials KB.

Detailed statements surrounding the events that took place on August 29, 2006.

I was taken by CVS loss prevention and threatened that my H1B work visa would be revoked, and I would be fired if I did not sign a statement saying I had taken a list of medications they provided me. Over several hrs. of interrogation and refusing to sign anything and telling them I had never taken or stolen anything from CVS let alone any Rx medication, I was assured that I just needed to sign a list of medication taken and nothing would be reported to the Board of Pharmacy and my work visa would remain in place. The interrogation was over several hrs., and I gave in and signed the document. They then terminated my employment and reported these false accusations to the Michigan Board of Pharmacy and Detroit Police. In my own opinion I believe there was probably theft at this store that I was working as a floater at long before I had worked at the location in Detroit. I believe there was pressure on Loss Prevention to place blame on someone once they had discovered the theft to protect themselves for the significant loss. During this time in my life I was working over 100hrs per week for CVS as a floater due to Pharmacist shortages and being pressure that my work visa would be revoked if I did not work the hours as requested by my PDM. I was very young at the time and physically and mentally exhausted, I was an easy target, young and naïve and wanting to do whatever it took to get my Green Card sponsored by CVS.

Detailed statement surrounding your having been disciplined by the Michigan Board of Pharmacy

After being investigated by the Board of Pharmacy, Detroit Police Department, Department of Health, USCIS (United States Immigration Services) then having the Macomb Police Department conduct a lie detector that I passed on two occasions everyone believed the facts of what happened and I had No wrong doing. Also, they spoke to all CVS employees and after viewing countless hours of all the video tapes of me working at the CVS stores they saw no wrong doing on my behalf or any theft of medications. The Board of Pharmacy had a sit-down meeting with me to go over what happened. After I explained my side and they saw my 100hr work weeks along with No material evidence other than my coerced confession they believed the allegations to be false. They dismissed the case but one of the board members felt that I should pay at least $500 for the investigation. So, I was fined $500, I could have fought the $500 fine but that means I would have had to go to trial which made no sense since my lawyer fees had already cost me over $60K to fight the criminal, immigration, and Board of Pharmacy cases.

2007701234

STATE OF MICHIGAN

CASE NO: 2007701234

INFORMATION
FELONY

36TH DISTRICT COURT
3rd Judicial Circuit

The People of the State of Michigan

vs

KEN BAINS 82-07701234-01

Offense Information
Police Agency / Report No.
DPNE3 06-03-1270
Date of Offense
08/29/2006 wd
Place of Offense
19900 Van Dyke, DETROIT
Complainant or Victim
CVS PHARMACY
Complaining Witness
INFO & BELIEF

STATE OF MICHIGAN, COUNTY OF WAYNE
IN THE NAME OF THE PEOPLE OF THE STATE OF MICHIGAN: The prosecuting attorney for this county appears before the court and informs the court that on the date and at the location described above, the Defendant(s):

COUNT 1: LARCENY BY CONVERSION - $1,000.00 OR MORE BUT LESS THAN $20,000.00
did, being a person to whom prescription drugs had been delivered, embezzle or fraudulently convert to his/her own use that property, which belonged to CVS Pharmacy, the value of the property was $1,000.00 or more but less than $20,000.00; contrar to MCL 750.362. [750.3623A]
FELONY: 5 Years and/or $10,000.00, or 3 times the value of the property stolen, whichever is greater (see MCL 750.356(3)(a))

Upon conviction of a felony or an attempted felony court shall order law enforcement to collect DNA identification profiling samples.

and against the peace and dignity of the State of Michigan.

Kym Worthy
P38875
Prosecuting Attorney

1/16/2007 2-9-07
Date

By: Keisha L Glenn
Bar Number P64207

STATE OF MICHIGAN
THIRD CIRCUIT COURT FOR WAYNE COUNTY

PEOPLE OF THE STATE OF MICHIGAN

Plaintiff,

Hon. James Chylinski

-v-

Case No. 07-4806

KEN BAINES

Defendant.

NOTICE OF DIVERSION CONSIDERATION

The People of the State of Michigan, through the Wayne County Prosecuting Attorney, give notice that, at the request of his attorney, Defendant Ken Baines has been referred to the Prosecutor's Pre-Trial Diversion Program. Both parties request a Pre-Trial Hearing at least two weeks from today.

Feb 23

Bradley L. Cobb P55008
Principal Attorney
Wayne County Prosecutor's Office
1441 St. Antoine, Ste. 1015
Detroit, MI 48226
313-224-8811

2/9/07
Date

James W. Burdick P11397
Attorney for Defendant

02/09/07
Date

BIND-OVER PACKET CERTIFICATION

*Please forward within 48 hours of Preliminary Examination date, per MCR 6.110(G).

07-55671 — Prosecutor's Warrant Number

Barr, Ken — Defendant's Name

2-2-07 — Bind-Over Date

2-9-07 — A.O.I. Date

Court Reporter/Recorder

District Court/Phone Number

DEFENDANT IS: ( ) IN JAIL ( ) ON BAIL/AMOUNT $5,000

BOND FORMS AND CHECKS MUST BE ATTACHED TO THE TOP OF THIS CERTIFICATION SHEET.

I hereby certify that the following documents are being forwarded in the order shown below by mail or carrier to the Frank Murphy Hall of Justice, Case Initiation Unit, Room 905, 1441 St. Antoine, Detroit, Michigan 48226.

1. ✓ INFORMATION SHEET SIGNED BY PROSECUTOR WITH BAR NUMBER
2. ✓ REGISTER OF ACTIONS
3. ✓ WAYNE COUNTY PROSECUTOR'S RECOMMENDATION
4. ✓ RETURN TO CIRCUIT COURT
5. ___ APPOINTMENT OF COUNSEL (ASSIGNED OR RETAINED)
6. ✓ COMPLAINT
7. ✓ WARRANT
8. ___ COPY OF FINGERPRINT CARD (NECESSARY ONLY IF NOT DONE BY LIVE SCAN)
9. ___ MICHIGAN TEMPORARY LICENSE PLATE

Estelle Norris — COURT CLERK

2-3-07 — DATE

*Please verify all documents are complete and signed where necessary.

Remarks: _____

Revised 12/03

ORIGINAL - COURT FILE
1ST COPY - BINDOVER COPY
MITTIMUS - SHERIFF

FORM NO. DCY 250/251

WARRANT RECALL COPIES
WHITE - COURT FILE
WHITE - RETURN TO COURT WITH WARRANT
PINK - DETROIT POLICE DEPARTMENT

STATE OF MICHIGAN
VS

Felony REGISTER OF ACTIONS

36th DISTRICT COURT
CRIMINAL DIVISION
421 Madison Avenue
Detroit, MI 48226

Defendant name and address
BAIN, KEN
[redacted] Riverfront - Suite [redacted]
Detroit, MI
JAN 22 2007

Sex: M Race: A DOB: [redacted]

Defendant Alias(s)
BAINS, Ken,

Case no. 07055671
Offense date 8/29/2006
Complaint date 10/12/2006
CTN: [redacted]

Offense charged and section no.
750.623A
LRC/CNV 1M

BOND HISTORY

Date Set	Date Posted	Type	Amount
1-22-07		PB	5,000
JAN 22 2007			

Defense Attorney, Address, Bar no., Telephone
R-David A. Gallina-P63113

Robin Webster-Epps
Court Clerk

Police No. 06588601 | Police Agency DPNE3 | Precinct 1210

Arraignment Date 1-22-07 ☐ Guilty ☑ Not Guilty ☐ No Contest ☐ Mute Judge MAG. ROBERT K. COSTELLO

Adjudication Date 2-2-07 ☐ Jury Trial ☐ Bench Trial ☑ Exam ☐ Other Judge

FINDINGS ☐ Guilty as Charged ☐ Not Guilty ☐ Dismissed ☐ Nolle Prosequi

☐ Guilty, other. Charge and Section no.:

Sentencing Date | Sentence | ☐ Probation length | Judge

DATE	CODE	ACTIONS, JUDGMENTS, CASE NOTES	Initials
2/2/07	EX	Court Reporter: CHERYL MOORE Prosecutor: Blair Moody No. 44416	
JAN 22 2007	MO	Motion on bond condition is granted. Deft can leave State of Michigan to work in Florida; Delete restriction against working in Pharmacy. JUDGE PAULA G. HUMPHRIES Gloria McKithen Court Clerk	
2/2/07	EX	WBO AOI 2/9/07 at 9:00 am B/C Stipulation for Substitution of Counsel filed. James W Burdick in place and Stead of Christopher Pencak. Appearance Filed JUDGE NANCY A. FARMER	

STATE OF MICHIGAN

CASE NO: 2007701234

RETURN TO CIRCUIT COURT

36TH DISTRICT COURT
3rd Judicial Circuit

FELONY

The People of the State of Michigan

vs

KEN BAINS 82-07701234-01

Offense Information
Police Agency / Report No. 07 55671
DPNE3 06-03-1270
Date of Offense
08/29/2006 wd
Place of Offense
19900 Van Dyke, DETROIT
Complainant or Victim
CVS PHARMACY
Complaining Witness
INFO & BELIEF

Charge(s)
750/3623A 01

EXAMINATION WAIVED

1. I, the defendant, understand:
   a. I have a right to employ an attorney.
   b. I may request a court appointed attorney if I am financially unable to employ one
   c. I have a right to a preliminary examination where it must be shown that a crime was committed and probable cause exists to charge me with the crime.

2. I voluntarily waive my right to a preliminary examination and understand that I will be bound over to Circuit Court on the charges in the complaint and warrant (or as amended).

P11397

Defendant Attorney Bar no Defendant

3. ___ Examination having been waived, the Defenadant is bound over to the Circuit Court for further proceedings.

EXAMINATION HELD

4. ___ Upon examination of the matter I find that an offense not cognizable by a District Judge has been committed and there is probable cause for charging the Defendant with the crime. I bind the Defendant over to the Circuit Court for further proceedings.

Date arraigned: _____ Defense Attorney: _____

Examination held on: _____

Witness called: _____

BIND OVER

Bound to Circuit Court to appear on 3/9/7 at 9:00 am m., Courtroom No. _____

Bond set in the amount of $ 5000 Type of Bond: Pers

Statute: MCL 750 362 3A

Date: 2/2/7

District Judge/Magistrate

Original - Court
Additional copies to all attorneys of record and unrepresented parties
PROBATE OSM CODE: ATT

Approved, SCAO

To order this form, call (517) 337-1211
Target Information Management, Inc.

STATE OF MICHIGAN 36th JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	APPEARANCE	CASE NO. 0755671

Court address: 421 MADISON, DETROIT MI

Court telephone no.: (313) 965-5105

Plaintiff(s)/Petitioner(s)	v	Defendant(s)/Respondent(s)
PEOPLE OF MICHIGAN		BAINS

☐ Probate In the matter of _____

☐ Juvenile In the matter of _____

TO: Clerk of the Court/Register, all attorneys of record, and unrepresented parties: Specify names and addresses

I appear on behalf of KEN BAINS as

☑ attorney ☐ guardian ad litem and request copies of all papers filed in this case.

☐ Court appointed ☐ Retained by _____

I certify that I represent no other interest whatsoever of any party to this cause, except as follows:

1/22/07
Date

Daniel A Gallina
Signature

DANIEL A. GALLINA P63113
Name (type or print) Bar no.

27322-23 MILE STE 7
Address

CHRISTOPHER PENCAK P.C.
Firm name

CHESTERFIELD, MI. 48051 (586) 598-4650
City, state, zip Telephone no.

MC 02 (3/01) **APPEARANCE**

MCR 2.117 MCR 5.915(C) MCR 5.916

Approved, SCAO

To order this form, call (517) 337-1211
Target Information Management, Inc.

Original - Court
Additional copies to all attorneys of record and unrepresented parties
PROBATE OSM CODE: ATT

STATE OF MICHIGAN 36TH JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	APPEARANCE	CASE NO. 07-55671-01

Court address

Court telephone no.

Plaintiff(s)/Petitioner(s)	v	Defendant(s)/Respondent(s)
PEOPLE		KENWALJIT S. BAINS

☐ Probate In the matter of _____

☐ Juvenile In the matter of _____

TO: Clerk of the Court/Register, all attorneys of record, and unrepresented parties: Specify names and addresses

I appear on behalf of KENWALJIT BAINS as

☒ attorney ☐ guardian ad litem and request copies of all papers filed in this case.

☐ Court appointed ☒ Retained by _____

I certify that I represent no other interest whatsoever of any party to this cause, except as follows:

02/02/07
Date

Signature

JAMES W. BURDICK P11397
Name (type or print) Bar no.

1760 S TELEGRAPH STE 300
Address

Firm name

BLM HLS MI 48302
City, state, zip

[redacted]
Telephone no.

MC 02 (3/01) APPEARANCE

MCR 2.117, MCR 5.915(C), MCR 5.916

PERSONAL BOND

THE STATE OF MICHIGAN

-vs-

Name: Lamo, Ken Date: 1-22-07

Personal Bond Amount: $ 5,000 PR Case No. 07-556701

Issuing Judge/Magistrate: Costello LPD/SID 658867

I understand that I have been granted release pending resolution of the above case. I understand that as a condition of my release, Pretrial Services will supervise me. By accepting this release, I agree to observe the following conditions:

1. Report by phone to Pretrial Services, 1441 St. Antoine, Room 931, Detroit, Michigan 48226, within 48 business hours from the above date.
2. Report Monday through Friday between the hours of 8:30 am and 2:30 pm as indicated:

- [X] **Weekly** — [ ] (313) 224-7098 (If bond is issued between the 1st and 9th of the month)
  - [ ] (313) 224-5896 (If bond is issued between the 10th and 18th of the month)
- [ ] **Daily** — [X] (313) 224-7113 (If bond is issued between the 19th and 27th of the month)
  - [ ] (313) 224-5897 (If bond is issued between the 28th and 31st of the month)
  - [ ] (313) 224-5897 **House Arrest Tether** MS. Quarter

Report in person the following business day to Pretrial Services and **pay minimum enrollment fee of $106.00**

3. Notify Pretrial Services of any changes in my address or employment.
4. Not violate Federal, State, or Local laws.
5. Not leave the State of Michigan without consent from the Court.
6. Appear for **each** scheduled court date.

My NEXT COURT DATE is: 2-2-07 at 8:30 a.m. / p.m.

Before JUDGE ——— @ 36th Dist Ct. in courtroom ———

XAM

7. Other Conditions: Cannot leave state at least until next court date.

I understand the conditions of this bond, of which I have been given a copy. I also understand that failure to comply with these conditions may result in termination of this bond and my return to custody. If I fail to appear for any scheduled court date, a judgment may be entered for the entire amount of the bond and a bench warrant will be issued for my arrest.

X [redacted]
SIGNATURE OF DEFENDANT

[redacted] Virginia Park Ave. [redacted]
ADDRESS

Detroit, MI 48226
CITY

(3[redacted]
DEFENDANT'S HOME PHONE NUMBER

(3[redacted]
FRIEND OR RELATIVES PHONE NUMBER

1/22/07
PRE-TRIAL SPECIALIST / POLICE OFFICER / CLERK

WHITE — COURT COPY
CANARY — DEFENDANT
PINK — PLAINTIFF

STATE OF MICHIGAN 36th JUDICIAL DISTRICT	MOTION TO REDUCE BOND	CASE NO. 07-55671-01

421 Madison, Detroit MI 48226
Court Address — Court Telephone No.

THE PEOPLE OF ☐ The State of Michigan ☐ The City of Detroit

V

Defendant's name, address, and telephone no.
Ken Barr

CTN 82-07701234-d | SID | DOB 4/27/1971

MOTION TO REDUCE BOND

I move for reduction of bail in the above district court case for the following reason(s):

To change to conditions of the Bond To wit Allowing Defendant to work in Fla. and at a Pharmacy

Daniel A. Gallina P#63113
Attorney for Defendant

ORDER GRANTING REDUCTION

On motion of the Defense Counsel and after review by the Court, IT IS HEREBY ORDERED that the bail bond previously set by the Court is hereby reduced to a

☒ personal
☐ surety
☐ cash

bond in the amount of $ _____

Defendant Can leave State of Michigan to work in Florida. Delete restriction against working in Pharmacy.

1-22-07
Date

Paula L. Dumphries
District Court Judge

CD 132 OR (5/88)

ORIGINAL - COURT FILE
1ST COPY - BINDOVER COPY
MITTIMUS - SHERIFF

FORM NO. DCY 250/251

WARRANT RECALL CO-
WHITE - COURT FILE
WHITE - RETURN TO COURT WITH WARRANT
PINK - DETROIT POLICE DEPARTMENT

STATE OF MICHIGAN VS	Felony WARRANT RECALL	36th DISTRICT COURT CRIMINAL DIVISION 421 Madison Avenue Detroit, MI 48226

Defendant name and address
BAIN, KEN
[illegible]

Case no.
07[illegible]

Offense date
[illegible]

Complaint date
[illegible]

Sex: M Race: A DOB: [illegible]

Defendant Alias(s)
BAIN, Ken

Offense charged and section no.
[illegible]
LARCENY 1M

BOND HISTORY

Date Set	Date Posted	Type	Amount
1-22-07		PB	5,000

Defense Attorney, Address, Bar no., Telephone
R-Daniel A. Gallina-P63113

Police No. 1R588601 | Police Agency DPD E3 | Precinct 1210

Live

ORI No. M1820031J

Next Court Date: Feb 2, 2007 Proceeding: Exam

To: DETROIT POLICE DEPARTMENT — Communications

2/2/07 CX DIC CASE: Blair Moore DP [illegible] Precinct or Bureau

IT IS DIRECTED THAT THE WARRANT BE RETURNED TO THE ABOVE COURT IMMEDIATELY. INFORMATION CONCERNING THIS WARRANT IS TO BE REMOVED FROM THE LAW ENFORCEMENT INFORMATION NETWORK (LEIN) FILES IMMEDIATELY UPON RECEIPT OF THIS NOTIFICATION.

DATE: 1-22-07 State of Mich. Dept. to AG, Robert Coskello/newspaper

Judge of the 36th District Court

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTIFICATION TO RETURN/CANCEL THE ABOVE WARRANT AND REMOVE INFORMATION FROM LEIN FILES.

Signature | Badge No. | Date | Time

2/2/07 CX WBO AOI 2/9/07 at 9am B/C

Stipulation for Substitution of Counsel filed. James W. Burdick in place and stead of Christopher E. Pencak. Appearance Filed & Dkted.

ORIGINAL - COURT FILE
1ST COPY - BINDOVER COPY
MITTIMUS - SHERIFF

FORM NO. DCY 250/251

WARRANT RECALL COPIES
WHITE - COURT FILE
WHITE - RETURN TO COURT WITH WARRANT
PINK - DETROIT POLICE DEPARTMENT

STATE OF MICHIGAN
VS

Felony
MITTIMUS

Defendant name and address
BAIN, KEN
300 Riverfront - Suite 33
Detroit MI

Case no.
07053671

Offense date
9/29/2006

Complaint date
10/12/2006

Sex: M Race: A DOB: [redacted]

CTN: [redacted]

Defendant Alias(s)
BAINS, Ken,

Offense charged and section no.
750.520A
LARCENY IN

BOND HISTORY

Date Set	Date Posted	Type	Amount
JAN 22 2007		PB	5000

Defense Attorney, Address, Bar no., Telephone

Police No. 06588601 | Police Agency DPNE3 | Precinct C

First appearance for: EXAM at 8:30 AM on 2-2-07
(Purpose) (Time) (Date)

☐ At the court address above
or

To the Sheriff or Custodial Agency: You are directed to hold the above-named Defendant in your care and custody until further order of the court or until such time as bail bond or personal recognizance is posted. When the Defendant is in your custody you are to bring the Defendant to all hearings and court appearances, or otherwise as directed by the court.

HOLDS:

(SEAL)

IDENTIFICATION

To the Sheriff or Custodial agency: Only when bond or personal recognizance is posted as directed by the court may you release the Defendant from custody.

JAN 22 2007
Date

District Judge/Magistrate

MITTIMUS. Form No. DCY240 Revised 12/82

STATE OF MICHIGAN

CASE NO: 2007701234

COMPLAINT
FELONY

36TH DISTRICT COURT
3rd Judicial Circuit

The People of the State of Michigan

vs

KEN BAINS 82-07701234-01

Offense Information 07-55671
Police Agency / Report No.
DPNE3 06-03-1270
Date of Offense
08/29/2006 wd
Place of Offense
19900 Van Dyke, DETROIT
Complainant or Victim
CVS PHARMACY
Complaining Witness
INFO & BELIEF

STATE OF MICHIGAN, COUNTY OF WAYNE
The complaining witness says that on the date and the location stated above, the defendant, contrary to law,

COUNT 1: LARCENY BY CONVERSION - $1,000.00 OR MORE BUT LESS THAN $20,000.00
did, being a person to whom prescription drugs had been delivered, embezzle or fraudulently convert to his/her own use that property, which belonged to CVS Pharmacy, the value of the property was $1,000.00 or more but less than $20,000.00; contrary to MCL 750.362. [750.3623A]
FELONY: 5 Years and/or $10,000.00, or 3 times the value of the property stolen, whichever is greater (see MCL 750.356(3)(a))

Upon conviction of a felony or an attempted felony court shall order law enforcement to collect DNA identification profiling samples.
The complaining witness asks that defendant be apprehended and dealt with according to law.

Warrant authorized on 1/18/2007 (Date) by:
Michael Harrison P52656

Complaining witness signature

Subscribed and sworn to before me on 1/18/07 (Date)

P31990
Judge/Magistrate/Clerk — Bar no.

STEVE LOCKHART MAGISTRATE

STATE OF MICHIGAN

CASE NO: 2007701234

WARRANT
FELONY

36TH DISTRICT COURT
3rd Judicial Circuit

The People of the State of Michigan

vs

KEN BAINS 82-07701234-01

07 55671

Offense Information
Police Agency / Report No.
DPNE3 06-03-1270
Date of Offense
08/29/2006 wd
Place of Offense
19900 Van Dyke, DETROIT
Complainant or Victim
CVS PHARMACY
Complaining Witness
INFO & BELIEF

STATE OF MICHIGAN, COUNTY OF WAYNE

To any peace officer or court officer authorized to make arrest: The complaining witness has filed a sworn complaint in this court stating that on the date and the location stated above, the Defendant(s), contrary to law,

COUNT 1: LARCENY BY CONVERSION - $1,000.00 OR MORE BUT LESS THAN $20,000.00
did, being a person to whom prescription drugs had been delivered, embezzle or fraudulently convert to his/her own use that property, which belonged to CVS Pharmacy, the value of the property was $1,000.00 or more but less than $20,000.00; contrar to MCL 750.362. [750.3623A]
FELONY: 5 Years and/or $10,000.00, or 3 times the value of the property stolen, whichever is greater (see MCL 750.356(3)(a))

Upon conviction of a felony or an attempted felony court shall order law enforcement to collect DNA identification profiling samples.

Upon examination of the complaining witness, there is probable cause to believe that the offense charged was committed and the Defendant committed the offense. THEREFORE, IN THE NAME OF THE PEOPLE OF THE STATE OF MICHIGAN, I command you to arrest and bring the defendant before the Court immediately.

1/18/07 (SEAL)

Date

Judge/Magistrate

Bar no.

STEVE LOCKHART MAGISTRATE

STATE OF MICHIGAN

CASE NO: 2007701234

MITTIMUS
FELONY

36TH DISTRICT COURT
3rd Judicial Circuit

The People of the State of Michigan

vs

KEN BAINS 82-07701234-01

Offense Information
Date of Offense
08/29/2006 wd

07 55671

Police Agency / Report No.
DPNE3 06-03-1270

SEX	RACE	DOB	SID
M	A	[redacted]	

Charge(s)
750/3623A 01

Defendant:
Alias(s)

HOLDS:

Bond History

Date Set	Date Posted	Type	Amount

Cautions:

Scheduled Court Appearances:

Date	Time	Court Location

To the Sheriff or Custodial Agency: You are directed to hold the above named Defendant(s) in your care and custody until further order of the Court, or until such time as bail bond or personal recognizance is posted. When the Defendant is in your custody, you are to bring the Defendant to all hearings and Court appearances, or otherwise as directed by the Court.

Date: 1/16/2007

STATE OF MICHIGAN

IN THE 36th JUDICIAL DISTRICT COURT

PEOPLE OF THE STATE OF MICHIGAN,

Plaintiff,

v.

Case No. 07-55671-01
Hon:
District Judge

KENWALJIT SINGE BAINS,

Defendant.
_____/

Kym L. Worthy (P-38875)
Wayne County Prosecutor

James W. Burdick (P-11397)
Attorney for Defendant
_____/

STIPULATION FOR SUBSTITUTION OF COUNSEL

JAMES W. BURDICK hereby appears in behalf of Defendant, KENWALJIT SINGE BAINS, in the captioned matter in the place and stead of Christopher E. Pencak, Esq., with Defendant's permission.

Respectfully submitted,

Christopher E. Pencak (attached)
CHRISTOPHER E. PENCAK
27322 - 23 Mile Road, Suite 7
Chesterfield, MI 48051
(586) 598-4650
(586) 598-4654 (Fax)
[redacted]@hotmail.com

JAMES W. BURDICK (P-11397)
1760 S. Telegraph Road, Suite 300
Bloomfield Hills, MI 48302-0183
(248) 335-5000
(248) 253-9620 (Fax)
[redacted]@aol.com

Dated: January 23, 2007

C:\DATA FILES\W.P. DOCS\BAINS, Ken RpH - 2007\AttySub23Jan07.wpd

LAW OFFICES JAMES W. BURDICK, P.C., 1760 SOUTH TELEGRAPH ROAD, SUITE 300, BLOOMFIELD HILLS, MI 48302-0183 (248) 335-5000

THIRD JUDICIAL CIRCUIT OF MICHIGAN

REGISTER OF ACTIONS

CASE NO. 07-004806-01-FH

State of Michigan vs. Ken Bains

§§§§§§§§§§

Location: **Criminal Division**
Judicial Officer: **Chylinski, James R.**
Filed on: **02/02/2007**
Case Number History: **07055671-01**
07701234-01
Case Tracking Number: **07701234-01**
CRISNET/Incident No.: **06-03-1270**

CASE INFORMATION

Offense	Statute	Deg	Date	Case Type:	Noncapital Felonies
1. Larceny By Conversion - $1,000 00 or More Butless Than $20,000 00	7503623A		01/16/2007		
Arrest: DPNE3 - Dpd Northeastern-3				Case Status:	02/22/2008 Final

Statistical Closures
02/23/2007 Diversion

PARTY INFORMATION

		Lead Attorneys
Plaintiff	**State of Michigan**	**Hutting, Andrea Lynn** (313) 226-9110(W)
Defendant	**Bains, Ken** *Other Male* *SID: MI2933290K*	**Burdick, James W.** *Retained* (248) 335-5000(W)

DATE	EVENTS & ORDERS OF THE COURT	INDEX
01/16/2007	Recommendation for Warrant	
01/16/2007	Warrant Signed	
01/22/2007	**Arraignment On Warrant** (Judicial Officer: Costello, Robert K.) Resource: Court Rpt/Rec 314 Charlesworth, Penny Resource: Court Rpt/Rec 3001 Culver, Deborah Resource: Court Rpt/Rec 2369 Gillette, Rosanna *Held*	
01/22/2007	Plea (Judicial Officer: Costello, Robert K.) 1. Larceny By Conversion - $1,000 00 or More Butless Than $20,000 00 Defendant Stand Mute; Plea of Not Guilty Entered by Court	
01/22/2007	**Interim Condition for Bains, Ken** (Judicial Officer: Costello, Robert K.) - Personal Bond (Own Recognizance) $5,000.00	
02/02/2007	**Preliminary Exam** (Judicial Officer: Farmer, Nancy) Resource: Court Rpt/Rec 2153 Moore, Cheryl *Waived/Bound Over*	
02/02/2007	Bound Over	
02/02/2007	Appearance By A Retained Attorney Filed	
02/06/2007	Original Blind Draw Judge	
02/06/2007	AOI Docket	

THIRD JUDICIAL CIRCUIT OF MICHIGAN

REGISTER OF ACTIONS

CASE NO. 07-004806-01-FH

02/06/2007	Case Assignment to AOI Docket
02/09/2007	**Arraignment On Information** (Judicial Officer: Chylinski, James R.) Resource: Court Rpt/Rec CRMD82 Dillard, Marilyn *Held*
02/09/2007	Appearance By A Retained Attorney Filed
02/09/2007	Signed And Filed
02/09/2007	**Interim Condition for Bains, Ken** (Judicial Officer: Chylinski, James R.) - Personal Bond (Own Recognizance) $5,000.00
02/23/2007	**Diversion Candidate** (Judicial Officer: Townsend, Leonard) Resource: Court Rpt/Rec 4477 Kinsey, Suzanne *Held*
02/23/2007	**Disposition Conference** (Judicial Officer: Townsend, Leonard) Resource: Court Rpt/Rec 4477 Kinsey, Suzanne *Held*
02/23/2007	Defendant Placed On Diversion Program
02/23/2007	Granted - Order Signed and Filed
02/23/2007	Presiding Judge Docket
02/23/2007	Filed
02/22/2008	**Review Date** (Judicial Officer: McCree, Wade H.) Resource: Court Rpt/Rec 4477 Kinsey, Suzanne Resource: Courtroom Clerk C5956 Winans, Shajuan *02/22/2008 Reset by Court to 02/22/2008* *Case Was Dismissed*
02/22/2008	Diversion Status Completed - Case Dismissed (Judicial Officer: Chylinski, James R.)
02/22/2008	Return Of Fingerprints & Arrest Records Granted - Order S/F (Judicial Officer: Chylinski, James R.)
02/22/2008	**Disposition** (Judicial Officer: McCree, Wade H.) 1. Larceny By Conversion - $1,000.00 or More But less Than $20,000.00 Diversion

FINANCIAL INFORMATION

No Financial Information Exists

STATE OF MICHIGAN THIRD JUDICIAL CIRCUIT WAYNE COUNTY	DOCUMENT CERTIFICATION	CASE NO. 07-004806-01-FH

ORI MI- 821095J Court address 1441 St. Antoine – Detroit, MI 48226 Courtroom Court Telephone No. 313-224-5501

STATE OF MICHIGAN
COUNTY OF WAYNE, } §
CITY OF DETROIT

I, CATHY M. GARRETT, Clerk of the Third Judicial Circuit Court do hereby certify that the foregoing is currently taken and copied from the original record in the case of People vs. Ken Bains CASE NO. 07-004806-01-FH now remaining in my office, and of record in said Court, and that the same has been examined and compared by me with the original of said record in said cause, and that it is a correct transcript there from, and of the whole of such original record.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Court, this 16th day of March in the year two thousand and TWENTY-TWO

Cathy M. Garrett Clerk

Per
Barbara Robinson / Deputy Clerk

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Florida HEALTH

Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

October 7, 2019

Wayne County 3rd Circuit Court Criminal Division
1441 St. Antoine
Detroit, MI 48226

Subject: Dr. Kenwaljit Singh Bains
Social Security Number: [redacted]
Date of Birth: [redacted]
DOH Reference Number: 201942195 & 201942196
Court Case Number: 0700480601

To Whom it May Concern:

The above healthcare practitioner was convicted of a crime in your court that may be related to the practice of Consultant Pharmacist in Florida. The Department of Health is required to investigate possible violations of the laws and rules regulating this practitioner's profession.

We need the following information so that the department can review this matter and take appropriate action. Please submit a ***certified copy*** of:

- the warrant;
- the Bill of Indictment or Information
- the Judgment or Conviction;
- the Arrest Report; and
- any additional public information that may relate to this practitioner's professional practice.

If there is a charge for these certified copies, please send an itemized invoice with your **Federal Employer Identification number**, the amount per page, and the total number of pages.

Pursuant to Section 28.345 F.S. Exemption from court-related fees and charges.- Notwithstanding any other provision of this chapter or law to the contrary, judges and those court staff acting on behalf of judges, state attorneys, guardians ad litem, public guardians, attorney ad litem, court-appointed private counsel, criminal conflict and civil regional counsel, and public defenders, acting in their official capacity, and state agencies, are exempt from all court-related fees and charges assessed by the clerks of the circuit courts.

The mission of the Department of Health is to protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts. If you have any questions, please call the Consumer Services Unit at (850) 245-4339.

Sincerely,

Sherra W. Mears
Government Analyst I

Cert. Dis. Mailed 10/18/19 K.N.

DOH-Form206

TEXAS STATE BOARD OF PHARMACY
POLICE DEPARTMENT
TX ORI #2272500/DRGZ
333 GUADALUPE STREET, SUITE 3-600
AUSTIN, TEXAS 78701
(512) 305-8045
(512) 305-8076 FAX

Only reason documents were sent is because they look like a law enforcement request 3/23/09 RCB See attachment

February 18, 2009

Wayne County, District Clerk's Office
Attn: Criminal Records
2 Woodward Ave., Room 201
Detroit, MI 48226

Re: Certified Documents

To Whom It May Concern;

Please accept this letter as a formal request to obtain **certified copies** of the **sentence and judgment, charging instrument, motion of dismissal and any probationary order(s)** against KENWALJIT BAINS, AKA SINGH BAINS, KENWALJIT SINGH BAINS, w/m, with a date of birth 4-27-78. 3 background sheets with above.

Mr. Bains is currently under investigation with our agency. Our records indicate that Mr. Bains was arrested and the matter was handled in your court. Therefore, please provide this agency with any and all offenses that you may have handled against Mr. Bains.

If there is any additional information that I need to provide, then please advise by fax and/or call the undersigned at the below number.

I appreciate your expeditious handling in this matter.

Sincerely,

Melissa K. Weeden

Melissa K. Weeden
Investigator
512-305-8045
512-305-8076 fax
email: melissa.weeden@tsbp.state.tx.us

RECEIVED
2009 FEB 27 PM 2:50
TX STATE BD OF PHARMACY

STATE OF MICHIGAN THIRD CIRCUIT COURT WAYNE COUNTY CRIMINAL DIVISION	MOTION AND ORDER TO DISMISS CHARGES AND DESTORY FINGERPRINT AND ARREST CARDS	CASE NO. 07-4806 CTN: 2007701234-01

PEOPLE OF THE STATE OF MICHIGAN	-v-	KEN BAINES [redacted] NE 12TH STREET FT LAUDERDALE, FL 33304 DOB: [redacted] SID: [redacted]

NOTICE OF DIVERSION COMPLETION AND MOTION TO DISMISS

The Wayne County Prosecuting Attorney hereby gives notice that the defendant has satisfied all the conditions of the Diversion Program and moves to dismiss all charges.

Respectfully Submitted,

Date: February 22, 2008

Bradley L. Cobb P55008
Assistant Prosecuting Attorney for Wayne County
1441 St. Antoine, 10th Floor
Detroit, MI 48226

ORDER TO DISMISS ALL CHARGES AND DESTROY FINGERPRINTS AND ARREST CARDS

IT IS ORDERED THAT:

1. The following charge(s) against the defendant are hereby dismissed:

COUNT	PACC DESCRIPTION	PACC CODE
I.	Larceny By Conversion - $1,000.00 Or More But Less Than $20,000.00	750.3623A

2. Pursuant to MCLA 28.243(8), the fingerprint and arrest cards taken in this matter shall be destroyed by the official holding those items.

Date: February 22, 2008

Hon. James Chylinski
Circuit Court Judge

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JANET OLSZEWSKI
DIRECTOR

June 4, 2007

Sealed / Due 6/22/07 CB

3rd Circuit Court
Frank Murphy Hall of Justice
1441 St. Antoine, Rm. 901
Detroit, MI 48826

Attn: Court Clerk

Subject: Request for **CERTIFIED** Court Documents

RE: BAINS, Kenwaljits, R.Ph
D.O.B.: [redacted]
CASE #: 07-4806

Our Department has received information that charges have been filed in your court on the above named health professional who is licensed or seeking licensure through our agency. Because of this information, we are conducting an investigation.

Please supply us with a **CERTIFIED** copy of the following documents (a true copy is not sufficient for our purposes):

___ Complaint	✓ Plea Agreement	✓ Docket/Register of Actions
✓ Information	___ Ticket	✓ Sentencing/Judgment
___ Indictment	___ Probation Order	___ Dismissal Order
___ Defendant's Sentencing Memorandum		___ Jury Verdict Form
___ Warrant		✓ Diversion Order

If you have any questions or encounter a problem with this request, please contact me at (517) 335-4334. Your assistance with this matter is appreciated.

Sincerely,

Pamela Dixon

Pamela Dixon, Departmental Analyst
Health Regulatory Division

Please Forward Certified Copies To:

Pamela Dixon
Health Regulatory Division
Bureau of Health Professions
Department of Community Health
P.O. Box 30670
Lansing MI 48909-8170

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

Date: April 10, 2007

Kenwaljit Singh Bains, R.Ph.
[redacted] Riverfront Dr. Ste 23-1
Detroit, MI 48226

Re: File Number: Number: 53-06-103199

Dear Mr. Bains:

Enclosed is a copy of an Administrative Complaint alleging that you have violated the Public Health Code. **YOU MUST RESPOND TO THE COMPLAINT WITHIN 30 DAYS FROM THE DATE YOU RECEIVED THE COMPLAINT.** Failure to submit a timely written response will result in the Complaint being transmitted directly to your board's Disciplinary Subcommittee (DSC) for imposition of a sanction.

At the time of your written response to the Complaint, you may:

- Request that a Board conferee be contacted for a proposed settlement in resolution of this matter; or
- Attend a compliance conference. This is an informal opportunity to meet with me to present evidence demonstrating compliance with the Public Health Code, or present mitigating information not contained in your written response for purposes of settlement. (Please use the enclosed form to request a compliance conference.); or
- Proceed to a formal administrative hearing before an administrative law judge. After taking testimony, the administrative law judge will determine if a violation of the Public Health Code occurred. The hearing record will be forwarded to the DSC for consideration.

In order to exercise any of these options, you must respond to the Complaint in writing within 30 days of the date you received this information. You may obtain legal representation at your expense. If you have any questions regarding this matter, please contact me, during normal business hours, at the direct line listed below.

Sincerely,

Debra Wright-Chambers 517 241-1431

Debra Wright-Chambers
Enforcement Section
Bureau of Health Professions
Telephone: (517) 335-6524

Enclosures

STATE OF MICHIGAN
THIRD CIRCUIT COURT FOR WAYNE COUNTY

PEOPLE OF THE STATE OF MICHIGAN

Plaintiff,

Hon. James Chylinski

-v-

Case No. 07-4806

KEN BAINES

Defendant.

DIVERSION ORDER

At a session held on February 23, 2007,

The Honorable James Chylinski presiding.

IT IS ORDERED THAT Defendant Ken Baines be placed on Diversion until **FEBRUARY 22, 2008.** During that time:

1. Defendant will abide by the specific terms of reporting, community service, restitution, and disclosure of criminal activity that have been agreed upon in writing by Defendant, his attorney, and the Prosecutor.
2. If applicable, Defendant will reimburse the court for court-appointed attorney fees.
3. Defendant will not violate any criminal law of any unit of government.
4. Failure to abide by the above conditions will result in revocation of Diversion.
5. If these conditions are met, this matter will be reviewed for dismissal on **FEBRUARY 22, 2008.**

IT IS FURTHER ORDERED that any bond posted by Defendant be returned.

Circuit Court Judge

STATE OF MICHIGAN
THIRD CIRCUIT COURT FOR WAYNE COUNTY

PEOPLE OF THE STATE OF MICHIGAN
Plaintiff,

Hon. James Chylinski

-v-

Case No. 07-4806

KEN BAINES
Defendant.

MOTION TO PLACE DEFENDANT ON DIVERSION AND RETURN BOND

The People of the State of Michigan, through the Wayne County Prosecutor, move to place Defendant Ken Baines on Diversion from today's date until **FEBRUARY 22, 2008** with the following conditions:

1. Defendant will abide by the specific terms of reporting, community service, restitution, and disclosure of criminal activity that have been agreed upon in writing by Defendant, his attorney, and the Prosecutor.
2. **If applicable, Defendant will reimburse the court for court-appointed attorney fees or other court costs.**
3. Defendant will not violate any criminal law of any unit of government.
4. Failure to abide by the above conditions will result in revocation of Diversion status.
5. If all conditions are met, the People will move to dismiss this matter on the review date of **FEBRUARY 22, 2008.**
6. The People further move that any bond posted by Defendant be returned.

Respectfully Submitted,

Date: February 23, 2007

Bradley L. Cobb P55008
Principal Attorney, Pre-Trial Diversion
Wayne County Prosecutor's Office

WAYNE COUNTY PRE-TRIAL DIVERSION PROGRAM

FRANK MURPHY HALL OF JUSTICE, 10TH FLOOR
1441 ST. ANTOINE STREET
DETROIT, MICHIGAN 48226

Date: FEBRUARY 23, 2007

Prosecutors Case No.: 07-4806
Dear: Mr. Ken Bains :

I have reviewed your file carefully and have decided to place you on mail-in reporting status.

There are a few guidelines you must follow in order to maintain this status:

- Monthly Status Reports must be mailed and in my office by the 20th of each month, beginning **March 2007** and ending with your **January 08** mail-in report. Be sure to completely fill out **the** report before mailing it to **Bertram R. Ware** at the above address. **You must attach copies of at least 2 of your last pay stubs or in the case where your income consists of governmental assistance, the latest documentation of that assistance.**

- If there is a need to temporarily leave the State during the mail-in period, contact me immediately to obtain permission. If you will be relocating permanently to another state, contact me immediately to obtain permission from **the Court.**

- Any change of address, telephone number or employment status should be promptly forwarded to me.

Please be aware that these requirements are in addition to those included in the original Diversion Order. Therefore, failure to abide by these supplemental requirements may result in the revocation of your diversion status. **In order to have the case officially dismissed, you will need to report to Judge Chylinski s Courtroom on February 22, 2008 at 9:00 a.m.**
If you have any questions or encounter any problems, contact me immediately.

Sincerely,

Bertram R. Ware

Bertram R. Ware
Diversion Officer
(313) 224-2728

NOTICE OF MONTHLY APPOINTMENT

Date February 23 2007

To: Ken Bains :

From: Wayne County Prosecutor's Office Pre-Trial Diversion Program

1. You must report for an appointment with Diversion Officer Bert Ware on the 10th Floor of the Frank Murphy Hall of Justice **on May 07 2007 10:00 A.M.**
2. **failure to be on time for your appointment or to timely call or rescheduling will result in your REVOCATION from the Diversion program.** Transportation is your responsibility.

At the time of your appointment, you MUST bring the following:

- ☐ DRIVERS LICENSE
- ☐ Documentation of 60 hours of Community service
- ☐ if you have any questions, please call:

Bert Ware
Diversion Officer
10th Floor - FMHJ
313-224-2728

2/23/07
DATE

SIGNATURE

WAYNE COUNTY PRE-TRIAL DIVERSION PROGRAM
MONTHLY STATUS REPORT

PRE-TRIAL DIVERSION
1441 St. Antoine, 10th Floor
Detroit, MI 48226

Name _____

Report Month _____ 2007_ Diversion Officer: **Bertram Ware**

I. **RESIDENCE**

I currently live at _____
Address including City and State

Number(s) where I can be reached are: _____

II. **ARRESTS**

Have you been arrested during the month? _____ Charge: _____

Where: _____

III. **EMPLOYMENT**

Employer _____

Address _____

Telephone _____

Total Days Worked Last Month _____ Have you changed jobs during month? _____

If not working, why? _____

If you have not worked regularly, what has been the means of your support? _____

_____

Where have you been seeking employment? _____

_____

***IF NECESSARY, PLEASE USE A SEPARATE PIECE OF PAPER
FOR ADDITIONAL INFORMATION THAT WILL NOT FIT ON THIS FORM.***

My signature below indicates that this report is complete and accurate to the best of my knowledge. I acknowledge that if anything is found to be false within this report, I will be REVOKED from the Diversion Program.

_____ _____

DATE **SIGNATURE**

Pre-Trial Diversion

Date: **February 9, 2007**

To: **Ken Baines**
Third Circuit Court Case No. 07-4806

From: **Bradley L. Cobb**
Wayne County Prosecutor's Office – Diversion Program

You have applied for placement in the Wayne County Prosecutor's Pre-Trial Diversion Program. If you successfully complete the program, the case against you will be dismissed.

Please keep in mind that **the decision to accept you and continue you in this program is entirely within the discretion of the Prosecutor's Office** (just as your participation is voluntary). The general requirements of the program are listed below. Some of these may be held in abeyance (in the case of medical or financial hardship, for example), or additional requirements may be added to ensure the integrity of the Diversion Program

- **Disclosure**
  - Participants in the Diversion Program will accurately and honestly disclose any past criminal history as well as their role in the transaction that led to the pending criminal charges.

- **Restrictions**
  - Participants may not engage in any illegal conduct while on Diversion.
  - Participants must maintain a stable residence and not leave the State of Michigan without permission.
  - Participants may not own or possess firearms.

- **Restitution and Fees**
  - As a condition of acceptance, Participants must pay full restitution to any party that has suffered a loss as a result of the criminal transaction.
  - A nominal supervision fee will be assessed.

- **Reporting**
  - Participants will report as directed to the Diversion Section of the Wayne County Prosecutor's Office.
  - When reporting, Participants will be expected to provide proof of compliance with the conditions of the program.

- **Community Service**
  - Participants will complete 5 days work for the Wayne County Alternative Work Force and/or 60 hours of service for a pre-approved community organization. This requirement should be completed as soon as possible.
  - Additional community service may be ordered in lieu of any unpaid costs, fees or restitution.
  - Additional community service may also be ordered to ensure the integrity of the Diversion Program.

- **Employment / Education**
  - Participants will seek or maintain employment, or participate in full-time vocational or educational training.
  - Participants who have not obtained a High School Diploma or GED will be required to attend GED classes.

- **Counseling**
  - Participants may be required to submit to drug screening; they may also be required to seek counseling for substance abuse or other behavioral health problems.

- **Revocation**
  - If the requirements are not met, the Prosecutor's Office will revoke the Defendant's Diversion Status and the case will be set for a Pre-Trial Hearing before the Court.
  - Notice of Revocation and of the Hearing will be sent to the Defendant's last known address and to the attorney of record.

I wish to apply for placement in the Pretrial Diversion Program.

Ken Baines

James W. Burdick
Attorney for Defendant

Bradley L. Cobb P55008
Principal Attorney, Pre-Trial Diversion
Wayne County Prosecutor's Office

1828

DCC

COMPLIANCE CONFERENCE REQUEST FORM

Name: KENWALJIT S. BAINS, RPh File Number: 53-06-103199

Address: By : JAMES W. BURDICK
1760 South Telegraph Road
Suite 300
Bloomfield Hills, MI 48302-0183

Home Telephone Number: _____

Work Telephone Number: (248) 335-5000

These days are preferable for me: (Please check all that apply)

☐M ☐T ☐W ☐Th ☐F

I prefer:

☐ AM
☐ PM

I will appear:

☐ In person in Lansing
☒ Via Telephone

Additional comments regarding available dates:

☐ In lieu of a compliance conference, I will submit written documentation for consideration in this matter.

Please return to: Department of Community Health
Bureau of Health Professions
Enforcement Section
611 W. Ottawa Street
P.O. Box 30670
Lansing, MI 48909-8170

*** PLEASE BE ADVISED THAT IN ADDITION TO THIS FORM, ***
YOU MUST STILL PROVIDE A WRITTEN RESPONSE TO THE COMPLAINT WITHIN 30 DAYS FROM THE DATE OF RECEIPT.

FAX COVER SHEET

DATE: April 20, 2007	FROM: **JAMES W. BURDICK, P.C.** 1760 South Telegraph Road Suite 300 Bloomfield Hills, MI 48302-0183 Ph: (248) 335-5000 **Fax: (248) 335-3346** **→ Direct Fax (248) 253-9620**
TO: Debra Wright-Chambers	
RE: Ken S. BAINS, # 53-06-103199	
FAX NUMBER: (517) 241-1431	
No. OF PAGES TO FOLLOW: -6-	

PLEASE CALL TO CONFIRM RECEIPT

Dear Ms Wright-Chambers:

Enclosed please find our ANSWER TO ADMINISTRATIVE COMPLAINT filed against Kenwaljit Singh Bains, RpH, along with a copy of his request for a compliance conference with a Board Conferee. Thank you for your kind attention, and please advise if you have any questions or concerns.

Yours very truly,

JAMES W. BURDICK

JWB: apo

CC: Kenwaljit Singh Bains, RpH

C:\DATA FILES\W.P. DOCs\BAINS, Ken RpH - 2007\DCH ANSWER FilingFax20Apr07.wpd

CAUTION - CONFIDENTIAL MATERIAL

The information contained in the accompanying facsimile message is attorney privileged or confidential information intended only for the individual named above. If you are not the named recipient, or the employee or agent responsible to deliver it to the named recipient, you are hereby notified that any publication, dissemination, distribution, or copying of this communication or the information contained herein is prohibited by federal law. Title 18 U.S.C. §2510, *et. seq.* If you have received this communication in error, please immediately notify this office by telephone at the above number and return the original message to the above address. This office will reimburse you all postal or long distance costs. Thank you.

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH PROFESSIONS
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

KENWALJIT SINGH BAINS, R.Ph.
_____/

Complaint No. 53-06-103199
CONSENT ORDER AND STIPULATION

CONSENT ORDER

An administrative complaint was filed with the Disciplinary Subcommittee of the Board of Pharmacy on April 5, 2007, charging Kenwaljit Singh Bains, R.Ph. (Respondent), with having violated sections 16221(a), (b)(i), (b)(vi), and (c)(iv) of the Public Health Code, 1978 PA 368, as amended, MCL 333.1101 *et seq*.

The parties have stipulated that the Disciplinary Subcommittee may enter this consent order. The Disciplinary Subcommittee has reviewed the stipulation contained in this document and agrees that the public interest is best served by resolution of the outstanding complaint. Therefore, the Disciplinary Subcommittee finds that the allegations of fact contained in Count I of the complaint are true and that Respondent has violated section 16221(a) of the Public Health Code.

Accordingly, for this violation, IT IS ORDERED:

Respondent is FINED $500.00 to be paid by check, money order or cashier's check made payable to the State of Michigan (with complaint number 53-06-103199 clearly indicated on the check or money order) within 120 days from the effective date of this order. The timely payment of the fine shall be Respondent's responsibility.

Counts II, III and IV, alleging a violation of sections 16221(b)(i), (b)(vi), and (c)(iv) of the Public Health Code, are DISMISSED.

This order shall be effective on the date signed by the Chairperson of the Disciplinary Subcommittee or the Disciplinary Subcommittee's authorized representative, as set forth below.

Signed on November 5, 2007.

MICHIGAN BOARD OF PHARMACY

By Melanie B Brun for
Chairperson, Disciplinary Subcommittee

STIPULATION

The parties stipulate as follows:

1. Respondent does not contest the allegations of fact and law contained in Count I of the complaint. Respondent understands that, by pleading no contest, he does not admit the truth of

the allegation but agrees that the Disciplinary Subcommittee may treat the allegation as true for resolution of the complaint and may enter an order treating the allegation as true.

2. Respondent understands and intends that, by signing this stipulation, he is waiving the right under the Public Health Code, rules promulgated under the Public Health Code, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended, MCL 24.201 *et seq*, to require the Department to prove the charges set forth in the complaint by presentation of evidence and legal authority, and to present a defense to the charges before the Disciplinary Subcommittee or its authorized representative. Should the Disciplinary Subcommittee reject the proposed consent order, the parties reserve the right to proceed to hearing.

3. The Disciplinary Subcommittee may enter the above consent order, which Board conferee Laura Shaw, R. Ph. supports. Ms. Shaw, the Department's representative or the Assistant Attorney General from the Licensing and Regulation Division are free to discuss this matter with the Disciplinary Subcommittee in order to recommend acceptance of this resolution.

4. The Board Conferee and the parties considered the following factors in reaching this agreement:

A. Respondent has at all times vigorously denied he stole any drugs or anything else and, at all times, has insisted that the "confession" referenced in the complaint was coerced. He has agreed to enter into this consent order in order to finally resolve this matter.

B. But for this matter, Respondent otherwise has had an exemplary record as a pharmacist.

5. This consent order incorporates the conditions of a counteroffer made by the Disciplinary Subcommittee at its meeting held on October 10, 2007.

By signing this stipulation, the parties confirm that they have read, understand and agree with the terms of the consent order.

AGREED TO BY:

Jack Blumenkopf (P24042)
Assistant Attorney General
Attorney for Complainant
Dated: 10/22/07

AGREED TO BY:

Kenwaljit Singh Bains, R.Ph.
Respondent

Dated: Oct 16th /2007

James W. Burdick (P11397)
Attorney for Respondent
Dated: OCT. 16, 2007

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH PROFESSIONS
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

KENWALJIT SINGH BAINS, R.PH.
License Number: 53-02-031085 File Number: 53-06-103199

ADMINISTRATIVE COMPLAINT

NOW COMES the Michigan Department of Community Health, hereafter Complainant, by Melanie B. Brim, Director, Bureau of Health Professions, and files this Complaint against Kenwaljit Singh Bains, R.Ph., hereafter Respondent, alleging upon belief and information as follows:

1. The Michigan Board of Pharmacy, hereafter Board, is an administrative agency established by the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq. Pursuant to section 16226 of the Public Health Code, supra, the Board's Disciplinary Subcommittee is empowered to discipline licensees for violations of the Public Health Code.

2. Respondent is currently licensed to practice as a pharmacist in the state of Michigan and holds a current controlled substance license.

3. "Good moral character" is defined at Section 1 of 1974 PA 38, as amended; MCL 338.41 et seq, as the propensity on the part of the person to serve the public in the licensed area in a fair, honest, and open manner.

4. Zoloft, Viracept, Zyprexa, Norvasc, Topamax, Lipitor, Prevacid, Avandia, Seroquel, Risperdal, Depakote, Lexapro, Micardis, and Actos are prescription medications. Pregabalin (Lyrica) is a schedule 5 controlled substance.

5. From June 11, 2006, until October 10, 2006, Respondent was employed by CVS Pharmacy #8082, hereafter pharmacy, in Detroit, Michigan.

6. On October 8, 2006, a pharmacy technician alerted the store manager that Respondent was leaving with a white bag. The manager stopped Respondent and asked him what he had in the bag. Respondent stated that the bag contained medication that he was taking to another CVS pharmacy as a transfer. The manager asked him for the transfer documentation, but Respondent said he had left it on the pharmacy desk. Respondent returned to the pharmacy, then left without the bag of medication.

7. On October 10, 2006, in an interview with Loss Prevention for the pharmacy, Respondent admitted verbally and in a written statement to stealing Zelnorm and other medications from the pharmacy during his employment. He stated that the Zelnorm was for his wife, and that he gave the other medications to the purchasers of a pharmacy he had previously owned, to pay a debt he owed them. Respondent made a

list of the medications he had stolen, which included Viracept, Zyprexa, Norvasc, Topamax, Lipitor, Prevacid, Avandia, Seroquel, Lyrica, Risperdal, Depakote, Lexapro, Micardis, Zoloft, and Actos. He also signed a promissory note for those medications, which had a total retail value of $10,250.00. Respondent was then terminated from his employment and the theft was reported to the Detroit (Michigan) Police Department.

8. On October 15, 2006, pursuant to section 20175(5)(a) of the Public Health Code, supra, the pharmacy notified Complainant of Respondent's termination.

COUNT I

Respondent's conduct, as set forth above, constitutes a violation of general duty, consisting of negligence or failure to exercise due care, including negligent delegation to or supervision of employees or other individuals whether or not injury results, in violation of section 16221(a) of the Public Health Code, supra.

COUNT II

Respondent's conduct, as set forth above, evidences a departure from, or failure to conform to, minimal standards of acceptable and prevailing practice for the health profession, whether or not actual injury to an individual occurs, in violation of section 16221(b)(i) of the Public Health Code, supra.

COUNT III

Respondent's conduct, as set forth above, evidences a lack of good moral character, in violation of section 16221(b)(vi) of the Public Health Code, supra.

COUNT IV

Respondent's conduct, as set forth above, evidences obtaining, possessing, or attempting to obtain or possess a controlled substance as defined in section 7104 or drug as defined in section 7105 without lawful authority, and/or selling, prescribing, giving away or administering drugs for other than lawful diagnostic or therapeutic purposes, in violation of section 16221(c)(iv) of the Public Health Code, supra.

WHEREFORE, Complainant requests that the within Complaint be served upon Respondent and that Respondent be offered an opportunity to show compliance with all lawful requirements for retention of the license. If compliance is not shown, Complainant further requests that formal proceedings be commenced pursuant to the Public Health Code, rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq.

RESPONDENT IS HEREBY NOTIFIED that pursuant to section 16231(7) of the Public Health Code, supra, Respondent has 30 days from the date of receipt of this Complaint to submit a written response to the allegations contained herein. The written response shall be submitted to Complainant, Melanie B. Brim, Director, Bureau

of Health Professions, Department of Community Health, P.O. Box 30670, Lansing, MI 48909.

RESPONDENT IS FURTHER NOTIFIED that pursuant to section 16231(8) of the Public Health Code, supra, Respondent's failure to submit a written response within 30 days, as noted above, shall be treated as an admission of the allegations contained herein and shall result in transmittal of the Complaint directly to the Board's Disciplinary Subcommittee for imposition of an appropriate sanction.

DATED: April 5, 2007

Melanie B. Brim, Director
Bureau of Health Professions

This is the last and final page of an Administrative Complaint in the matter of Kenwaljit Singh Bains, R.Ph., File Number 53-06-103199, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of five pages, this page included.

SR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH PROFESSIONALS
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of:

KENWALJIT SINGH BAINS, RpH File No. 53-06-103199
/

ANSWER TO ADMINISTRATIVE COMPLAINT

NOW COMES Respondent, KENWALJIT SINGH BAINS, RpH, by and through his Counsel JAMES W. BURDICK, and, in answer to the complaint herein, says as follows:

1. As to the allegations in Paragraph 1 of the Complaint, Respondent admits same.

2. As to the allegations in Paragraph 2 of the Complaint, Respondent admits same.

3. As to the allegations in Paragraph 3 of the Complaint, Respondent admits same.

4. As to the allegations in Paragraph 4 of the Complaint, Respondent admits same.

5. As to the allegations in Paragraph 5 of the Complaint, Respondent admits same.

LAW OFFICES JAMES W. BURDICK, P.C., 1750 SOUTH TELEGRAPH ROAD, SUITE 300, BLOOMFIELD HILLS, MI 48302-0183 (248) 335-5000

6. As to the allegations in Paragraph 6 of the Complaint, Respondent denies same for the reason that it is untrue.

7. As to the allegations in Paragraph 7 of the Complaint, Respondent neither admits nor denies same, but leaves Petitioner to its proofs.

8. Further answering, Respondent affirmatively avers the following true facts and actual circumstances which occurred:

A. Respondent was working at the drug store described, along with two pharmacy technicians, both of whom had apparently been stealing from the pharmacy, long before Respondent's hiring there. When shortages were finally noticed, the two conspired to "blame the Indian," rather than to have to answer to their own conduct.

B. Respondent is a citizen of Canada, his wife as well; she is a student at Wayne State University Law School. Respondent has led an entirely unblemished life and career prior to the false allegations made against him, but was unusually fearful that the accusations alone could lead to deportation.

C. When Respondent was confronted by the Loss Prevention Officer ("LPO"), he naturally denied any improprieties, since the allegations were baseless. Nonetheless, he was persistently and viciously bullied by the LPO, told he would be imprisoned, deported and lose his license to practice if he did not "confess" to the allegations anyway.

D. When even those threats failed to accomplish the LPO's predetermined goal,

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Respondent was told that, if he merely "admitted" the conduct, despite his truthful denials, he would merely agree to pay the store $10,000, but he could keep his job, there would be no criminal investigation or charges, nor would the Pharmacy Board be contacted. By that time, with Respondent horridly worn down by the bullying and threats, and in his understandable state of agitation and fear, he just could not fight anymore . . . he would have agreed to almost anything by that point.

E. The LPO literally dictated the so-called confession Respondent was buffaloed into writing and "Promissory Note" he was forced against his will to sign. Not a single word of that "confession" was true; Respondent had never stolen anything from that or any other pharmacy, or any place of employment, in his entire life. Convinced, however, that life as he knew it was all but over for not only him but his equally innocent wife, he finally succumbed to the hours of torturous threats, harassment, vilification, demands and false promises of the LPO, obviously not clearly thinking, and was of course immediately fired, the police called and the Board notified.

F. While this may appear at first blush to be an audacious claim, at least a surprising response, Respondent can and does offer living, and unassailable, proof of what he says: *the entire sordid interrogation, with all the treats, demands and lies, was videotaped by the pharmacy.*

G. Moreover, below-signed Counsel has, perchance, actually been privy to the exact same conduct having been perpetrated against yet another innocent pharmacist, under all but the exact same circumstances. In that case the entire sordid affair was videotaped, as well. Yet then, as here, the pharmacy has steadfastly refused to release the videotape.

H. In the other, unrelated, case, it was a pharmacy in Warren, Michigan. The police

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who had been called, and later the prosecutors in that case, tried repeatedly and valiantly to obtain a copy of the tape, at below-signed Counsel's suggestion, but the pharmacy at first demurred, and never has released it despite many assurances that it was forthcoming. [Months later, during an attorney general investigation, because of a suggestion by below-signed Counsel, the assistant attorney general also sought a copy of the tape, but was advised by the pharmacy that the tape, which they had long been promising, had mysteriously been "taped over."] As a consequence of the company's refusal to turn over the tape, the Warren Police and the Macomb County Prosecutor's Office decided to drop the pharmacist's criminal charge and he was instead diverted, with *no* guilty plea, *no* conviction and *no* record.

I. Similarly, in this case, and again prompted by below-signed Counsel, the Detroit Police and the Wayne County Prosecutor's Office were similarly repeatedly denied access to the videotape made during the interrogation of Respondent, while the pharmacy did not deny the tape had been made. As a result, once again, criminal charges were also dropped in favor of, like the other case, being diverted also, and also with *no* guilty plea, *no* conviction and *no* criminal record.

J. That makes two separate police departments, and two separate county prosecutors, and two separate judges who have been forced to come to the same conclusions: there was no criminal conduct despite the forced "confessions." This course of conduct is far too stunning to be mere coincidence.

COUNT 1

Respondent denies that his conduct constitutes a violation of the general duty, negligence

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or failure to exercise due care, in violation of Section 16221(a) or in violation of any other section of the Public Health Code.

COUNT 2

Respondent denies that his conduct a departure from, or failure to conform to, minimal standards, or that it was in violation of Section 16221(b)(i) or in violation of any other section of the Public Health Code.

WHEREFORE, Respondent respectfully the within Complaint be DISMISSED.

Respectfully submitted,

JAMES W. BURDICK (P-11397)
Attorney for Respondent
1760 S. Telegraph Road
Suite 300
Bloomfield Hills, MI 48302–0183
(248) 335-5000; (248) 335-3346 - Fax

PROOF OF SERVICE
JAMES W. BURDICK DECLARES UNDER PENALTY OF PERJURY THAT A COPY OF THE FOREGOING INSTRUMENT WAS SERVED BY HIM UPON DEBRA WRIGHT-CHAMBERS, ENFORCEMENT SECTION, BOHP., ON THE 20TH DAY OF APRIL, 2007 BY:
____ FEDEX
____ US MAIL
____ HAND DELIVERY
____ FAX TO (517) 241-1431

JAMES W. BURDICK

Dated: April 17, 2007

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LAW OFFICES JAMES W. BURDICK, P.C., 1760 SOUTH TELEGRAPH ROAD, SUITE 300, BLOOMFIELD HILLS, MI 48302-0183 (248) 335-5000

STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

In the matter of	**Docket No.**	**2007-699**
Bureau of Health Professions, **Petitioner**	**Agency No.**	**53-06-103199**
v	**Agency:**	**Department of Community Health**
Kenwaljit Singh Bains, R.Ph., **Respondent**		
_____/	**Case Type:**	**Complaint** **Board of Pharmacy**

Issued and entered
this 24th day of September, 2007
by Roger E. Winkelman
Administrative Law Judge

ORDER DISMISSING CASE AND ACKNOWLEDGING SETTLEMENT

On September 17, 2007, the parties herein requested that the hearing in the above captioned matter be dismissed. A copy of the Stipulation Acknowledging Settlement is attached and made a part of this Order.

NOW THEREFORE, IT IS ORDERED that the hearing in the above captioned matter is dismissed without prejudice. Accordingly, we have removed this case from our formal hearing docket, cancelled the hearing and are closing our file in this matter.

Roger E. Winkelman
Administrative Law Judge

PROOF OF SERVICE

I hereby state, to the best of my knowledge, information and belief, that a copy of the foregoing document was served upon all parties and/or attorneys of record in this matter by Inter-Departmental mail to those parties employed by the State of Michigan and by UPS/Next Day Air, facsimile, and/or by mailing same to them via first class mail and/or certified mail, return receipt requested, at their respective addresses as disclosed by the file on the 24th day of September, 2007.

Tina E. Watson
State Office of Administrative Hearings and Rules

Jack Blumenkopf
Department of Attorney General
Health Professionals Division
3030 W. Grand Boulevard
Cadillac Place, 10th Floor
Detroit, MI 48226

James W Burdick
James W. Burdick PC
1760 South Telegraph R.d
Suite 300
Bloomfield Hills, MI 48302

Kenwaljit Singh Bains, R.Ph.
[redacted] Riverfront Dr.
Suite 23-1
Detroit, MI 48226

Bureau of Health Professions
c/o Robert C. Miller
Ottawa Building, 1st Floor
P.O. Box 30670
Lansing, MI 48909

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH PROFESSIONALS
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of:

KENWALJIT SINGH BAINS, RpH
File No. 53-06-103199

Docket No. 2007-699

STIPULATION ACKNOWLEDGING SETTLEMENT

The Parties have signed a proposed consent order and stipulation to resolve this case. The proposed consent order was forwarded to the Disciplinary Subcommittee of the Board of Pharmacy on 9/17/07

Jack Blumenkopf
Assistant Attorney general

Dated: 9/17/07

James W. Burdick
Attorney for Respondent

Dated: 9/17/07

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4NN

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Ambulatory Surgical Center (ASC) and Recovery Center (RC) Application

Non-Refundable $500.00 Fee

Rev (09/02/2021)

Type of Facility		
■ Ambulatory Surgical Center (ASC) ☐ Recovery Center (RC)		
Type of Application (check applicable box)		**Ownership Type (check applicable box)**
■ New ASC/RC ☐ Ownership Change* ☐ Location Change * ☐ Name Change*	* If making a change, provide current license number: _____	☐ Publicly Traded (complete sections 1, 2, 3, 7, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 4, 7, 8, 9) ■ Partnership (complete sections 1, 2, 5, 7, 8, 9) ☐ Sole Owner (complete sections 1, 2, 6, 7, 8, 9)

Section 1: General Information

ASC/RC Name: CANYON RIDGE SURGERY CENTER

Physical Address: 5852 S DURANGO DRIVE SUITE 100

City: LAS VEGAS State: NV Zip: 89113

Mailing Address (if different from physical address): 7220 S CIMMARON RD SUITE 270

City: LAS VEGAS State: NV Zip: 89113

Telephone: (725)251-9417 Fax: _____

Contact Email: CATRINA@SUNSETPAINASC.COM Website _____

Nevada Business License # 2008179.062-101

Employed/Contracted Pharmacist Name: MARY GREAR ✓ NV Pharmacist License #: 10687

Medical Director Name: STEPHEN GEPHARDT

Days of Operation

■ Monday	■ Tuesday	■ Wednesday	■ Thursday	■ Friday	☐ Saturday	☐ Sunday

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/member/owner. Form found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your ASC or RC by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.**	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

CATRINA ANDRINO, RN

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Catrina Andrino RN — 7/1/22

Original signature of Authorized Person (copies or stamps not accepted) — Date

Board Use Only	Date Received: _____	Amount: 500.00 ck-1290 ✓

Section 3: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 4: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of members or stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 5: Partnership

Partnership Name: CANYON RIDGE SURGERY CENTER

Mailing Address: 5852 S DURANGO DRIVE SUITE 100

City: LAS VEGAS State: NV Zip: 89113

Telephone: (725)251-9417 Email: Grant Cook

Contact Person Name: GCOOK@NATIONALSURGERYCONSULTANTS.COM

Please check type of partnership (NAC 639.214) ☐ General ■ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ■ No

Section 6: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)

Pharmacist Name: MARY GREAR, RPH NV Pharmacist License #: 10687

As the employed/contracted pharmacist, for (ASC/RC Name): CANYON RIDGE SURGERY CENTER :

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

a) Are consistent with the policies and procedures developed pursuant to NAC 639.447;
b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.485;
c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
d) Require maintenance of a perpetual inventory of all controlled substances;
e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
h) Ensure that all compounding is
    a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
    b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
        i. In accordance with the provisions of NRS and NAC 639;
        ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
        iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

a) Visit the ASC or RC at least once each month to:
    a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 693.4996; and
    b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
b) Maintain documentation of each visit that the pharmacist makes;
c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
    a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
    b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
    c. The records demonstrate:
        i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
        ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
    d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
    e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
    f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
    a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
    b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
        i. Purchase orders and invoices for the controlled substance;
        ii. Records which indicate the removal of the controlled substance from the storage area;
        iii. Patient records;
        iv. Records which indicate the return of the controlled substance to the manufacturer;
        v. Records which indicate that the controlled substance was destroyed; and
        vi. Any other record for the controlled substance;
    c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
    d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
    e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)

Pharmacist Name: Mary Grear, RPh NV Pharmacist License #: 10687

As the employed/contracted pharmacist, for (ASC/RC Name): Canyon Ridge Surgery Center :

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

a) Are consistent with the policies and procedures developed pursuant to NAC 639.447;
b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.485;
c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
d) Require maintenance of a perpetual inventory of all controlled substances;
e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
h) Ensure that all compounding is
    a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
    b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
        i. In accordance with the provisions of NRS and NAC 639;
        ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
        iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

a) Visit the ASC or RC at least once each month to:
    a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 693.4996; and
    b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
b) Maintain documentation of each visit that the pharmacist makes;
c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
    a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
    b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
    c. The records demonstrate:
        i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
        ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
    d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
    e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
    f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
    a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
    b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
        i. Purchase orders and invoices for the controlled substance;
        ii. Records which indicate the removal of the controlled substance from the storage area;
        iii. Patient records;
        iv. Records which indicate the return of the controlled substance to the manufacturer;
        v. Records which indicate that the controlled substance was destroyed; and
        vi. Any other record for the controlled substance;
    c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
    d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
    e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

Section 8: Personal and Professional History of the Employed/Contracted Pharmacist	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
4/24/2002	May 2002	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
02-036-RPH-S	NV State Board of Pharmacy

Reason/Charge
Complaint concerning records of PRN, Inc.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Mary Grear, RPh.	

Name of Business/Industry/Entity
PRN, Inc.

Provide explanation below:

A complaint was made concerning grants made by the Board of Pharmacy to PRN, Inc. in the care of Executive Director Mary Grear. The Board of Pharmacy sent notice of a request for hearing to the wrong mailing address even though the correct address was on file at the Board Office. This resulted in my not being aware that I needed to appear until after the Board Meeting. I subsequently prepared the requested documents and submitted them to the Board Auditors who found no discrepencies in the funds granted by the Board of Pharmacy to PRN, Inc. and the expense record under my administration. A rehearing was held and the case was closed finding all monies were accounted for the PRN, Inc grants.

Mary Grear. RPh

Original signature of Employed/Contracted Pharmacist (copies or stamps not accepted)

7/5/2022

Date

CONTRACT FOR PHARMACY SERVICES PRESENTED TO:

Canyon Ridge Surgery Center

SECTION I: Pharmacist Responsibility

Mary Grear, LLC doing business as Pharmacy Consulting Services Group desires to contract with the Canyon Ridge Surgery Center to provide pharmacist services for the purpose of staff support as prescribed in Nevada Administrative Code (NAC) 639.4996 and 639.4998 and in compliance with local, state, and federal laws, rules, and regulations applicable to the conduct of an ambulatory surgery center. These services would include:

1. A pharmacist contracted with the center responsible for all matters pertaining to the use of drugs in the center. The pharmacist would visit the center on a monthly basis or more frequently as requested and mutually agreed upon.
2. Monitoring and maintenance of a written record of all transactions in the pharmacy or drug room so that the receipt and disposition of any drug may be readily traced.
3. Establishment of storage facilities that provide well-illuminated compartments, drawers, cabinets, rooms or emergency carts that are locked except for carts containing drugs and devices located in areas in which a member of the staff is always present and where there is constant surveillance. Poisons and medications for external use will be stored separately from medications for internal use. Poisons will be stored as if they were drugs.
4. Storage of prescription drugs requiring refrigeration in a refrigerator in a locked room. Food must not be stored in this refrigerator except for food used as a vehicle for the administration of drugs.
5. Only the pharmacist, the nurse in charge of a change of shift, and the nurse in charge of medications will be provided with keys to the room for medications, the room where the drugs are stored, or the cart containing drugs.
6. The pharmacist will assure that medications are not transferred from one storage container to another after having been dispensed from the pharmacy or drug room. Each container must be legibly marked with a securely attached label. Containers with illegible, incomplete, makeshift, damaged, worn, soiled, or missing labels must be returned to the dispensing pharmacy for re-labeling or disposal.
7. In the absence of a full-time pharmacist, the Director of Nursing will be designated in writing as responsible for the control of dangerous drugs and controlled substances. Substances listed as Schedule II controlled substances, pursuant to Chapter 453 of NRS, must be stored in a storage area with two locks.
8. Removal of drugs from stock after the expiration date on the label. Obsolete, contaminated, or deteriorated drugs must be destroyed. An effort will be made to maintain stock in an efficient manner so that out-of-dates are minimal.
9. Perform all duties and inspections required of an ambulatory surgery center pharmacy service in the State of Nevada.
10. Provide drug information services to any patient, member of the nursing staff, or physician so requesting such assistance during established hours of operation.

SECTION II: Surgery Center Responsibility.

Center agrees to provide all information, products, and personnel necessary to carry out the successful operation of pharmacy services including, but not limited to, the following:

1. Space and equipment to enable pharmacist to carry out the regular activities of the pharmacy service.
2. Obtain supplies, scientific books, and journals as are necessary to the efficient operation of the service.
3. Procure medications from a reliable source.
4. Assist in the establishment of an acceptable formulary.
5. Provide secretarial assistance as required for routine matters.
6. Support pharmacist with any information needed in the course of administrative and professional duties.
7. Pay any and all fees, licenses, and taxes required for the licensure and operation of the surgery center pharmacy services.

SECTION III: Terms

The agreement shall commence on July 1, 2022 and shall continue for a period until December 31, 2022. This agreement shall be automatically renewed for an additional one (1) year term on an annual basis unless either party provides written notice to the other at least sixty (60) days prior to the end of the term of its intention not to renew or extend this agreement.

SECTION IV: Compensation

Canyon Ridge Surgery Center shall pay to Mary Grear, LLC (DBA: Pharmacy Consulting Services Group) the sum of one hundred ninety-six dollars and ninety-seven cents ($196.97) per hour with a minimum of one hour per month for services, due upon receipt of invoice for services. In January of each subsequent year, a three (3) percent increase in fee shall be added. From time to time, the Pharmacist may utilize a Pharmacist Assistant for the purpose of non-judgmental activities such as checking of outdates of non-controlled substances. The fee for this service is fifty (fifty) dollars per hour subject to the annual three (3) percent increase in fee. Invoices not paid within 30 days of billing shall be subject to a 1 and ½ percent service charge.

SECTION V: Termination

Either party may terminate this agreement without cause upon sixty (60) days prior written notice to the other party.

SECTION VI: Confidentiality

Pharmacist Consulting Services Group agrees to keep all medical records of the Canyon Ridge Surgery Center confidential and to comply with all federal and state laws and regulations regarding the confidentiality of patient and medical record information.

SECTION VII: Excluded Provider Representation and Warranty

Mary Grear, LLC (the Contractor) represents and warrants that it or any of its' pharmacists has not been excluded, debarred, or otherwise made ineligible to participate in any Federal Healthcare program as defined in 42 USC – 1320a-7b(f). The Contractor represents and warrants that she (i) is not currently excluded, debarred, or otherwise ineligible to participate in the Federal health care programs as defined in 42 USC – 1320a-7b(f) (the "Federal healthcare programs"); (ii) is not convicted of a criminal offense related to the provision of healthcare items or services, but has not yet been excluded, debarred, or otherwise declared ineligible to participate in the Federal healthcare programs, and (iii) is not under investigation or otherwise aware of any circumstances which may result in being excluded from participation in the Federal healthcare programs. This shall be an ongoing representation and warranty during the terms of this Agreement and the Contractor shall immediately notify the Facility of any change in the status of the representation and warranty set forth in this section. If the Contractor becomes excluded from Federal program participation, this Agreement may be terminated immediately by the Facility for cause.

SECTION VIII: HIPAA Requirements

Provider agrees to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 USC –1320d ("HIPAA") and any current and future regulations promulgated thereunder including without limitation the federal privacy regulations contained in 45 CFR Parts 160 and 164 (the "Federal Privacy Regulations"), the federal security standards contained in 45 CFR Part 142 (the "Federal Security Regulations"), and the federal standards for electronic transactions contained in 45 CFR Parts 160 and 162, all collectively referred to herein as "HIPAA Requirements". Provider agrees not to use or further disclose any Protected Health Information (as defined in 45 CFR Section 164.501) or Individually Identifiable Health Information (as defined in 42 U.S.C. Section 1320d), other than as permitted by HIPAA Requirements and the terms of this Agreement.

Provider will make its internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations.

In witness whereof, the parties have executed this agreement in one or more counterparts which, taken together, shall constitute one agreement which shall be effective as of and on the date set forth above. The signatories hereto represent that they are duly authorized to execute this agreement on behalf of the party for whom they sign, and such party shall be bound by this agreement.

Mary Grear, RPh

Mary Grear, R.Ph.
Mary Grear, LLC
DBA: Pharmacy Consulting Services Group
Date: 7/1/2022

Catrina Andrino RN
Director of Nursing

Catrina Andrino RN
Canyon Ridge Surgery Center
Date: 7/1/2022

050106

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Articles of Organization Limited-Liability Company

(PURSUANT TO NRS CHAPTER 86)

Filed in the office of	Document Number
Barbara K. Cegavske	20180543622-13
Barbara K. Cegavske Secretary of State State of Nevada	Filing Date and Time 12/19/2018 9:11 AM
	Entity Number E0579492018-9

(This document was filed electronically.)

USE BLACK INK ONLY - DO NOT HIGHLIGHT — ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Limited-Liability Company: (must contain approved limited-liability company wording; see instructions)

SUNSET PAIN SURGERY CENTER LLC

Check box if a Series Limited-Liability Company ☐ Check box if a Restricted Limited-Liability Company ☐

2. Registered Agent for Service of Process: (check only one box)

☐ Commercial Registered Agent: _____ (Name)

☒ Noncommercial Registered Agent (name and address below) **OR** ☐ Office or Position with Entity (name and address below)

TAMARA GEPHARDT
Name of Noncommercial Registered Agent **OR** Name of Title of Office or Other Position with Entity

7220 S CIMARRON RD #270	LAS VEGAS	Nevada	89113
Street Address	City		Zip Code
7220 S.. CIMARRON RD #270	LAS VEGAS	Nevada	89113
Mailing Address (if different from street address)	City		Zip Code

3. Dissolution Date: (optional)

Latest date upon which the company is to dissolve (if existence is not perpetual): _____

4. Management: (required)

Company shall be managed by: ☒ Manager(s) **OR** ☐ Member(s) (check only one box)

5. Name and Address of each Manager or Managing Member: (attach additional page if more than 3)

1) GRANT COOK (Name)

7220 S CIMARRON RD #270	LAS VEGAS	NV	89113
Street Address	City	State	Zip Code

2) TAMARA S GEPHARDT (Name)

7220 S. CIMARRON ROAD STE 270	LAS VEGAS	NV	89113
Street Address	City	State	Zip Code

3) _____ (Name)

Street Address	City	State	Zip Code

6. Name, Address and Signature of Organizer: (attach additional page if more than 1 organizer)

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

GRANT COOK (Name) — X GRANT COOK (Organizer Signature)

7220 S CIMARRON RD #270	LAS VEGAS	NV	89113
Address	City	State	Zip Code

7. Certificate of Acceptance of Appointment of Registered Agent:

I hereby accept appointment as Registered Agent for the above named Entity.

X TAMARA GEPHARDT — 12/19/2018

Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity — Date

This form must be accompanied by appropriate fees.

SECRETARY OF STATE

STATE OF NEVADA

LIMITED LIABILITY COMPANY CHARTER

I, Barbara K. Cegavske, the Nevada Secretary of State, do hereby certify that **SUNSET PAIN SURGERY CENTER LLC** did on December 19, 2018, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization is now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 19, 2018.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Certified By: Electronic Filing
Certificate Number: C20181219-0301

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Canyon Ridge Surgery Center, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable): N/A

Physical Address: 5852 S. Durango Dr , Suite 100

City: Las Vegas State: NV Zip: 89113

Mailing Address (if different from physical address): Same

City: State: Zip:

Telephone: 7029363669 Website: www.canyonridgesc.com

Licensing Company Email: gcook@canyonridgesc.com

Section 2: Personal Information

First: Grant Middle: David Last: Cook

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] E Thompson Peak Pkwy, Unit [redacted]

City: Scottsdale State: AZ Zip: 85255

Telephone: [redacted] Email: gcook@nationalsurgeryconsultants.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Nevada Las Vegas		1/03 - 12/04	
Address: 4505 S. Maryland Pkwy	City: Las Vegas	State: NV	Zip: 89154
Diploma/Degree obtained, if any: Bachelor of Science Degree			
School Name: University of Nevada Reno		From - To (MM/YY – MM/YY): 1/01 - 12/02	
Address: 1664 N. Virginia Street	City: Reno	State: NV	Zip: 89557
Diploma/Degree obtained, if any: N/A			
School Name: Indiana University		From - To (MM/YY – MM/YY): 06/00 - 12/00	
Address: 107 S. Indiana Ave	City: Bloomington	State: IN	Zip: 47405
Diploma/Degree obtained, if any: N/A			
School Name: Bishop Gorman High School		From - To (MM/YY – MM/YY): 08/98 - 06/00	
Address: 5959 S. Hualapai Way	City: Las Vegas	State: NV	Zip: 89148
Diploma/Degree obtained, if any: Graduated High School			
School Name: Anderson High School		From - To (MM/YY – MM/YY): 08/96 - 06/98	
Address: 4610 S. Madison Ave	City: Anderson	State: IN	Zip: 46011
Diploma/Degree obtained, if any:			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/20 - present	[redacted] E Thompson Peak Pkwy., Unit [redacted]	Scottsdale	AZ	85255
09/14 - 10/20	[redacted] N. 94th Pl	Scottsdale	AZ	85255
08/12 - 09/14	[redacted] E. Hoverland Rd	Scottsdale	AZ	85255
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
National Surgery Consultants, LLC			05/2016 - present	
Business Address		**City**	**State**	**Zip**
15333 N. Pima Rd., Suite 305		Scottsdale	AZ	85260
Phone	**Title**			
4807666819	CEO			
Description of Duties				
Founder and CEO of the company managing and owning surgery centers in Arizona and Nevada				

Business Name			From - To (MM/YY – MM/YY)	
Innovative Pain and Wellness, LLC			09/19 - present	
Business Address		**City**	**State**	**Zip**
18511 N. Scottsdale Rd., Suite 202		Scottsdale	AZ	85255
Phone	**Title**			
4803067242	CEO			
Description of Duties				
Management of all practice operations daily				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____ **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9/1/22
Date

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Y

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Adam Middle Joseph Last Antflick

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Andezano Dr, Las Vegas NV

City Las Vegas State NV Zip 89135

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials AJA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	Address	City	State	Zip	From - To (MM/YY – MM/YY)	Diploma/Degree obtained, if any
Touro University Nevada	874 American Pacific Dr	Henderson	NV	89014	08/08-06/12	DO
University of California Santa Cruz	1156 High St.	Santa Cruz	CA	95064	09/03-06/07	B.S. - Molecular, Cell, & Developmental Biology
Shalhevet High School	910 S. Fairfax Ave	Los Angeles	CA	90036	08/01 - 06/03	High School Diploma
Yula	9760 W. Pico BLVD	Los Angeles	CA	90035	08/99 06/01	ϕ
					From - To (MM/YY – MM/YY)	

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/18-current	[redacted] Andezano Dr.	Las Vegas	NV	89135
07/17-05/18	[redacted] W. Russell Rd. Unit 2033	Las Vegas	NV	89148
04/13-06/17	[redacted] Almeda Rd unit 20812	Houston	TX	77004
06/12-06/13	[redacted] Almeda Rd unit 20812	Houston	TX	77004

Applicant's initials DA

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Nevada Pain Care			From - To (MM/YY – MM/YY): 02/17 - Current
Business Address: 7220 S. Cimarron Rd. Suite 270	City: Las Vegas	State: NV	Zip: 89113
Phone: 702 912 4100	Title: Interventional Pain Physician & Anesthesiologist		
Description of Duties: I am an employee. Physician duties include managing chronic pain patients in the clinic & surgery center, performing multiple different injections daily			

Business Name: Interventional Pain Export, LLC			From - To (MM/YY – MM/YY): 07/21 - current
Business Address: 6024 Andezano Dr.	City: Las Vegas	State: NV	Zip: 89135
Phone: 323 605 5575	Title: member of NVPC Holdings		
Description of Duties: member of real ~~estate~~ Holding company			

Business Name: Antlick family Trust			From - To (MM/YY – MM/YY): 04/20 - current
Business Address: 6024 Andezano Dr.	City: Las Vegas	State: NV	Zip: 89135
Phone: 323 605 5575	Title: member of Sunset Surgery Center		
Description of Duties: member of surgery center			

Business Name: Las Vegas Pain Institute			From - To (MM/YY – MM/YY): 08/17 - 01/18
Business Address: 3835 S. Jones Blvd Suite 104	City: Las Vegas	State: NV	Zip: 89103
Phone: 702 880 4193	Title: Interventional Pain Physician & Anesthesiologist		
Description of Duties: I was an employee. Physician duties included managing chronic pain patients in the clinic & surgery center, performing multiple different injections daily			

Business Name: MD Anderson Cancer Center			From - To (MM/YY – MM/YY): 06/16 - 06/17
Business Address: 1515 Holcombe Blvd	City: Houston	State: TX	Zip: 77030
Phone: 855 761 8004	Title: Fellow		
Description of Duties: Learned to manage chronic pain & cancer pain patients on an inpatient and outpatient basis. Learned many different interventional procedures, researched and Presented cases/topics to colleagues.			

Continue on next page if additional space is needed.

Applicant's initials JA

Business Name			From - To (MM/YY – MM/YY)	
University of Texas - Houston			06/12 - 06/16	
Business Address		City	State	Zip
7000 famin St		Houston	TX	77030
Phone	Title			
713 500 4472	Anesthesiology Resident			
Description of Duties				
Learned how to be an anesthesiologist including, ob anesthesia, Pediatrics, cardiothoracic, ICU, Acute/Regional anesthesia in the hospital setting & Surgery center.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials TJA

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	X	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials ASA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # i . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
7-22-03	09-05-03	CA	Santa Cruz	Santa Cruz County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Citation 545404		Santa Cruz Superior Court		
Reason/Charge				
minor in possession of alcohol				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant Adam Antflick			Amended Released	
Name of Business/Industry/Entity				
California Department of Parks and Recreation				

Provide explanation below:

minor in possession of alcohol

Citation was amended

Original Signature (electronic, copies or stamps not accepted)

August 2, 2022
Date

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Sunset Pain Surgery Center DBA Canyon Ridge Surgery Ce
Physical Address 5852 S. Durango Drive Unit #100
City Las Vegas State NV Zip 89113
Mailing Address (if different from physical address) 7220 S. Cimarron Rd Ste #270
City Las Vegas State NV Zip 89113
Telephone (725) 251-9417 Website N/A
Licensing Company Email catrina@sunsetpainasc.com

Section 2: Personal Information

First Adam Middle _____ Last Antflick
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X
Mailing Address [redacted] Andezano Drive
City Las Vegas State NV Zip 89135
Telephone [redacted] Email [redacted]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Applicant's Initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

I received a minor in possession of alcohol when I was 18 years old for drinking a beer around a campfire. The Judge in that county reduced the charge to an infraction.

Original Signature (electronic, copies or stamps not accepted)

07/05/22
Date

Applicant's initials AJA

CALIFORNIA DEPARTMENT OF PARKS AND RECREATION

NOTICE TO APPEAR

☐ Traffic ☑ MISDEMEANOR ☐ Nontraffic

CITATION NO. 545404

DATE OF VIOLATION: 7/22/03 TIME: 1245 ☐ AM ☑ PM DAY OF WEEK: S M T W T F S DISTRICT NO.: 116 PARK NO.: 470

NAME (First, Middle, Last): ADAM J. ANTELICK ☐ OWNER'S RESPONSIBILITY (Veh. Code, § 40000)

ADDRESS: [redacted] S. VISTA ST

CITY: LOS ANGELES STATE: CA ZIP CODE: 90036

[redacted] CITY: CA CLASS: C AGE: 19 [redacted] ☐ JUVENILE (Welf. & Inst. Code, § 601)

SEX: M HAIR: BRN EYES: BRN WEIGHT: 6.82 HEIGHT: 1126 RACE: ☐ OTHER DESCRIPTION

VEH. [redacted] STATE: CA ☐ COMMERCIAL VEH. (Veh. Code, § 15210) ☐ HAZARDOUS MATERIAL (Veh. Code, § 353)

YR. OF VEH. MAKE MODEL BODY STYLE COLOR

EVIDENCE OF FINANCIAL RESPONSIBILITY

REGISTERED OWNER OR LESSEE ☐ SAME AS DRIVER

ADDRESS ☐ SAME AS DRIVER

CITY STATE ZIP CODE

CORRECTABLE VIOLATION (Veh. & Civ. Code) ☐ BOND NO. REQUIRED MISDEMEANOR OR INFRACTION (Check one)

YES	NO	CODE AND SECTION	MISDEMEANOR	INFRACTION
☐	☐	B&P 25662(a) MINOR IN POSSESSION OF ALCOHOL	M	
☐	☐			
☐	☐			

SPEED APPROX. P.F./MAX. SPD. VEH. WT. SAFE ☐ RADAR ☐ CONTINUATION FORM ISSUED

LOCATION OF VIOLATION(S): AT HENRY COWELL S.P. CITY OR COUNTY OF OCCURRENCE: SC

COMMENTS (Road, Sobriety Tests, Witnesses, Road & Traffic Conditions) ☐ ACCIDENT

CAMPGROUND 2 SC

☐ VIOLATIONS NOT COMMITTED IN MY PRESENCE; DECLARED ON INFORMATION AND BELIEF

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THE FOREGOING IS TRUE AND CORRECT.

7.22.03 ARRESTING OR CITING OFFICER 1086 / BADGE NO. DAYS OFF

DATE NAME OF ARRESTING OFFICER IF DIFFERENT FROM CITING OFFICER BADGE NO. DAYS OFF

I WITHOUT ADMITTING GUILT, I PROMISE TO APPEAR AT THE TIME AND PLACE INDICATED BELOW.

SIGNATURE

WHEN: Date: 9/15/03 Time: 8:30 ☐ AM ☐ PM

WHAT TO DO: Follow the instructions on the reverse.

WHERE: SANTA CRUZ SUPERIOR COURT 701 OCEAN ST SANTA CRUZ CA

PHONE NO. ☐ TO BE NOTIFIED BY WORK FURLOUGH OF THE COURT

545404

DPR 310 (Rev. 9/2001) (Front)
White-Court, Pink-District Green-SPPO, Yellow-Defendant
Notice to Appear form approved by the Judicial Council of California
Rev. 10-24-01 (Veh. Code, §§ 40500(b), 40513(b), 40522, 40600; Pen. Code, § 853.9)

SEE REVERSE

TR-130

545404

aka

1) 25662(A) BP-M A

ARRAIGNMENT

Dept. 1
Hon Commissioner Irwin H. Joseph

09/05/03 8:30 am
$0.00
CITATIO

DEF: V. Pardo
RPT: Markhart

NGS.
dant present ☐ not present ☐ Interpreter
h ☐ rep. by
dant arraigned ☐ on amended complaint ☐ on amended information/indictment
ppointed present
ict of counsel declared ☐ PD relieved ☐ Counsel relieved
O appointed present
ppt. Counsel Registration Fee ordered $25 ☐ $
ation Officer present
dant to obtain counsel. ☐ Defendant fingerprinted
rovided to defendant/counsel ☐ complaint ☐ information ☐ indictment
ing/Arraignment waived ☐ on amended complaint ☐ on amended information/indictment
results ☐ Waiver of personal appearance filed
motion ☐ granted ☐ denied
Bail motion granted denied
☐ increased ☐ reduced to $
plaint ☐ information ☐ indictment/information amended: inf
ned ☐ waives arraignment amended complaint/information/indictment
ndant pleads Not Guilty Ct(s)
s orders Ct
s allegations Ct
NOT waived Est Length
30 - 60 ☐ Jury Waiver filed.
Entry of Judgment Motion by D.A. ☐ Def. offers guilty plea Ct
Sentence Granted Ct for months. ☐ Def. to enroll in ALTO
days
stayed pending completion of diversion.
☐ arrested ☐ arraigned ☐ completed ☐ dismissed activated
ge(s) complained ☐ plead Ct(s) ☐ no record
ge(s) amended to ☐ plead Ct(s) ☐ Not Guilty Ct(s)
Ct(s) ☐ Guilty Ct
plead guilty/NOLO Ct(s) ☐ Allord Plea
plead guilty/NOLO Ct(s) Ct(s)
ation pleads Guilty Ct(s) Ct(s)
Ordered to
to pay fine in full amount by
Court ☐ ordered ☐ granted ☐ Acknowledgment filed
Court granted request to Participate in Informal
to appear/set reserve
to appear/set reserve
Head and Found not to Suspend license
Stricted Upon
sentence
My drive To/From school
sentence
☐ waived ☐ orally ☐ by written waiver
n attorney ☐ without attorney
finds factual basis for plea ☐ Stipulation to factual basis
dismissed
ustice ☐ Insufficient Evidence ☐ Time pas
stricken Ct
stricken Ct
ation(s)
on report ☐ read and considered by the Court ☐ waived by defendant/counsel
ation granted ☐ Cond. Sentence granted. Refer Order
ence imposed on felony charge(s). Refer Sentence Minutes
days/hrs County Jail ☐ suspended
days/hrs served. ☐ lieu fine ☐ Advised jail fees
for
positively ☐ concurrently with
for processing ☐ today by 4:00 PM ☐ ☐ Booking only
granted to
Pay a fine of $ 100 or serve 1 day jail for each $40 not paid.
☐ Citation fee ordered ☐ O/R fee ordered
☐ Pay Restitution fine per 1202.4 PC $
☐ Credit $ for days jail served
☐ Suspend $ balance due $
☒ Pay $ 100 today ☐ Stay to
☐ Pay $ per month beginning
☒ Pay to the Clerk's office, Room 100 ☐ Pay as directed by Probation
☐ Enroll with Volunteer Service within 14 days and
Perform hrs by ☐ in lieu of fine
☐ Off calendar for W/A affidavit ☐ DA to file FTA
FTA added ☐ 40508(a) VC ☐ 653.7 PC ☐ 1320(a) PC
☐ O/R revoked ☐ For FTA ☐ For Viol. Terms ☐ Probation revoked ☐ Cond. Sentence revoke
☐ Bail bond forfeited ☐ Cash bail forfeited
☐ BW ordered ☐ WA ordered Bail $
☐ No O/R ☐ No Sheriff's Release ☐ Judge Release only
☐ No Clerk's Release ☐ May forfeit bail ☐ No Bail
☐ Warrant ☐ set aside ☐ recalled ☐ stayed to
Continued per request ☐ defendant ☐
☐ Courts Motion
Motion ☐ granted ☐ denied ☐ withdrawn ☐ conceded
held. ☐ Refer hearing minutes
☐
Defendant arraigned on ☐ Probation violation ☐ Conditional Sentence violation
☐ Arraignment waived on violation. Violation ☐ denied ☐ admitted ☐ Court finds violation
☐ Defendant Re-Returned to
☐ Defendant pleads guilty to 4000 (a) VC
☐ Defendant pleads guilty to 40508 (a) VC No additional penalty assessed
☐ Fine increased ☐ Consecutive/ Consecutive Sentence:
☐ Probation:
☐ revoked ☐ terminated
☐ reinstated ☐ revoked ☐ Bench terms and conditions
☐ extended ☐ Probation waived
☐ modified
☐ Presentence Report ordered
☐ Probation ☐ Enroll per 1203.097 PC ☐ Pre-plea ☐ Supplemental PR
☐ Defendant to report to Probation ☐
☐ Probation to request defendant to custody ☐ Probation to notify victim
☐ Consolidated with
☐ Preliminary Examination is Waived, Defendant is Held to Answer
Motion date assigned Response to be filed by
Motion(s) to be filed by Reply to be filed by
NEXT APPEARANCE DATE ☐ OPP
at for
at for
at for
at for
☐ Cont'd/Vacate
☐ Order pursuant to 290 PC issued
☐ Firearms notification form provided to defendant
☐ Booking fee reimbursement ordered
☐ Public Defender relieved ☐ Counsel relieved
☐ Attorney fee reimbursement prgmed $
☐ Court finds no ability to pay attorney fees
☐ Pretrial Release Report ordered ☐ Supplemental
CUSTODIAL STATUS
☐ Remanded custody Sheriff, Bail $
☐ To be courtesy housed/transported
☐ Release to
☐ Ordered discharged
☒ Released/Remain on ☐ O/R ☐ Supervised ☐ Bail Bond
☐ Bail Ded. ☐ Case No.s ☐ Interpretation Required ☐ Previous
DATED 5-6-12
ALEX GALVO CLERK
Deputy Clerk
Room 1300
INS
Bond ☐ Cash Bail ☐ Property Bond
☐ $50. Bond reinstatement fee/s to be paid by
ature set aside ☐ Reinstated ☐ Exonerated ☐ Applied
NFR/RECOGNIZANCE CONDITIONS/BAIL RELEASE CONDITIONS: Defendant shall: Appear at all times and
e California without the Court's permission. If defendant fails to appear in a felony case, defendant will be charged with a new
dant is arrested outside California, defendant agrees to be delivered immediately to California without challenge and waives extradition. Defendant
s of these conditions or any change of circumstances affecting release, a judge may revoke this release and return defendant to jail or require that defendant post bail. Defendant
s the right to a court hearing prior to revocation. Other:
ADDRESS
SIGNATURE

BOARD OF OSTEOPATHIC MEDICINE

Licensee Information

Nevada State - Board of Osteopathic Medicine Verification as of December, 24 2021

Licensee Information

Name: Adam Joseph Antflick
Address: 7220 S Cimarron Road, Suite 270
Las Vegas, NV 89113
Phone: (702) 912-4100
Fax: (702) 912-4101
School: Touro University College of Osteopathic Medicine Nevada
Residency: MD Anderson Cancer Center (Fellowship) (2016-07-01 to 2017-06-30)
Memorial Hermann (Residency) (2013-06-30 to 2016-06-30)
Memorial Hermann (Internship) (2012-06-01 to 2013-06-30)
Specialty: ABMS - Pain Management
ABMS - Anesthesiology

License Details

License Type: D.O. License
License Number: DO2196
License Status: Active
Effective: 04/11/2017
Expires: 12/31/2022

License History

License	License Number	License Date	Status
D.O. License	DO2196	04/11/2017 to 12/31/2022	Active

Disciplinary Action

Licensee has no Disciplinary Actions

Other State Disciplinary Actions

Licensee has no Disciplinary Actions Outside of Nevada

Malpractice Claims

Licensee has no Malpractice Claims on File

This is a Primary Source Verification.

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred.

For further questions regarding discipline or malpractice information, please contact us at: 702-732-2147

DISCLAIMER: The Nevada State Board of Osteopathic Medicine presents this information as a service to the public. The Board relies upon information provided by licensees to be true and correct. Based thereon, the Board makes no warranty or guarantee concerning the accuracy or reliability of the content of this website or the content of any other website to which it may link. Assessing accuracy and reliability of the information obtained from this website is solely the responsibility of the public. The Board is not liable for errors or for any damages resulting from the use of the information contained herein.

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Nevada State Board of Pharmacy

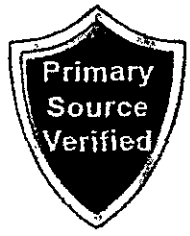
For licensing inquires please send an email to, pharmacy@pharmacy.nv.gov (mailto:pharmacy@pharmacy.nv.gov).

For current information on disciplinary actions taken against licensees, please send an email to shunting@pharmacy.nv.gov (mailto:shunting@pharmacy.nv.gov).

VERIFY LICENSE

Last Name	First Name	License#	City	State	Country	Discipline	Action
ANTFLICK	ADAM	CS25919	LAS VEGAS	NV	United States	None	

License Number : CS25919
Name : ANTFLICK, ADAM
License Type : Controlled Substance
License Status : Active
License Date : 06/06/2017
Discipline : None
Expiration Date : 10/31/2022



Document Type	Date	Name	Other Name	Is Public?	Status	Uploaded By	Link	Actions

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I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Adam Antflick

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/05/22

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, ADAM ANTFLICK, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/5/22

Date

Subscribed and Sworn to before me this 5 day of July 2022.

CAndrino

Notary Public Signature

CATRINA ANDRINO
Notary Public, State of Nevada
Appointment No. 21-2195-01
My Appt. Expires Nov 24, 2025

(Seal)

Applicant's initials AJA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler SUNSET PAIN Surgery Center DBA Canyon Ridge Surgery Cente
Physical Address 5852 S. Durango Drive Unit #100
City Las Vegas State NV Zip 89113
Mailing Address (if different from physical address) 7220 S. Cimarron Rd Ste 270
City Las Vegas State NV Zip 89113
Telephone (725) 251-9417 Website NA
Licensing Company Email Catrina@sunsetpainasc.com

Section 2: Personal Information

First STEPHEN Middle ANDREW Last GEPHARDT
Alias(es, nicknames, name changes, etc.)
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X
Mailing Address [redacted] Bel Air Drive
City Las Vegas State NV Zip 89109
Telephone [redacted] Email tammyg@nvpaincare.com
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Applicant's initials SG

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Indiana University Medical Center			04/82 - 03/84	
Address	City		State	Zip
	Indianapolis		IN	
Diploma/Degree obtained, if any				
Residency Anesthesiology				
School Name			From - To (MM/YY – MM/YY)	
Indiana University Medical Center			04/81 - 03/82	
Address	City		State	Zip
	Indianapolis		IN	
Diploma/Degree obtained, if any				
Internship Rotating				
School Name			From - To (MM/YY – MM/YY)	
Indiana University			- 02/81	
Address	City		State	Zip
	Indianapolis		IN	
Diploma/Degree obtained, if any				
Medical Doctor Degree				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2018 - Present	[redacted] Soaring Court	Las Vegas	NV	89134
2014 - 2018	[redacted] Bel Air Drive	Las Vegas	NV	89109
1998 - 2014	[redacted] Bel Air Drive	Las Vegas	NV	89109
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: SUNSET PAIN SURGERY CENTER DBA CANYON RIDGE Surgery Center			From - To (MM/YY – MM/YY): present
Business Address: 5852 S. Durango Drive Unit #100	City: Las Vegas	State: NV	Zip: 89113
Phone: (725) 251-9417	Title: MEDICAL DIRECTOR		
Description of Duties: Trained to provide pain relief & maintenance or restoration of a stable condition			

Business Name: Sunset PAIN Surgery Cener			From - To (MM/YY – MM/YY): Present
Business Address: 9120 W. RUSSELL RD #100	City: LAS Vegas	State: NV	Zip: 89148
Phone: (725) 251-9417	Title: MEDICAL DIRECTOR		
Description of Duties: Trained to provide pain relief & maintenance or restoration of a Stable Condition			

Business Name: NEVADA PAIN CARE			From - To (MM/YY – MM/YY): 1995 - Present
Business Address: 7220 S. Cimarron RD suite 270	City: LAS Vegas	State: NV	Zip: 89113
Phone: (702) 912-4101	Title: PARTNER		
Description of Duties: Trained to provide pain relief & maintenance of restoration of a Stable Condition			

Business Name: PBS Anesthesia, LLC			From - To (MM/YY – MM/YY): 01/95 - Present
Business Address: 7326 W. Cheyenne Ave	City: Las Vegas	State: NV	Zip: 89129
Phone: (702) 386-4700	Title: Anesthesiologist		
Description of Duties: Trained to provide pain relief & maintenance of Restoration of a Stable Condition			

Business Name: ARIZONA PAIN Specialist			From - To (MM/YY – MM/YY): 03/13 - 11/14
Business Address: 9707 N. 91st Street	City: Scottsdale	State: AZ	Zip: 85258
Phone: (480) 563-6400	Title: Medical Staff		
Description of Duties: Trained to provide pain Relief & maintenance of Restoration of a Stable Condition			

Continue on next page if additional space is needed.

Business Name: Sunrise Hospital			From - To (MM/YY – MM/YY): 1984 – Present
Business Address: 3186 S. Maryland Pkwy	City: Las Vegas	State: NV	Zip: 89109
Phone: (702) 961-5000	Title: Medical Staff		
Description of Duties: Trained to provide pain relief & maintenance of restoration of a stable condition			

Business Name: Valley Medical Center			From - To (MM/YY – MM/YY): 1984 – Present
Business Address: 620 Shadow Lane	City: Las Vegas	State: NV	Zip: 89106
Phone: (702) 388-4000	Title: Medical Staff		
Description of Duties: Trained to provide pain relief & maintenance of restoration of a stable condition			

Business Name: University Medical Center			From - To (MM/YY – MM/YY): 1984 – Present
Business Address: 1800 W. Charleston Blvd	City: Las Vegas	State: NV	Zip: 89102
Phone: (702) 383-2000	Title: Medical Staff		
Description of Duties: Trained to provide pain relief & maintenance of restoration of a stable condition			

Business Name: Desert Springs Hospital			From - To (MM/YY – MM/YY): 1984 – Present
Business Address: 2075 E. Flamingo Rd	City: Las Vegas	State: NV	Zip: 89119
Phone: (702) 733-8800	Title: Medical Staff		
Description of Duties: Trained to provide pain relief & maintenance of restoration of a stable condition			

Business Name: Mountain View Hospital			From - To (MM/YY – MM/YY): 1984 – Present
Business Address: 3100 N. Tenaya Way	City: Las Vegas	State: NV	Zip: 89128
Phone: (702) 962-5000	Title: Medical Staff		
Description of Duties: Trained to provide pain relief & restoration & maintenance of a stable condition.			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials SL

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section B of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*: N/A

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Stephen Gephardt

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7-29-22

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, Stephen Gephardt, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7-29-22

Date

Subscribed and Sworn to before me this 29 day of July 2022.

CAndrino

Notary Public Signature

CATRINA ANDRINO
Notary Public, State of Nevada
Appointment No. 21-2195-01
My Appt. Expires Nov 24, 2025

(Seal)

Applicant's initials SC

Stephen Andrew GEPHARDT

License Number:
4992

License Type:
Medical Doctor

License Status:
Active

Initial License Date:
Mar-31-1984

Expiration Date:
Jun-30-2023

Public Address:
7250 Peak Dr #100

Public City:
Las Vegas

Public State:
Nevada

Public ZIP Code:
89128

Public Country:
United States

Public Phone Number:
7023864700

Credential:
M.D.

Specialties

Education History

Postgraduate Training

Powered by Thentia Cloud (https://www.thentia.com)

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Stephen Gephardt

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/7/22

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Stephen Gephardt, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/7/22

Date

Subscribed and Sworn to before me this 7 day of July 2022

Notary Public Signature

JULIE MOORE
Notary Public, State of Nevada
Appointment No. 17-3714-1
My Appt. Expires Dec 11, 2025

(Seal)

Applicant's initials SG

Board Actions

Current Employment Status / Conditions / Restrictions on License / Prior Malpractice Claims

Malpractice Information

Supervisor To

Nevada State Board of Pharmacy

For licensing inquires please send an email to, pharmacy@pharmacy.nv.gov (mailto:pharmacy@pharmacy.nv.gov).

For current information on disciplinary actions taken against licensees, please send an email to shunting@pharmacy.nv.gov (mailto:shunting@pharmacy.nv.gov).

VERIFY LICENSE

Last Name	First Name	License#	City	State	Country	Discipline	Action
GEPHARDT	STEPHEN	CS03633	LAS VEGAS	NV	United States	None	

License Number : CS03633
Name : GEPHARDT, STEPHEN
License Type : Controlled Substance
License Status : Active
License Date : 04/12/1985
Discipline : None
Expiration Date : 10/31/2022

Primary Source Verified

Document Type	Date	Name	Other Name	Is Public?	Status	Uploaded By	Link	Actions

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DEA Registration Validation Result:

DEA Number: AG3164617

This DEA Number is ACTIVE

Name (Last, First): GEPHARDT , STEPHEN A

Business Activity: PRACTITIONER

Business Address 1: 7220 S CIMARRON RD STE 270

Business Address 2:

Business Address 3:

City: LAS VEGAS

State: NV

Zip: 891132160

Schedules: Schedule II Narcotic, Schedule II Non Narcotic, Schedule III Narcotic, Schedule III Non Narcotic, Schedule IV, Schedule V

Fee Status: Paid

Expire Date: 09-30-2022

The U.S. Department of Justice, Drug Enforcement Administration, Diversion Control Division maintains registrant data and is considered the primary source of information on DEA registrants. The website https://www.deadiversion.usdoj.gov is the official location for real time online verification.

DEA Registration Validation:

DEA Number to be validated (Required - Not Case Sensitive)

Validate

Logout

Registrant Verification For

ANTFLICK, ADAM J

DEA Number:	FA6689941
Expiration Date:	06/30/2023
Additional Company Info:	
Registered Address:	7220 S CIMARRON RD
	STE 270
City:	LAS VEGAS
State:	NV
Zip Code:	89113
Business Activity:	PRACTITIONER
DEA Schedules:	2 2N 3 3N 4 5
Payment Indicator:	Paid
Registration Status:	ACTIVE
Date of Verification:	12/24/2021

This Primary Source Verification was obtained from the Drug Enforcement Administration's Controlled Substance Act Registrant Database.

Drug Enforcement Administration • Diversion Control Division • 75 Morrissette Dr, Springfield, VA 22152

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application

☑ ANNUAL ☐ AMENDED (check one)

List of Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

SUNSET PAIN SURGERY CENTER LLC	NV20181907411
NAME OF ENTITY	Entity or Nevada Business Identification Number (NVID)

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

☐ Corporation
☐ This corporation is publicly traded, the Central Index Key number is:

☐ Nonprofit Corporation (see nonprofit sections below)

☑ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership

☐ Business Trust

☐ Corporation Sole

Filed in the Office of	Business Number
Barbara K. Cegavske	E0579492018-9
Secretary of State	Filing Number
State Of Nevada	20201074203
	Filed On
	12/01/2020 11:47:30 AM
	Number of Pages
	2

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

☐ 001 - Governmental Entity

☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C $ 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. $501(c)

For nonprofit entities formed under NRS Chapter 82 and 80:Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No - no additional form is required

☐ Yes - the "Charitable Solicitation Registration Statement" is required.

☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE MANAGER:

Name	Country
NSCC, LLC	USA

Address	City	State	Zip/Postal Code
15333 N. Pima Rd Suite 305	Scottsdale	AZ	85260

CORPORATION, INDICATE THE MANAGER:

Name	Country
Stephen A. Gephardt MD, LTD	USA

Address	City	State	Zip/Postal Code
7220 S. Cimarron Road STE 270	Las Vegas	NV	89113

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

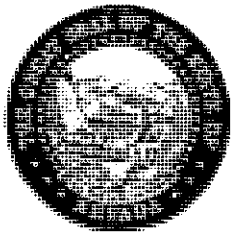
X Grant Cook on behalf of NSCC, LLC
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Subscriber, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Title	Date
Manager	12/01/2020

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary
for Commercial Recordings



Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138

OFFICE OF THE
SECRETARY OF STATE

Grant Cook
7220 S. Cimarron Road Ste 270
Las Vegas, NV 89113

Job:C20181219-0301
December 19, 2018

Special Handling Instructions:

Charges

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Articles of Organization	20180543622-13	12/19/2018 9:11:03 AM	1	$75.00	$75.00
Initial List	20180543623-24	12/19/2018 9:11:05 AM	1	$150.00	$150.00
Business License 12/2018-12/2019	20180543623-24	12/19/2018 9:11:05 AM	1	$200.00	$200.00
Total					$425.00

Payments

Type	Description	Amount
Credit	161314|545239461395601980 4084	$425.00
Total		$425.00

Credit Balance: $0.00

Job Contents:

LLC Charter	1
File Stamped Copies	2
Business License	1

Grant Cook
7220 S. Cimarron Road Ste 270
Las Vegas, NV 89113

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 12-18-2018

Employer Identification Number:
83-2872516

Form: SS-4

Number of this notice: CP 575 B

SUNSET PAIN SURGERY CENTER
GRANT COOK GEN PTR
7220 S CIMARRON RD STE 270
LAS VEGAS, NV 89113

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-2872516. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065 03/15/2019

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

(IRS USE ONLY) 575B 12-18-2018 SUNS B 9999999999 SS-4

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.

* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.

* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is SUNS. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records. CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

9999999999

Your Telephone Number ( ) -

Best Time to Call

DATE OF THIS NOTICE: 12-18-2018
EMPLOYER IDENTIFICATION NUMBER: 83-2872516
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

SUNSET PAIN SURGERY CENTER
GRANT COOK GEN PTR
7220 S CIMARRON RD STE 270
LAS VEGAS, NV 89113

FFN - #: 202106021008683 - Fees: $25.00 - 06/02/2021 10:13:21 AM - Receipt #: 1249615 - Filed By: HUFFA - Pgs: 1 - LYNN MARIE GOYA, CLARK COUNTY CLERK

Office of the Clark County Clerk
Lynn Marie Goya

Please Select One:
☑ New Application
☐ Renewal of existing Fictitious Firm Name

RECEIVED
JUN - 1 2021
COUNTY CLERK

Certificate of Business: Fictitious Firm Name

Please Print or Type

The expiration date for such certificates shall expire after five years from the date of filing.

The undersigned do/does hereby certify that they are conducting business in Clark County, Nevada, under the

Fictitious Firm Name: Canyon Ridge Surgery Center

Mailing Address: 7220 S Cimarron Road, Las Vegas, NV 89113
(Mailing Address for notification of renewal) Mailing Address City, State, Zip

Owner (Sole Proprietor or Registered Legal Entity): Sunset Pain Surgery Center, LLC
(Must print name exactly as it is registered with the Nevada Secretary of State)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:

Signed By: Tammy Gephardt — Tammy Gephardt — 4/29/2021
Full Name of Authorized Signer — Signature — Date

7220 S Cimarron Rd Ste 270 Las Vegas, NV 89113
Street Address of Business or Residence — City, State, Zip

Signed By: _____ — _____ — _____
(Use if needed) Full Name of Authorized Signer — Signature — Date

7220 S Cimarron Rd Ste 270 Las Vegas, NV 89113
Street Address of Business or Residence — City, State, Zip

By signing above, I declare (or affirm), under penalty of perjury, that all statements made in this document are true, and that I have authority to sign on behalf of and to bind the above named business/legal entity to a contract.

For additional signatures, please use additional pages

STATE OF Nevada }
COUNTY OF Clark } SS:

This instrument was acknowledged before me on April 29 2021
(Date)

by Tammy Gephardt
(Name of individual(s) whose signature(s) is/are being notarized)

Signature of Notary Public/Deputy Clerk

JILL E MOORE
Notary Public-State of Nevada
APPT. NO. 17-3714-1
My Appt. Expires 12-11-2021

Mail to: Clark County Clerk's Office, Attn. FFN, Box 551604, Las Vegas NV 89155-1604
Include: Filing Fee of $25.00 payable to County Clerk, completed certificate and a self-addressed stamped envelope.

Rev 01/2021

LYNN MARIE GOYA
Clark County Clerk
200 Lewis Ave
Las Vegas, Nevada 89155
(702) 671-0500
http://www.clarkcountyny.gov/clerk/

1647924

Date Received:	12/3/2021 10:34:59AM
Location:	WEB
Return Code:	
Trans Type:	Ecommerce
Cashier:	eCommerce Agent

Receipt #: 1367275
Cashier Date: 12/3/2021 10:35:31AM
Print Date: 12/6/2021 1:22:58PM

CUSTOMER INFORMATION

TAMMY GEPHARDT
7220 S CIMARRON ROAD
STE 270
LAS VEGAS, NV 89113
UNITED STATES

PAYMENT SUMMARY

Total Fees:	$7.88
Total Payments:	$7.88
Balance Due:	$0.00
Cash Tendered:	
Change:	$0.00

Payment

CREDIT CARD VIA WEB $7.88

Miscellaneous Item

NIC PROCESSING FEE

Fees *NIC Processing Fee* 1.38

Search Item

SEARCH RECORD

DOC #: 202106021008683 Pages: 1 Date: 12/3/2021 10:35:31AM SUNSET PAIN SURGERY CENTER LLC CANYON RIDGE SURGERY CENTER

Fees *CERTIFICATIONS SEAL - NRS 19.013* 6.00
Fees *DOCUMENT COPIES_AUTO - NRS 19.013* 0.50

SECRETARY OF STATE

NEVADA STATE BUSINESS LICENSE

SUNSET PAIN SURGERY CENTER LLC

Nevada Business Identification # NV20181907411

Expiration Date: 12/31/2022

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/15/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202111152152035
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

SUNSET PAIN SURGERY CENTER LLC

Nevada Business Identification # NV20181907411

Expiration Date: December 31, 2019

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 19, 2018

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

You may verify this license at www.nvsos.gov under the Nevada Business Search.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which by law cannot be waived.

5

MATRIX GUIDELINE FOR DISCIPLINARY ACTIONS

	1st Action	2nd Action	3rd Action
Non ingested error	Letter	Letter	Hearing
No counseling	$750.00	Counseling CE + $1000.00	Hearing
Attorney Fees and Costs	Actual	Actual	Actual
Ingested no potential harm	$500.00	$1000.00	Hearing
Ingested with potential harm or adverse outcomes	$1000.00	Hearing	Hearing
Ingested with negative outcome or patient discomfort. No institution intervention	Hearing	Hearing	Hearing
Ingested with significant negative health circumstance. With institution admit	Hearing	Hearing	Hearing
Ingested with death related to inappropriate drug therapy	Hearing	Hearing	Hearing

The investigative committee will review each case individually and may recommend a board hearing, particularly with mitigating circumstances such as inappropriate technician involvement or pharmacist malfeasance.

In certain cases with ingested errors and significant negative health circumstances requiring institutional care, the investigative committee recommendation will be a board hearing.

In all death cases resulting from inappropriate drug therapy a board hearing will occur.

Attorney fees and costs may be added in contested disciplinary actions requiring extensive attorney preparation and presentation and are not described in the above matrix.

The board has directed that ownership may be charged in disciplinary cases. In non-ingested errors copies of admonition letters will be sent to management. Accumulative actions for ownership monitoring will be based upon a 3 year period. All actions including non-ingested errors will be given a case number and monitored.

The Board has the authority to fine from $0.00 to $10,000 for each Cause of Action.

Updated May 2019

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – October 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
SS: Failure to meet controlled substance reporting requirements; failure to maintain adequate or accurate controlled substance records; inappropriate or unauthorized dispensing of medication; inappropriate acquisition or diversion of controlled substances/dangerous drugs. Practicing as a wholesaler without a license.	N/A	SS voluntarily surrendered his Pharmacist Certificate of Registration on August 2, 2021. SS may not apply for reinstatement of his pharmacist registration for a period of two (2) years; fined $5,000 and $595 in attorney's fees and costs.	PR: $10,000 fine; $1,785.77 in attorney's fees and costs.
KMC: Reprimanded for engaging in the business of furnishing medical devices in Nevada without a license.	N/A	N/A	Licensed suspended.
DF: Disciplined in CA for diversion and use of controlled substances, specifically Oxycodone and Amphetamine-dextroamphetamine from the pharmacy where he was employed as the pharmacist-in-charge.	N/A	Revocation; the revocation is stayed, and DF is placed on probation until April 27, 2025, with conditions.	N/A
LH-S: Practicing without a valid CS registration; failure to maintain adequate or accurate controlled substance records.	N/A	CS registration is suspended; the suspension is stayed and LH-S is placed on probation for one year; fined $5,000.00; $500.00 in attorney's fees and recoverable costs; and shall successfully pass quarterly inspections; LH-S to reimburse the Board for quarterly inspection costs.	N/A
RW: Failure to comply with Board Order; failure to comply with PMP monitoring requirements.	N/A	CS registration is suspended immediately for a period of 180 days. RW shall be re-trained as a prescriber in the PMP and the previous probation period shall be extended to 48 months beginning immediately.	N/A
MC: Practicing without a valid CS registration.	N/A	Revocation; $715.87 in attorney's fees and recoverable costs. MC	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – October 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		may not petition the Board for reinstatement for a period of one year from the effective date of the Order.	
MD: Practicing without a valid CS registration.	N/A	Fined $5,000.00 and $750.00 in attorney's fees and recoverable costs. Required to appear before the Board if he applies for renewal of his CS registration.	N/A
LO-S: Practicing without a valid CS registration.	N/A	Revocation. LO-S may not petition the Board for reinstatement for a period of two years from the effective date of the Order. In the event Respondent petitions for reinstatement, or applies for any other certificate, license or permit with the Board, she shall submit to an evaluation completed by the Nevada Professional Assistant Program or Professional Recovery Network.	N/A
AC: Practicing with expired TD registrations for 7 dispensing practitioners.	N/A	Fined $5,000; $250 in recoverable attorney's fees and costs.	N/A
SR, VR, EG, SA, TS, AB, JC: Respondents' TD practiced with expired TD registration for 145 days.	N/A	Fined $5,000.00; $250 in recoverable attorney's fees and costs.	N/A
UG: Failed to disclose on his renewal application for the years 2019 and 2021, a criminal indictment and conviction for violation of Controlled Substances Act.	N/A	Revoked; $384.13 in recoverable attorney's fees and costs.	N/A
VCP: Compounding violations.	N/A	Fined $5,000; $1,500 in recoverable attorney's fees and costs; undergo Board inspection.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – October 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
ES: Dispensed clinical trial medications without a valid dispensing practitioner registration.	N/A	Fined $2,000.	N/A
SM: Practicing without a valid CS license; inadequate security for controlled substances; failure to properly secure expired drugs.	N/A	CS is suspended; the suspension is stayed and SM is placed on probation 1 year; fined $5,000; $500.00 in recoverable attorney's fees and costs; undergo quarterly Board inspections for one year.	N/A
JS: Unauthorized access to PMP. PH: Failed to log out of the pharmacy computer to prevent unlawful access to the PMP.	N/A	JS: revoked; revocation is stayed and JS is placed on 1 year probation. JS shall complete 2 additional hours of CE (ethics/HIPAA); attend in-person, the disciplinary component of two board meetings during the one-year probation period; fined $500; $793.89 in recoverable attorney's fees and costs. PH: $500 in recoverable attorney's fees and costs.	N/A
NZ: Failed to discontinue a medication which caused the erroneous dispensing of said prescription via auto-refill on 4 occasions	N/A	Fined $1,000; $500 in recoverable attorney's fees and costs; complete two additional hours of CE on error prevention.	WG: Fined $1,000; $500 in recoverable attorney's fees and costs.
AK: Surrendered his DEA Certificate of Registration for cause; license to practice medicine in Nevada revoked for cause.	N/A	Revoked.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – October 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
GD, IW, KG, MM: Practicing with an expired CS license.	N/A	Fined $5,000; $750 in recoverable attorney's fees and costs.	N/A
RH, RH: Practicing with an expired CS license.	N/A	Revoked; fined $5,000; $594.30 in recoverable attorney's fees and costs.	N/A
AG: Engaged in furnishing medical devices in Nevada without a license.	N/A	Fined $5,000; $500 in recoverable attorney's fees and costs.	N/A
AK: Practicing with an expired CS license.	N/A	Fined $5,000; $649.30 in recoverable attorney's fees and costs.	N/A
AM: Practicing with an expired CS license.	N/A	Fined $5,000; $750 in recoverable attorney's fees and costs.	N/A
KS & TS: Failure to keep complete and accurate records of nonsterile compounded drug products; failure to verify accuracy of dispensed compounded drug products; failure to establish policies and procedures for compounding/dispensing nonsterile drug products; failure to maintain accurate biennial inventories of controlled substances; KS: failure to report dispensing of controlled substances to the PMP.	N/A	KS placed on probation for 2 years fined $5000; $1,000 in recoverable attorney's fees and costs. KS shall not apply for the biennial renewal of Certificate of Registration No. PD00333, shall automatically forfeit that registration upon expiration on October 21, 2022. TS placed on probation for 2 years; fined $4000; $1,000 in recoverable attorney's fees and costs. TS shall not apply for the biennial renewal of Certificate of Registration No. TD01379, shall automatically forfeit that registration upon expiration on October 21, 2022.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – October 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
RB-R & AB: allowing and/or supervising the unlawful prescribing of controlled substances to two minor children without first establishing bona fide therapeutic relationships by a physician assistant under their supervision; failure to comply with PMP requirements.	N/A	RB-R & AB fined $10,000; $500 in recoverable attorney's fees and costs; 2 hours of CE regarding prescribing controlled substances.	N/A
JB: Prescribed controlled substances to two minor children without first establishing bona fide therapeutic relationships; failure to comply with PMP requirements.	N/A	Fined $5,000; $500 in recoverable attorney's fees and costs; 4 hours of CE regarding prescribing controlled substances.	N/A
RB-R & AB: Failure to comply with Board Order.	N/A	RB-R & AB controlled substance certificate of registrations revoked; the revocation is stayed and the previous probation period will be extended for an additional 24 months ending June 1, 2024. Both will be re-trained in the PMP.	N/A
ND admits that evidence exists to establish a factual basis for alleged violations related to a filling/dispensing error.	N/A	Fined $500.00 and assessed $500.00 in recoverable attorney's fees and costs.	N/A
RS surrendered his DEA Certificate of Registration.	N/A	Revoked.	N/A
AS, SW, WT: Practicing with an expired CS license.	N/A	AS, SW: Fined $5,000.00 and assessed $500.00 in recoverable attorney's fees and costs. WT: Fined $5,000.00 and assessed $750.00 in	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – October 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		recoverable attorney's fees and costs.	
HRX admits that evidence exists to establish a factual basis for alleged violations related to falsely certifying to the Board that they had not been subject to a board citation or administrative action.	N/A	N/A	Fined $5,000.00 and assessed $500.00 in recoverable attorney's fees and costs.
PS, 3Ms, VH operated without an administrator.	N/A	N/A	Fined $1,000.00 and assessed $500.00 in recoverable attorney's fees and costs.
NI admits that evidence exists to establish a factual basis for alleged violations related to failure to register a second location in Nevada and engaged in the business of furnishing medical devices to Nevada patients from that location without a license.	N/A	N/A	Fined $5,000.00 and assessed $500.00 in recoverable attorney's fees and costs.
QKI disciplined by the CA Board of Pharmacy for the loss of approximately 173,113ml of promethazine with codeine. QKI falsely certified to the Nevada Board on his 2019 renewal that he had not been the subject of a board citation or administrative action in any state.	N/A	Fined $10,000.00; assessed $750.00 in recoverable attorney's fees and costs.	N/A
WC admits that evidence exists to establish a factual basis for alleged violations related to the diversion of controlled substances. WC surrendered his DEA Certificate of Registration for cause.	N/A	Revoked.	N/A
KAN admits that evidence exists to establish a factual basis for alleged violations related to the failure to timely renew her DEA Certificate of Registration and wrote one or	N/A	Fined $5,000.00 and assessed $500.00 in recoverable attorney's fees and costs.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – October 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
more prescriptions for a controlled substance without a valid registration.			
AM: The Board approved PTT application on the condition that she provide a completed copy of the court-ordered mental health/substance abuse counseling report and confirmation that she had tested negative on her most recent drug and alcohol assessment. AM failed to submit the required documentation.	N/A	Revoked; assessed $304.41 in in recoverable attorney's fees and costs.	N/A
MH: The NSBME suspended Respondent's license to practice medicine. MH no longer qualifies for a controlled substance registration.	N/A	CS registration suspended; assessed $500.00 in recoverable attorney's fees and costs.	N/A
SW permitted persons not licensed as practitioners in Nevada to fraudulently issue prescriptions for controlled substances and/or dangerous drugs under his credentials; failure to query the PMP database; failure to disclose administrative actions to the Board on his 2020 biennial renewal application and on his applications for two additional controlled substance registrations.	N/A	Revoked; fined $5,000.00; assessed $4,600.00 in recoverable attorney's fees and costs.	N/A
RT & CT each pre-signed, pre-wrote or pre-dated controlled substance and/or dangerous drug prescriptions and allowed staff to complete information on written prescriptions for patients while they were engaged in overseas travel.	N/A	CS registrations are suspended; suspensions are stayed and RT/CT are placed on probation for 2 years; fined $4,000.00; assessed $2,000.00 in recoverable attorney's fees and costs.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – October 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
GS prescribed controlled substances, primarily in the form of testosterone, to Nevada patients during the period while his controlled substance registration no. and/or DEA Registration was expired; failed to disclose a board citation or an administrative action; failed to register with the Prescription Monitoring Program.	N/A	Fined $10,000.00; assessed $750.00 in recoverable attorney's fees and costs.	N/A
DE failed to timely renew his controlled substance registration and prescribed controlled substances to Nevada patients during the period his registration was expired.	N/A	Fined $5,000.00; assessed $500.00 in recoverable attorney's fees and costs.	N/A
AC dispensed study medications, consisting of controlled substances and dangerous drugs, without the required registration.	N/A	Fined $5,000.00 and assessed $500.00 in recoverable attorney's fees and costs.	N/A
NE compounded drug products in violation of law; filled prescriptions with copied signatures; and failed to document prescriptions received by telephone.	N/A	Revoked; the revocation stayed, and NE is placed on probation for 5 years. NE shall not be a managing pharmacist for 2 years; fined $5,000.00; assessed $900.00 in recoverable attorney's fees and costs.	LVS-Rx revoked; revocation stayed, and LVS-Rx is placed on probation for 2 years; quarterly inspections for a period of 2 years; all pharmacist staff who will engage in compounding shall complete a compounding training within 6 months; fined $10,000.00; assessed $940.50 in recoverable attorney's fees and costs.
RW: On Second Order to Show Cause for prescribing a controlled substance on a suspended registration in violation of previous orders, Respondent's controlled substance registration is revoked.	N/A	Revoked; may not petition for reinstatement for a period of 5 years.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – October 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
SD reprimanded for violations related to pre-signed, pre-written or pre-dated controlled substance and/or dangerous drug prescriptions and allowing staff to complete information on written prescriptions for patients while he was engaged in overseas travel.	N/A	2-year probation; fined $5,000.00; assessed $3,834.50 in recoverable attorney's fees and costs; 4 additional CEs regarding proper prescribing of controlled substances; 1 hour PMP training and 1 hour controlled substance prescribing with board staff.	N/A
CO failed to maintain accurate and complete records for controlled substance inventories and ensuring the security thereof in the operation of his pharmacy.	N/A	Revoked; the revocation is stayed, and CO is placed on probation for 5 years, during which time he may not work as a managing pharmacist at any pharmacy licensed by the Board or hold an ownership interest in any pharmacy licensed by the Board. Fined $5,000.00; assessed $500.00 in recoverable attorney's fees and costs.	N/A
MG: perform duties as a pharmaceutical technician while intoxicated.	N/A	Shall not apply for the biennial renewal of PT certificate and shall automatically forfeit that registration upon expiration on October 31, 2022; shall not engage in practice as a pharmaceutical technician.	N/A
HC: failed to put into practice policies and procedures to ensure that dangerous drugs were possessed, administered to patients, furnished or dispensed in compliance with all federal and state statutes	N/A	Fined $5,000.00; assessed $1,000.00 in recoverable attorney's fees and costs; establish policies and procedures to ensure compliance with all federal and state	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – October 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
and regulations regarding dangerous drugs.		statutes and regulations regarding controlled substances and dangerous drugs.	
DH & JR: filled a prescription with the incorrect quantity of medication and verified the final product as accurate, which caused the erroneous dispensing of said medication.	N/A	DH: Fined $500.00; two additional hours of CE on error prevention. JR: Fined $1,000.00; two additional hours of CE on error prevention.	WG: Fined $2,000.00; assessed $750.00 in recoverable attorney's fees and costs.
CH: made handwritten changes to the beyond use dating of dexamethasone syringes without clearing this practice with the supervisor or managing pharmacist.	N/A	Revoked; fined $1,000 and assessed $856.50 in recoverable attorney's fees and costs.	N/A
TR: failed to enter the correct patient's name and prescriber information during data entry resulting in the erroneous dispensing of a duplicate and mislabeled prescription. MN: failed to accurately verify medication at data entry review leading to dispensing a duplicate and mislabeled prescription.	N/A	TR: fined $1,000.00 and assessed $500.00 in recoverable attorney's fees and costs. MN: fined $1,000.00, assessed $500.00 in recoverable attorney's fees and costs, and two additional hours of CEs on proper dispensing practices and/or medication review.	Fined $2,000.00; assessed $1,000.00 in recoverable attorney's fees and costs.
SE: erroneously dispensed a prescription for sildenafil 20mg instead of montelukast 10mg as prescribed.	N/A	Fined $1,000.00; assessed $500.00 in recoverable attorney's fees and costs.	WG: Fined $2,000.00; assessed $1,000.00 in recoverable attorney's fees and costs.
GB: falsified her application for pharmaceutical technician in training by indicating she was a high school graduate or equivalent when she was not. Worked for 713 days without a valid registration.	N/A	Revoked; fined $1,000.00; assessed $116.25 in recoverable attorney's fees and costs.	WG: Fined $2,000.00; assessed $1,000.00 in recoverable attorney's fees and costs.
HT: dispensed the wrong dosage of Morphine Sulfate 30 mg instead of 15 mg,	N/A	HT & TW: Fined $1,000.00 and assessed $500.00 in recoverable	WG: Fined $2,000.00 and assessed $1,000.00 for

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – October 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
failure to accurately verify medication at data entry review and final product review. TW: overrode a DUR alert(s) resulting in the erroneous dispensing of a medication.		attorney's fees and costs.	recoverable attorney's fees and costs.
CVS: failure to maintain prescription records.	N/A	N/A	Fined $1,000.00 and $500.00 in recoverable attorney's fees and costs.

5A

This Agenda Item has been continued to a future meeting.

5B

This Agenda Item has been continued to a future meeting.

5C

This Agenda Item has been continued to a future meeting.

5D

FILED
MAY 16 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #9841** **Certificate of Registration No. PH01364,** **ROLA ELIAS MSEEH, RPH** **Certificate of Registration No. 19538,** **Respondents.**	**Case No. 19-257-PH-N** **19-257-RPH-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over CVS Pharmacy #9481 ("CVS #9481") because CVS #9481 was issued Pharmacy License No. PH01364 by the Board on March 25, 1999, and was a pharmacy licensed with the Board at the time of the events alleged herein.

2. The Board has jurisdiction over Rola Elias Mseeh ("Mseeh"), because Mseeh was issued Pharmacist Certificate of Registration No. 19538 by the Board on March 23, 2017, and was a pharmacist registered with the Board at the time of the events alleged herein.

DISCIPLINARY HISTORY

3. On July 28, 2011, the Board approved a Stipulation and Order in Case No. 11-013-RPH – N, wherein Respondent agreed to discipline on the basis that evidence existed to establish a factual basis that she had violated NRS 639.210(4), and/or NAC 639.707(6)(a), and/or NAC 639.945(1)(i), and/or NAC 639.707(6)(a), and/or NAC 639.945(1)(d), and/or (i) and (2) by failing

to maintain a counseling log and by not having space for the pharmacist to initial if counseling was provided or refused.

FACTUAL ALLEGATIONS

4. Mseeh was employed as the managing pharmacist at CVS #9481 at the time of the events alleged herein.

5. On or about August 22, 2019, Dr. Ram Chalapalli prescribed patient M.B. Alprazolam 0.5 mg tablets quantity 30 with two refills.

6. On or about August 28, 2019, patient M.B. tendered the Alprazolam prescription to CVS #9481, where it was designated as RX# C1041278 by CVS #9481's computer system.

7. Patient M.B. made three (3) trips to CVS #9481 to pick up RX# C1041278 but was declined each time.

8. Upon investigation by the Board in January of 2021, the pharmacist in charge searched CVS #9481's computer records and was unable to locate an electronic record for RX# C1041278.

9. During the Board's investigation, the pharmacist in charge searched CVS #9481's hard copy prescription records and located the original prescription, which reflected that the prescription was filled on August 28, 2019, by initials RM.

10. The hard copy of RX #C1041278 did not contain the days' supply of the controlled substance, or the ICD-10 code corresponding to the diagnosis for which the controlled substance was prescribed.

11. CVS #9481 failed to maintain a record for patient M.B.'s Alprazolam prescription in its computerized system for the requisite two (2) year period.

12. Mseeh failed to contact or instruct CVS #9481 pharmacy staff to contact the prescribing practitioner for clarification on the diagnosis and the days' supply for RX #C1041278.

APPLICABLE LAW

13. A pharmacy shall use a computerized system for recording information concerning prescriptions. NAC 639.924.

14. A written prescription for a controlled substance must contain the days' supply of the controlled substance and the code established by the *International Classification of Diseases, Tenth Revision, Clinical Modification,* ("ICD-10") code that corresponds to the diagnosis for which the controlled substance is prescribed. NRS 639.2553(2)(g); NAC 453.440.

15. A pharmacist may decline to fill a prescription that otherwise satisfies the requirements of NRS and NAC 639 only if the pharmacist reasonably believes in his or her professional judgment that: (a) filling of the prescription would be unlawful; (b) filling of the prescription would be imminently harmful to the medical health of the patient; (c) the prescription is fraudulent; or (d) the prescription is not for a legitimate medical purpose. If the pharmacist declines to fill he or she shall speak with the prescribing practitioner in a timely manner to discuss and resolve the concerns of the pharmacist regarding the prescription. NAC 639.753(1) and (2).

16. Each pharmacy that uses a computerized system to record information concerning prescriptions must have a procedure in place for the managing pharmacist to ensure that the information which is recorded in the system is not lost or destroyed. NAC 639.910(2).

17. A pharmacy's computerized system must be able to produce a printed record of its contents in a manner that permits an audit of each prescription immediately upon a request made pursuant to NRS 639.238. NAC 639.935(1) and (2).

18. A pharmacy is required to maintain a record of medication for each patient to whom a prescription has been dispensed by that pharmacy for at least 2 years after the most recent entry. NAC 639.708(1)(b).

19. Performing any duties as the holder of a license or registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public

interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

20. Failure to provide any document, data or information that is required to be made and maintained pursuant to chapters 453, 454, 585, and 639 of NRS and chapters 453, 454, 585, and 639 of NAC to a member of the Board or a member of the staff of the Board upon his or her request constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(m) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

21. Violating, attempting to violate, assisting, or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

22. The Board may suspend or revoke the registration of a managing pharmacist for violating any provision of law or regulation concerning recordkeeping or inventory in a store over which he or she presides, or knowingly allowing a violation of state or federal law relating to the practice of pharmacy by personnel of the pharmacy under his or her supervision. NRS 639.210(15).

23. Pharmacies are responsible for the acts of the managing pharmacist and all personnel pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

COUNT ONE

Failure of Pharmacist to Contact Prescribing Practitioner
(Respondent Mseeh)

24. By failing to consult the prescribing practitioner upon declining RX# C1041278, Respondent Mseeh violated NAC 639.753(1) and (2), performed her duties as registered pharmacist in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 639.210(4) and (12).

COUNT TWO

Recordkeeping Violations
(Respondents CVS Pharmacy #9481 and Respondent Mseeh)

25. By failing to comply with the recordkeeping requirements of for RX# C1041278, Respondents violated NRS 639.2553(2)(g), NAC 453.440, NAC 639.708(1)(b), NAC 639.910(2), NAC 639.924 and/or NAC 639.935(1) and (2), engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(m), and are subject to discipline pursuant to NRS 639.210(4), (12) and/or (15), NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

COUNT THREE

Pharmacy/Pharmacy Owner Responsibility
(Respondent CVS Pharmacy #9481)

26. NRS 639.230(5) provides: "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board." Further, the owner of any business of facility licensed, certified, or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

27. To the extent the failure to contact the prescribing practitioner upon declining to dispense RX# C1041278 was attributable to Respondent Mseeh or other pharmacy personnel under the supervision of Respondent Mseeh, CVS #9481 the is responsible for those violations pursuant to NRS 639.230(5) and NAC 639.945(2).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 16th day of MAY.

J. David Wuest, R.Ph., Executive Secretary,
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #9841** **Certificate of Registration No. PH01364,** **Respondent.**	**CASE NO. 19-257-PH-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, July 13, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hyatt Place
1790 E. Plumb Lane
Reno, NV 89502

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 16th day of MAY 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #9841** **Certificate of Registration No. PH01364,** **Respondent.**	**CASE NO. 19-257-PH-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR CVS PHARMACY #9841

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 18th day of May 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Rola Elias Msheeh, RPH
[redacted] Show Jumper Ln
Reno, NV 89521

CVS Pharmacy #9841
1695 Robb Dr.
Reno, NV 89523

Brian J. Convery, Esq.
Senior Legal Counsel -CVS Health
200 Campus Dr., Suite 310
Florham Park, NJ 07932

SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #9841** **Certificate of Registration No. PH01364,** **and** **ROLA ELIAS MSEEH** **Certificate of Registration No. 19538,** **Respondents.**	**Case Nos. 19-257-PH-N** **19-257-RPH-N** **STIPULATION AND ORDER** ***CVS Pharmacy #9481 Only**

Peter Keegan, Assistant General Counsel for Petitioner the Nevada State Board of Pharmacy ("Board"), Respondent CVS Pharmacy #9481 ("CVS"), Certificate of Registration No. PH01364, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about May 18, 2022, Board Staff properly served Respondent CVS with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. CVS is fully aware of its right to seek the advice of counsel in this matter and has obtained the advice of counsel prior to entering into this Stipulation.

4. CVS is aware of its right to a hearing on the matters alleged in the Accusation, its right to reconsideration, its right to appeal and any and all other rights which may be accorded to it pursuant to NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent, or any of them, have failed to comply with the provisions below, CVS hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them

by NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

6. Respondent, admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit,* that:

A. CVS failed to maintain a copy of RX# C1041278 in violation of NRS 639.2553(2)(g), NAC 453.440, NAC 639.708(1)(b), NAC 639.910(2), NAC 639.924 and/or NAC 639.935(1) and (2), engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(m); and

B. CVS, as the owner of the licensed pharmacy at which the violations of law occurred, is responsible for the acts of all personnel in its employ pursuant to NRS 639.230(5), NAC 639.702, and 639.945(2).

7. The above cited violations of law are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210(4), (12), and (15), as well as NRS 639.255.

8. Based upon the Accusation and the foregoing, the Board and CVS stipulate to the below listed penalties. Respondent CVS Pharmacy #9481, Certificate of Registration No. PH01364, shall:

A. Pay a fine of One Thousand Dollars ($1,000.00) for the violations; and

B. Pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by that Respondent, the Board may impose additional discipline upon that Respondent not inconsistent with the provisions of NRS Chapter 639.

10. The Board's Assistant General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on July 13, 2022, in Reno, Nevada. Respondent and/or Respondent's authorized representative(s) will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or its counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *personal, business, certified or cashier's check or money order* made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *personal, business, certified or cashier's check or money order* made payable to **"Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondent, and each of them, agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 8th day of November 2022.

CVS PHARMACY, #9481
Certificate of Registration No. PH01364
By: Leo Lariviere
Its: Dir. Regulatory Affairs

Signed this 10th day of November 2022.

NEVADA STATE BOARD OF PHARMACY

PETER K. KEEGAN, ESQ.
Assistant General Counsel
985 Damonte Ranch Pkwy., Ste. 206
Reno, Nevada 89502
775-850-1440

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent CVS Pharmacy #9481, Certificate of Registration No. PH01364, in Case No. 19-257-PH-N and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of November 2022.

Helen Park, President
Nevada State Board of Pharmacy

5E

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROLA ELIAS MSEEH, RPH** **Certificate of Registration No. 19538,** **Respondent.**	**CASE NO. 19-257-RPH-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, July 13, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hyatt Place
1790 E. Plumb Lane
Reno, NV 89502

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 16th day of May 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 18th day of May 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Rola Elias Msheeh, RPH
[redacted] Show Jumper Ln
Reno, NV 89521

CVS Pharmacy #9841
1695 Robb Dr.
Reno, NV 89523

Brian J. Convery, Esq.
Senior Legal Counsel -CVS Health
200 Campus Dr., Suite 310
Florham Park, NJ 07932

SHIRLEY HUNTING

FILED
JUN 28 2022
NEVADA STATE BOARD
OF PHARMACY

MALIK W. AHMAD, ESQ.
Nevada State Bar No.: 10305
Law Office of Malik W. Ahmad
8430 West Lake Mead Blvd, Suite 100
Las Vegas, Nevada 89128
Tel: 702.270.9100
Email: malik@lasvegaslawgroup.com
Attorney for Respondent
Rolla Elias Mseeh

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. CVS PHARMACY #9841 Certificate of Registration No. PH01364, and ROLA ELIAS MSEEH Certificate of Registration No. 19538, Respondents.	Case Nos. 19-257-PH-N 19-257-RPH-N ANSWER AND NOTICE OF DEFENSE AND MOTION TO DISMISS NOTICE OF INTENDED ACTION AND ACCUSATION

COMES NOW ROLA ELIAS MSEEH Certificate of Registration No. 19538, (hereby "Respondent"), by and through her attorney, MALIK W. AHMAD, Esq., of THE LAW OFFICE OF MALIK W. AHMAD, and files her ANSWER AND NOTICE OF DEFENSE to the aforementioned NOTICE OF INTENDED ACTION AND ACCUSATION. Respondent completely denies all of the accusations and moves this Board for an Order granting complete dismissal. Respondent also verifies her intention to attend the hearing but would be unable to attend

hearing in Reno as an unsuitable venue for both her and her attorney, and instead is requesting a Bluejeans type virtual hearing which can be conducted from Las Vegas.

ANSWER

1. Respondent is unable to verify or deny Clause #1 because it is not applicable to her and only to CVS.
2. Respondent admit Clause#2 jurisdiction over her as a registered pharmacist.
3. Respondent denies Clause #3 as she has no previous disciplinary history and denies she ever was disciplined in Nevada or anywhere else. It is explained in more detail under her defense. It is ironic that Board contradicts its own position in Clause #2 where it states" "Mseeh was issued Pharmacist Certificate of Registration No. 29538 by the Board on March 23, 2017," while this alleged incident happened on "July 28, 2011", vis Clause #3.
4. Respondent admits with Clause #4 that she was employed as the managing pharmacist at CVS #9841 at the time of the events alleged herein and denies the rest of the contents therein.
5. Respondent denies Clause #5 as having no memory of such prescription other than the record may speak for itself. She fills hundreds of prescriptions in a very busy CVS and does not have an outright memory.
6. Respondent denies clause #6 as having no such outright memory after a lapse of three years.
7. Respondent denies clause #7 as having no such memory of ever meeting the patient or has knowledge of the number of trips he made.
8. Respondent denies clause #8 as having no such personal knowledge of the search as having not been employed at the store by that time.

9. Respondent denies clause #9 as having no such personal knowledge in a very busy CVS location and with fading memory about something which happened some 3 years ago.

10. Clause #10 may not be true because the error was detected and a contact was prepared for the Prescribing Physician.

11. Respondent denies charges in Clause #11 as this pertains to CVS as a business. Respondent denies its application on her.

12. Respondent denies charges in Clause #12. The contact was prepared and sent either by phone, fax or the computer. At this time, after a lapse of three years, it is simply not possible to provide any proof. Nevertheless the burden of proof is upon the Board.

APPLICABLE LAW

13. The requirements of NAC 639.924. are not applicable on Respondent Mseeh.

14. Respondent denies the application of International Classification of Diseases, Tenth Revision, Clinical Modification, ("ICD-10") code that corresponds to the diagnosis for which the controlled substance is prescribed. NRS 639.2553(2)(g); NAC 453.440. The error was detected and a contact to Prescribing Physician was left in the queue awaiting the Prescribing Physician's response.

15. Respondent denies the application of the stated laws in Clause #15 upon her as she never declined filling the prescription.

16. The laws stated in Clause #16 are applicable upon pharmacies and Respondent denies the application of such laws upon her in this given situation.

17. Respondent denies the application of the requirements of NRS and NAC 639 upon her in Clause #17. The computer printout of its data was created and its proof is provided in the discovery paper on CVS9841.Mseeh 001.

18. Respondent denies the application of the requirements of NRS and NAC 639 in Clause #18 upon her in Clause #18.

19. Respondent denies the application of the requirements upon her in Clause #19.

20. Respondent denies the application of the requirements upon her in Clause #20.

21. Respondent denies the application of the requirements upon her in Clause #21.

22. Respondent denies the application of the requirements upon her in Clause #22.

23. Respondent denies the application of the requirements upon her in Clause #23.

COUNT ONE

Failure of Pharmacist to Contact Prescribing Practitioner (Respondent Mseeh)

24. Respondent denies the charges against her in Clause #24.

COUNTTWO

Recordkeeping Violations
(Respondents CVS Pharmacy #9481 and Respondent Mseeh)

25. Respondent denies the Clause #15 and the charges contained therein.

COUNT THREE

Pharmacy/Pharmacy Owner
Responsibility
(Respondent CVS
Pharmacy #9481)

26. Respondent denies the charges against her in Clause #26 as not applicable to her and only applies to Pharmacy Owner.

27. Respondent denies the charges against her in Clause #27 as applicable to her.

****

i. INTRODUCTION
NOTICE OF DEFENSE AND MOTION TO DISMISS
NOTICE OF INTENDED ACTION AND ACCUSATION

This Complaint is filed both against CVS and Respondent jointly. However, the main component of this Complaint is against CVS. As such, Respondent is unable to Answer what relates to CVS. Respondent is an employee of CVS and was not an independent contractor. Every job function was performed within the scope and course of employment. Additionally, the record keeping, the computer processing and electronic information contained in the CVS computer works under a software with governing intake data input and its guidelines. The operating system of the computers or any glitches in the computer system are not her responsibility and not fixed by Respondent. Any system electronic error is not rectifiable by this Respondent other than the mere fact that she operates subject to the limitations of software electronic version.

The various provisions of Nevada laws cited in the aforementioned Notice are not applicable to her. Most of the generalized versions are quoted by the Board without even specific subsections applicable upon her. Some are exclusively applicable to the pharmacies themselves. Respondent would specifically analyze these provisions and their nonapplication on her. In conclusion, Respondent's conduct fully complies with all lawful requirements of NRS 233B. l 27(3). Respondent is a dedicated professional with excellent customer service history and had not been disciplined by the Board as incorrectly reported in the accusations under Disciplinary History.

ii. DEFENSES TO COUNT ONE
Failure of Pharmacist to Contact Prescribing Practitioner
(Respondent Mseeh)

ARGUMENTS

1. ***Mseeh failed to contact or instruct CVS #9481 pharmacy staff to contact the prescribing practitioner for clarification on the diagnosis and the days' supply for RX #C1041278.*** **Factual Allegation**

A. Respondent Never Declined the Prescription. Nor Failed to Contact the Prescribing Physician

(i) Respondent discovered the inaccuracy and deficiency in the subject prescription and had placed the request to contact the Prescribing Physician. The law prescribes a reasonable time to contact the Prescribing physician. There is no quantifiable time period what can be a reasonable time period to defined what can be a reasonable time period. The Count One did not list the quantifiable time period which Respondent had failed. Nothing is specified in Count One. There was no lapse of time to contact the Prescribing Physician. The Discovery Paper and the attached printout clearly indicate that an initial input was made, however, nowhere does it show that Respondent declined the Prescription nor failed to contact the Physician. **CVS9841.Mseeh 001**

(ii) There are 11 listed names of different medical providers on the aforementioned physical prescription. By all means and based upon sufficient past contact experience with medical providers have a limited answering service as the answering receptionists had to attend to many calls to answer for all the medical providers listed on the prescription. They have one phone number and it is not easy to go through this in a short period of time. Even though many medical offices have dedicated lines for pharmacy but still this large medical office was overburdened with 11 medical providers in this case. It is too long a waiting period, voice mail interruptions, limited

staff and always difficult to get through and engage the right individual.

CVS9841.Mseeh 001

(iii) Count One states that Respondent "failing" [failed] is simply highly incorrect, and the Board's accusation in this regard is totally unjustified. There is no evidentiary proof provided how she failed. No testimony, or paperwork is produced to show her failure. Here, it is very clear that Respondent never filled the prescription, a computer entry was made to contact the prescribing physician, the prescription was never placed in the "waiting bin" and never delivered to the patient.

(iv) The flow of the process of a prescription needed to be examined here which requires many steps. Here are the usual steps involved:

1. Drop off of prescription, either physically, or via computer. Here it was dropped off physically.
2. Data entry of the prescription.
3. Accuracy of prescription is checked.
4. Pharmacist Verification (verify rx was entered correctly)
5. Production (filling - counting and putting pills into labeled vial)
6. Pharmacist verification (verify correct medication)
7. Printing brochure
8. Once ready, packaging it and leaving at the "waiting bin".

In this case, this is what Respondent believes:

1. Drop off of physical prescription;
2. Data entry (rx missing icd10 and day supply) so it didn't get passed this step.
3. Prescriber's request created.
3. Contact made and left in the queue to speak to physician.

Conclusion: No declining the prescription.

B. CVS Own Internal Inquiry Absolves Respondent of Any Wrongdoing.

(i) CVS had made a thorough inquiry into this matter and quite a few emails were exchanged between Senior Analyst Lauren Pacia and Investigator Monica Segedy. This email exchanged between CVS and the Investigator clearly shows that the Respondent is not responsible. All of this evidence is all exculpatory evidence against her:

a. **Email April 19, 2022 from Investigator Monica Segedy to Lauren Pacia Senior Analyst, Regulatory Affairs**

> **From:** Monica Segedy <msegedy@pharmacy.nv.gov>
> **Sent:** Tuesday, April 19, 2022 11:33 AM
> **To:** Pacia, Lauren <Lauren.Pacia@CVSHealth.com>
> **Subject:** [EXTERNAL] RE: Rx Question / NV 09841 BOP Request 4.12.22 / PRE-35356833
> ****** External Email - Use Caution ******
> *I can send you a copy of the script if you'd like*
> *Monica S. Segedy*

b. **Reply email April 19, 2022 Lauren Pacia Senior Analyst, Regulatory Affairs to Investigator Monica Segedy**

> *Yes please, that would be very helpful.*
> *Thanks,*
> *Lauren*

c. **Email April 19, 2022 from Investigator Monica Segedy to Lauren Pacia Senior Analyst, Regulatory Affairs**

> *Here you go. It looks like it was filled by "RM" possibly PT Rowan Meagher? Need to determine who the PIC was...*
> *Monica S. Segedy*

d. **Reply email April 28, 2022 Lauren Pacia Senior Analyst, Regulatory Affairs to Investigator Monica Segedy**

> Monica,

As it relates to the above referenced request, the local pharmacy manager at the time was Rola
Mseeh. I am still working on trying to obtain data as to who filled the prescription.
Thanks,
Lauren

e. **Reply email May 2, 2022 Lauren Pacia Senior Analyst, Regulatory Affairs to Investigator Monica Segedy**

We have exhausted all avenues in an attempt to obtain the requested prescription information for you. During our research, we were unable to locate a record for this prescription being dispensed to the patient using the prescription number or a broader search using the patient name, date of
birth and date range search. This prescription was also not reported to the prescription drug monitoring program. We believe the prescription was data entered into our system, evidenced by the back tag label placed on the prescription, however due to the prescription not being dispensed,
we do not have record on the patient profile

Here, Senior Analyst Regulatory Affairs clearly used the words: "We have exhausted all avenues in an attempt to obtain the requested prescription". The word exhausted is clear and does not require any interpretation. However, we still like to state the dictionary meaning:

Definitions from Oxford Languages · ex·haust·ed

drained of one's physical or mental resources; very tired.
"I was cold and exhausted" Similar: tired out worn out weary fatigued
The word 'exhaust' was used at least two times in this short email. Additionally, this prescription was not dispensed to the patient. **CVS9841.Mseeh 002**

C. CVS Own Internal Inquiry Suggest Another Individual With Same RM Initial.

The CVS' own reply in this regard is confusing as it suggests that another person with initial RM can be: "It looks like it was filled by "RM" possibly PT Rowan Meagher?

[CVS9841.Mseeh 003]

D. Subject CVS' Very Busy Location With Hundreds of Prescriptions, With Limited Staff and Overriding Duties of Pharmacy Staff.

The subject CVS is very busy and the Pharmacy had to fill more than 400 prescription per day. Even in Respondent's own shift of 8 hours, it is invariably more than 200 prescriptions which comes to around 2.4 minutes per prescription. This is a continuously standing job. This time is also overburdened with variety of other tasks: (i) counseling to patients which is time consuming: (ii) Answering constantly ringing phones; (iii) dealing with variety of patients' demands; (v) answering questions to staff and guiding them; and (iv) performing a variety of cashiering job, [taking money, counting, etc.) stocking, window customer service etc.. Many times some customers are distraught for some other reasons and it requires to have friendly interaction with them.. Nev. Admin. Code § 639.753(1) and (2) is not applicable to her because she never declined to fill the prescription while this law exclusively deals in situations where Pharmacist declines prescription. It is ironic that the Board first alleges her that she "failing" [failed] to fill up the prescription and now changing it to 'declining'.

Declination of pharmacist to fill prescription

1. **A pharmacist may decline to fill a prescription that satisfies the requirements of this chapter and chapter 639 of NRS only if the pharmacist reasonably believes, in his or her professional judgment, that:**
(a) The filling of the prescription would be unlawful;
(b) The filling of the prescription would be imminently harmful to the medical health of the patient;
(c) The prescription is fraudulent; or
(d) The prescription is not for a legitimate medical purpose.

2. If a pharmacist declines to fill a prescription pursuant to this section, the pharmacist shall speak with the prescribing practitioner in a timely manner to discuss and resolve the concerns of the pharmacist regarding the prescription. Before the pharmacist speaks with the prescribing practitioner, the pharmacist may, based on his or her professional judgment:
(a) Retain the prescription and not return the prescription to the patient;
(b) Return the prescription to the patient;
(c) Make a copy of the prescription and return the prescription to the patient; and
(d) Unless the prescription is for a controlled substance that is listed in schedule II, dispense a quantity of the drug prescribed, not to exceed a 3 days' supply, to allow a reasonable period for the pharmacist to speak with the prescribing practitioner about the concerns of the pharmacist regarding the prescription.
3. After speaking with the prescribing practitioner, the pharmacist may fill the prescription if the pharmacist reasonably believes, in his or her professional judgment, that the prescription is:
(a) Lawful;
(b) Not imminently harmful to the medical health of the patient;
(c) Not fraudulent; and
(d) For a legitimate medical purpose.
4. If, after speaking with the prescribing practitioner, the pharmacist reasonably believes, in his or her professional judgment, that the prescription does not meet one or more of the standards set forth in subsection 3, the pharmacist shall retain the prescription and may not return the prescription to the patient.

Nev. Admin. Code § 639.753

Here, this prescription: (i) is for a controlled substance, (ii) and the pharmacist substance that is listed in schedule II, dispense a quantity of the drug prescribed, (iii) the days' supply is not provided and there is a facial inaccuracy on the prescription; (iv) clause (d) allow a reasonable period for the pharmacist to speak with the prescribing practitioner about the concerns of the pharmacist regarding the prescription. The reasonable period of time does not mean contacting on the spur of the moment, or even one or two days. Some physicians only work one or two days at a particular location as they are spread out to many different locations. No such time period is specified. However, a week can be considered a reasonable period of time.

E. Respondent Never Declined The Prescription, The Aforementioned Law Is Non-Applicable Upon Her As She Contacted the Physician.

"9. During the Board's investigation, the pharmacist in charge searched CVS#9481's hard copy prescription records and located the original prescription, which reflect that the prescription was filled on August 28, 2019 by initials RM. **Factual Allegations**

(i) Subsection (1) is not applicable to her because she never declined the prescription. Here, she is accused that she had filled the prescription but never contacted the Prescribing Physician. How can she decline and fill the prescription at the same time as both functions are completely opposite to each other? This section only applies if the Pharmacist declines to fill the prescription after "speaking with the prescribing physician". The whole gist of this law is applicable only if the Pharmacist declines the prescription which is not the case here. There is no record that she had declined the prescription.

(ii) Irrespective of the above non-application of the aforementioned laws upon her, she intended to contact the Prescribing Physician. A prescriber request was created. The prescription was stored in the prescriber request que pending prescriber response. The protocols to contact a Prescribing Physician is either via phone, fax or through computer. This issue is three years old and at this time it is simply not feasible to find the record of any such contact to the prescribing physician. Since the prescriber request was never resolved, the prescription was not filled and/or dispensed to the patient. Respondent fully performed her duties as a registered pharmacist in a professional and lawful manner and nothing was done against the public interest.

(iii) Responded had done all that could be done in a busy CVS store which fulfills all other plethora of side jobs (as stated above), this particular prescription was not filled though it was entered into the computer. Practically speaking, the word "filled" means when the prescription is waiting in the "waiting bin" with a label affixed and ready to be picked up by the customer. There is nothing provided in the discovery papers to indicate the said Prescribing Physician was not approached. The burden of proof is upon the Board to provide any failure to approach by the Respondent. No such documentary evidence is provided other than an assumption. At this time, Respondent would be seriously handicapped owing to serious lapse of time (3 years) to provide any evidence of either telephone log or fax. Again, the law provides a reasonable period of time to contact the Physician and the discovery paper does not indicate any measurable time limit as serious lapse of time to approach the Prescribing Physician. Respondent's best memory in such cases is that that a request was made.

F. Respondent Had Not Indulged In Any Unprofessional or Conduct Contrary To Public Interest.

NAC 639.945 Unprofessional conduct; owner responsible for acts of employees. (NRS 639.070, 639.210)

1. The following acts or practices by a holder of any license, certificate or registration issued by the Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

(i) Performing any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.

Respondent consider himself very competent: (i) passed the pharmacy examination and all the requirements with great distinction (ii) current with all the CE requirements: (iii) managing very busy, very high-volume CVS stores; (iv) having excellent customer service all the time; (v) no history of disciplinary action. All this is no small deed in this time and age when a pharmacist is a foot soldier and the first defense line in this opioid health crisis. Overall, this Respondent is very well liked by her customers and equally by her employer.

G. Respondent Was Never Disciplined On January 28, 2011 in Case No. 11-013-RPH-N.

The fact given under Disciplinary History is entirely and blatantly wrong. Respondent was never disciplined. She was enrolled as a Registered Pharmacist in 2017 with the Board of Pharmacy. In 2011, she was still enrolled in a pharmacy school in Chicago and only came to Nevada in 2017. As such, the fact under her Disciplinary History is entirely and blatantly wrong.

Exhibit No. 1.

H. Respondent Had Not Violated NRS 639.210 (4) and (12)

> 4. Is guilty of unprofessional conduct or conduct contrary to the public interest:
> 12. Has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy, or has knowingly permitted, allowed, condoned or failed to report a violation of any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy committed by the holder of a certificate, license, registration or permit:

The above clause of laws are not applicable on her because she had not indulged in any unprofessional conduct or conduct contrary to public interest. The public interest is "the welfare or well-being of the general public" and society. ["Public interest", Random House Dictionary.]

No damage has been done to the patient or to the public at large. Safety of people from unscrupulous issues are more important than anything else. Top most consideration is paid to the safety of public interest which is non-provision of drugs to unscrupulous people. We all are aware of the misuse of drugs and especially narcotics in our society. The fundamental duty of writing correct prescription lies on the shoulder of the Prescribing Physician, and only a secondary duty is upon the Pharmacist, and here she has done all that she could do under the given circumstances in a very busy CVS store. She has done her job in a professional manner and her conduct was very conducive to the public interest. She had been a good and productive manager and employee who always is proud of her best customer service.

II. DEFENSES TO COUNT TWO
Recordkeeping Violations
(Respondents CVS Pharmacy #9481 and Respondent Mseeh)

This Count applies on both CVS and Respondent Mseeh. However, Respondent is only responding to its application to her. It is a generalized and very broad application of law without any specificity. Let us examine in detail the application of various cited laws here.

A. NRS 639.2553(2)(g) are not the proper provisions of the laws. Please see the research result below:

ADMINISTRATIVE PROCEEDINGS

NRS 639.249	Contempt.
NRS 639.251	Decision; order.
NRS 639.252	Rehearing.
NRS 639.253	Order following rehearing.
NRS 639.2535	Judicial review.
NRS 639.255	Authorized disciplinary action; judicial review of such action; fines; private reprimands prohibited; orders imposing discipline deemed public records.
NRS 639.2555	Suspension of certificate or license for failure to pay child

support or comply with certain subpoenas or warrants; reinstatement of certificate

B. The Provision of NAC 453.440 Prescriptions: Contents; additions and changes, are Not Applicable Upon Respondent

NAC 453.440 Prescriptions: Contents; additions and changes. (NRS 453.221, 453.385, 639.070)

1. Except as otherwise provided in subsection 3, each prescription for a controlled substance must contain:

(a) The name of the prescribing practitioner;

(b) The address of the prescribing practitioner if not immediately available to the pharmacist or pharmaceutical technician;

(c) The date that the prescription was issued as expressed in the order of month, day and year;

(d) The full name and date of birth of the patient;

(e) The address of the patient if not immediately available to the pharmacist or pharmaceutical technician;

(f) The name, strength and quantity of the drug or drugs prescribed;

(g) The directions for use;

(h) The days' supply of the controlled substance;

(i) The ICD-10 code that corresponds to the diagnosis for which the controlled substance is prescribed;

(j) The classification of the license of the prescribing practitioner; and

(k) The registration number from the Drug Enforcement Administration of the prescribing practitioner. If the prescription is written on a preprinted form that lists the names and registration numbers of more than one practitioner, the name and registration number of the prescribing practitioner must be clearly indicated by a mark.

2. Each written prescription for a controlled substance must include, in addition to the information required by subsection 1, the handwritten signature of the prescribing practitioner in nonerasable ink.

3. A prescription issued by a person who is authorized to prescribe controlled substances in the course of his or her official duties and who is exempted from registration pursuant to 21 C.F.R. § 1301.23 may be filled if, in lieu of the requirements set forth in paragraphs (a) and (k) of subsection 1, it contains:

(a) The name of the person who issued the prescription stamped or printed on it;

(b) The branch of military service or the agency pursuant to which the person who issued the prescription is authorized to prescribe controlled substances in the course of his or her official duties; and

(c) The service identification number of the person who issued the prescription. Pursuant to 21 C.F.R. § 1301.23, the service identification number for an employee of the United States Public Health Service is his or her social security number.

4. Except as otherwise provided in this subsection and subsection 3, if the address of the prescribing practitioner or the address of the patient is not on the prescription, before filling the prescription, the pharmacist or pharmaceutical technician shall write the missing address or addresses on the prescription or shall record the missing address or addresses in the record of the prescription in the computer system used by the pharmacy. If the address or addresses are immediately available to the pharmacist or pharmaceutical technician by an alphabetical card file, computer, patient profile system or any other system approved by the Board, the pharmacist or pharmaceutical technician need not write the address or addresses on the prescription or record the address or addresses in the record of the prescription in the computer system used by the pharmacy but shall place on the prescription or in the record of the prescription his or her initials and a notation indicating the addresses are immediately available, including, without limitation, "RA," "readily available," "in files," "on computer" or any other similar notation.

5. Except as otherwise provided in subsection 3, if the address of the prescribing practitioner or the address of the patient is not on the prescription and the address of the prescribing practitioner or the address of the patient are not immediately available to the pharmacist or pharmaceutical technician, or if the address or addresses have been added by the patient or a person other than the practitioner, before dispensing the prescription an employee of the pharmacy shall:

(a) If the address of the patient is missing or added, obtain:

(1) Positive identification from the patient to verify his or her identity and address; or

(2) Verification from the practitioner or his or her agent of the identity and address of the patient.

(b) If the address of the practitioner is missing or added, obtain verification from the practitioner or his or her agent of the address of the practitioner.

Ê An employee of the pharmacy shall place his or her initials and a notation indicating the person who provided the identification or verification to the pharmacist or pharmaceutical technician on the prescription or in the record of the prescription in the computer system used by the pharmacy.

6. A pharmacist or pharmaceutical technician shall not add or change the registration number issued to a practitioner by the Drug Enforcement Administration on a prescription for a controlled substance.

7. A pharmacist:

(a) May, after obtaining approval of the practitioner who issued the prescription, add or change the following information on a prescription for a controlled substance listed in schedule II:

(1) The strength of the drug prescribed;

(2) The quantity of the drug prescribed;

(3) The directions for use;

(4) The date that the prescription was issued;

(5) The days' supply of the drug prescribed;

(6) The ICD-10 code that corresponds to the diagnosis for which the drug is prescribed; and

(7) The date of birth of the patient.

(b) May not add or change the following information on a prescription for a controlled substance listed in schedule II:

(1) The name of the patient;

(2) The name of the controlled substance prescribed except that the pharmacist may change the name of the controlled substance to reflect the generic name of the controlled substance if the pharmacist substituted a generic controlled substance for the controlled substance prescribed; or

(3) On a written prescription, the signature of the prescribing practitioner.

(c) Shall:

(1) Initial any addition or change made pursuant to paragraph (a) on the prescription or in the record of the prescription in the computer system used by the pharmacy; and

(2) Make a notation on the prescription or in the record of the prescription in the computer system used by the pharmacy of:

(I) The date and time that the prescribing practitioner approved the addition or change; and

(II) The reason for the addition or change.

8. For the purposes of this section:

(a) "Days' supply" means the fewest number of days necessary to consume the quantity of the controlled substance dispensed to the patient if the patient consumes the maximum dose of the controlled substance authorized by the prescribing practitioner.

(b) "ICD-10 code" means the code established in the *International Classification of Diseases, Tenth Revision, Clinical Modification*, adopted by the National Center for Health Statistics and the Centers for Medicare and Medicaid Services or the code used in any successor classification system adopted by the National Center for Health Statistics and the Centers for Medicare and Medicaid Services.

The aforementioned statue had not been violated by Respondent as she placed a request to contact the prescribing physician and it is available on the discovery paperwork at CVS9841.Mseeh 001. Additionally, the aforementioned is very broad and very generalized in every situation. The Board had not cited any specific provision cited against her. No particular subsection had been picked by the Board in their accusation.

C. NAC 639.708 1(b) Are Clearly Not Applicable Upon Respondent As She Is Not The Record Keeper of CVS

NAC 639.708 Counseling of patients: Duties of pharmacy. (NRS 639.070, 639.266) To facilitate counseling regarding a prescription, a pharmacy shall:

1. Maintain a record of medication for each patient to whom a prescription has been dispensed by that pharmacy. The record must:

b) Be maintained for at least 2 years after the most recent entry;

The aforementioned record of medication clearly applies to the record holder which is CVS and not the Respondent. Respondent briefly worked at that particular store and was transferred to another CVS location in Las Vegas, Nevada.

D. NAC639.910 Is Not Applicable Upon Respondent As She Left The Reno Store to A Las Vegas location And Was Not Responsible What Happened After Her Departure. Some 3 Years Ago On Which She Had Little Or No Memory.

NAC 639.910 Information to be provided by system; procedure to ensure information not lost or destroyed. (NRS 639.070, 639.236)

2. The managing pharmacist of a pharmacy that uses a computerized system for recording information concerning prescriptions shall ensure that a procedure is conducted upon the computerized system that ensures that the information which is recorded in the system is not lost or destroyed.

Here, a computerized entry is already made and is part of the discovery paper at CVS9841.Mseeh 001. A Computerized system was required upon "person who is issued a license to conduct a pharmacy. Here, Respondent was never issued a license 'to conduct a pharmacy". Clearly, this is not applicable on her.

NAC 639.924 | Computerized system to record prescriptions required for pharmacies licensed on or after August 27, 1996. (NRS 639.070, 639.0727, 639.236) A person who is issued a license to conduct a pharmacy, including, without limitation, a remote site or satellite consultation site, pursuant to the provisions of NRS 639.230 and 639.231 on or after August 27, 1996, shall ensure that the pharmacy uses a computerized system for recording information concerning prescriptions.

(Added to NAC by Bd. of Pharmacy, eff. 8-27-96; A by R037-10, 10-15-2010; R098-13, 3-28-2014)

E. **NAC 639.935 Is Not Applicable Upon Respondent Mseeh.** She is not in charge of the computer system, neither knows any intricate detailed of the electronic system. Her only acquaintance with the computer is to input data into the electronic information subject to the guidelines of a software.

NAC 639.935 Printed record of contents. (NRS 639.070, 639.236)

1. The computerized system must be able to produce a printed record of its contents in a manner that permits an audit of each prescription.

2. The printed record must be provided to the person who requests the record pursuant to NRS 639.238 immediately after he or she requests the record or at a time agreed to by the pharmacist and the person who requests the record.

F. Respondent Denies The Application of NAC 639.945 Upon Her

NAC 639.945 Unprofessional conduct; owner responsible for acts of employees. (NRS 639.070, 639.210)

1. The following acts or practices by a holder of any license, certificate or registration issued by the Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

(m) Failing to provide any document, data or information that is required to be made and maintained pursuant to chapters 453, 454, 585 and 639 of NRS and chapters 453, 454, 585 and 639 of NAC to a member of the Board or a member of the staff of the Board upon his or her request.

Here, the only data Respondent or her staff may have entered was provided and found in the discovery paperwork. It was available and found with some initial difficulty of course. Respondent left the store for her new assignment in Las Vegas. Whatever she or staff had entered, was found by the Board. Respondent had not shown or had any unprofessional conduct or conduct contrary to the public interest.

G. Respondent Denies Violating NAC 639.702 For Any Acts And Omissions Of Herself Or Her Staff During Her Term At The CVS In Reno.

NAC 639.702 Responsibility for acts and omissions of personnel who are not pharmacists. (NRS 639.070) The owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission.

(Added to NAC by Bd. of Pharmacy, eff. 11-15-93)

H. NAC 639.945 Is Not Applicable Upon Respondent Because She Is Not The "owner of any business or facility licensed, certified or registered by the Board".

NAC 639.945 Unprofessional conduct; owner responsible for acts of employees. (NRS 639.070, 639.210)

2. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ.

COUNT THREE

Pharmacy/Pharmacy Owner Responsibility (Respondent CVS Pharmacy #9481)

The accusation only relates to her employer and owner of the Pharmacy.

GENERAL DEFENSES TO ALL COUNTS (1 &2)

A. The Board Failed to Rely On Substantial Evidence.

Section 639.945 is a generally worded rule that must be interpreted on a case-by-case basis. What are the standard of practice for a reasonable and prudent pharmacist? The Board must present substantial evidence that a pharmacist violated section 639.945. The Nevada Supreme Court affirmed this principle in *Nevada State Board of Pharmacy v. Garrigus*, 496 P.2d 748 (Nev. 1972). In Garrigus, the court affirmed the district court's dismissal of the Board's decision because "there was no evidence or testimony produced that established what the standard was that constituted conduct that became unprofessional if breached." The Board revoked two pharmacists' licenses because they dispensed an inordinate amount of Numorphan (9,250 tablets and 580 syringes over a four-month period). The court explained,

> "[t]here is no evidence in the record that the amount of drugs sold to Chapman was excessive under the circumstances, no proof was elicited as to what does or does not constitute unprofessional conduct in the pharmacy business, and no evidence was presented as to what were the contemporary standards in the profession." Id. at 749.

Same here, there is no evidence that Respondent acted incompetently, negligently, or unskillfully. If the Board wants to discipline Respondent negligently or unskillfully, the Board must present substantial evidence which it failed at this time. The limited presentation of discovery is totally insufficient to substantiate such lack of skill and negligence.

The filling of a prescription is a complex process and each stage has a safety roadblock which is not easy to cross. The focus is on specific information to ensure its correctness. Even though the primary party of such negligence are the prescribing physicians. A pharmacist conducts data verification by focusing on each field or segment. It must pass certain check points before the final stage comes. The first road block is checking the verification of the prescription and its correctness. The label and patient information leaflet are generated for pharmacist review. The product verification is supposed to focus on the product and labels to ensure the technician used the correct medication. It is not easy to contact the physician's office, we all know how long the wait is and there is no special easy process for pharmacists. As stated before, there are some 11 names of the medical providers with single phone number. Additionally, the answering people are busy and perform variety of other jobs as well. They are protected by strong voice mails prompts and the receptionists are also very busy and picking up promptly the phone is not their only first choice.

B. <u>Substantial Evidence Supports The Finding That Respondent Acted In A Competent, Skillful And Diligent Manner.</u>

There is no substantiality of evidence which can directly link the Respondent to any negligence, unskilled act that she violated the general provisions of NAC 639.945. The Board has not provided any clearer standard to measure any lack of skill or negligence. The Board still needs to present

additional evidence to judge the standards for Respondent's conduct. The standards are already set and the Board cannot deviate from them.

Under NAC 639.945(i), for example, Respondent acted professionally and performed to the best interest and in a diligent manner. The Board cannot base its decision on generality of laws and regulations that were not specific in the Accusation. The Board must comply with the Nevada APA and the Pharmacy Act. The Nevada APA requires that the notice to a respondent, "must include ... [a] reference to the particular sections of the *statutes and regulation involved."* NRS §223B.121 2.c. (emphasis added). The Pharmacy Act states: "The accusation must specify the statutes and regulations which the respondent is alleged to have violated, but must not consist merely of charges phrased **in** language of the statute or regulation." NRS § 639.241. The Board considered, and the Findings relied, on the following laws and regulations without giving notice in the Accusation that they were at issue.

PRAYER FOR RELIEF

WHEREFORE, Respondent requests that the Board grant the relief requested as follows:

i. Dismiss the entire Notice against her including this hearing.

ii. Any other equitable remedy be provided to her.

27th June, 2022.

/s/Malik W. Ahmad

MALIK W. AHMAD, Esq.
Nevada Bar No. 10305
Law Office of Malik W. Ahmad
8430 West Lake Mead Blvd. Suite 100
Las Vegas, Nevada 89128
For Respondent
ROLA ELIAS MSEEH
Certificate of Registration No. 19538

CERTIFICATE OF SERVICE

I HEREBY CERTIFY service of the foregoing (two copies) were made on this 27th day of June, 2022, via US mail to the following address:

Board of Pharmacy
985 Damonte Ranch Parkway - Suite 206,
Reno, Nevada 89521

DATED: This June 27th of, 2022.

/s/Malik W. Ahmad
Malik W. Ahmad

5F

FILED
OCT 14 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854, Pharmacy License No. PH01293, and** **MINHQUANG D. NGUYEN, RPH, Certificate of Registration No. 15913,** **Respondents.**	**CASE NOS. 19-100-PH-S** **19-100-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Walgreens Pharmacy #4854 ("Walgreens") held a Nevada Pharmacy License No. PH01293, Respondent Minhquang D. Nguyen, RPh, ("M. Nguyen") held a Nevada Pharmacist Certificate of Registration No. 15913, all issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Walgreens is located at 4771 W. Craig Road in North Las Vegas, Nevada.

3. Respondent Nguyen was employed as the pharmacy manager of Walgreens during the alleged and relevant timeframes.

4. On April 15, 2019, Board Inspector Leo Basch ("Basch") found certain violations, or expired drugs/medications.

Probiotic – expiration date 2/2019

Humalog mix 50/50 vial – expiration date 7/2018

Promethazine suppositories – expiration date 12/2018

5. In addition, there was a manufacturer's box of promethazine suppositories with an expiration date of 12/2018, which contained a partial quantity.

6. Eight (8) boxes of Protofoam were in the refrigerator, when the packaging specifically state "do not refrigerate".

7. MMR vaccine, expiration date 5/18/2018, and diluent, expiration date 4/21/2019 were found in the freezer. Even though the MMR box had the letters "EXP" written on it, the MMR was still in the pharmacy's active inventory.

8. In room temperature storage, numerous expired drugs were discovered. Some were in manufacturers' original bottles and some with Walgreens amber vials with patient labels that had apparently been returned to stock.

9. Inspector Basch notified Respondent Nguyen that corrective actions included removing expired refrigerated products within three (3) days and removing expired non-refrigerated products within fourteen (14) days. Further, staff was instructed to review all active inventory to remove expired medications/drugs.

10. On or about April 26, 2019, Respondent Nguyen sent an email to the Board inspector stating that the tasks to review expired drugs in refrigeration and active inventory was completed.

11. However, on May 1, 2019, when Board inspectors returned to re-inspect Walgreens, Board inspectors discovered six (6) expired medications in Walgreens' amber vials, and found an additional violation of unlabeled liquid in an amber bottle on a shelf of active

inventory. Further, it appeared that the same expired medications noted on the original inspection were still on the pharmacy shelves in active inventory.

APPLICABLE LAW

12. A pharmacy must be managed by a registered pharmacist who is responsible for compliance by the pharmacy and personnel with all state, and federal laws and regulations regarding the operation of the pharmacy. NRS 639.220(1).

13. Unprofessional conduct includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

14. Drugs are deemed adulterated if they consist in whole or in part any filthy or decomposed substance. NRS 585.370.

15. A prescription drug that is outdated, damaged, or deteriorated must be separated from other prescription drugs until it is destroyed or returned to the supplier. NAC 639.601.

16. False statements to the Board or its representatives are grounds for the suspension or revocation of a license/registration. NRS 629.210(9).

17. A managing pharmacist is responsible for overseeing and verifying the work of employees. A managing pharmacist is also responsible for violations committed by the pharmacy's employees. NAC 639.702.

18. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NRS 639.230; NAC 639.702; NAC 639.945.

19. Respondents are subject to discipline for violations pursuant to NRS 639.210 and/or NRS 639.255.

FIRST COUNT

Unprofessional Conduct – Failure to Separate and Remove Expired Drug Stock (Respondent Nguyen)

20. Respondent Nguyen engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i) and performed his duties in an incompetent, unskillful or negligent manner when he failed to separate, and clear inventory of expired medications or adulterated drugs in violation of NRS 585.370, NAC 639.601, and is therefore subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

SECOND COUNT

Unprofessional Conduct – Providing False Statement to Board's Representative (Respondent Nguyen)

21. Respondent Nguyen engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1) when he misrepresented to the Board's inspector that the expired medications were properly disposed when they were not, and is therefore subject to discipline pursuant to NRS 639.210(9) and/or NRS 639.255.

THIRD COUNT

Pharmacy/Pharmacy Owner Responsibility (Respondent Walgreens)

22. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens is responsible for those violations, including those of the pharmacy's employees, pursuant to NAC 639.945(2) and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of license/registration of these Respondents.

Signed this 14th day of OCTOBER 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. WALGREENS PHARMACY #4854, License No. PH01293, Respondent.	CASE NO. 19-100-PH-S STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, November 30, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 14th day of OCTOBER 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854,** **License No. PH01293,** **Respondent.**	**CASE NO. 19-100-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR WALGREENS PHARMACY #4854

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of October 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreen's Pharmacy #4854
4771 W Craig Rd
North Las Vegas, NV 89032

Minquang Nguyen, RPH
[redacted] Alpine Lily Dr.
Las Vegas, NV 89141

Minquang Nguyen, RPH
[redacted] W. Spring Mountain Rd. #A
Las Vegas, NV 89146

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

KRISTOPHER MANGOSING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854, Pharmacy License No. PH01293, and** **MINHQUANG D. NGUYEN, RPH, Certificate of Registration No. 15913,** **Respondents.**	**CASE NOS. 19-100-PH-S** **19-100-RPH-S** **STIPULATION AND ORDER**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Walgreens Pharmacy #4854 ("Walgreens"), Pharmacy License No. PH01293, and Respondent Minhquang D. Nguyen, RPh ("Nguyen"), Certificate of Registration No. 15913, jointly by and through counsel**,** William Stilling, Esq. of Stilling & Harrison,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over Respondents and these matters.

2. On or about October 14, 2022, Board Staff served Respondents Walgreens, and Nguyen with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondents and Notice of Hearing.

3. In lieu of filing an Answer through commonly retained counsel, William Stilling, Esq., this Stipulation and Order is being submitted for the Board's consideration.

4. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS

Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that:

A. Respondent Nguyen engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i) and performed his duties in an incompetent, unskillful or negligent manner when he failed to separate, and clear inventory of expired medications or adulterated drugs in violation of NRS 585.370, NAC 639.601.

B. Respondent Nguyen engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1) when he misrepresented to the Board's inspector that the expired medications were properly disposed when they were not.

C. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens is responsible for those violations, including those of the pharmacy's employees, pursuant to NRS 639.230, NAC 639.702, and/or NAC 639.945(2).

8. These violations are pleaded with particularity in the Accusation, and are grounds for disciplinary action against Respondents pursuant to NRS 639.210 and/or NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Nguyen's, Certificate of Registration No. 15913, is hereby suspended. However, the suspension is immediately stayed. Respondent Nguyen shall be placed on probation for one (1) year from the date of entry of the Order. During the 1-year probationary period, Respondent Nguyen shall not violate any federal or state law pertaining to the dispensing of controlled substances and/or dangerous drugs. If Respondent Nguyen successfully completes the conditions of the probationary period, then after 1 year, Respondent's Certificate of Registration No. 15913 shall be fully restored. In addition, Respondent Nguyen agrees to stipulate to the following penalties and/or conditions:

A. Respondent Nguyen shall pay a fine of Three-Thousand Dollars ($3,000.00) for the violations; and

B. Respondent Nguyen shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

10. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens, Pharmacy License No. PH01293 stipulate to the following penalties and/or conditions:

A. Respondent Walgreens shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations; and

B. Respondent Walgreens shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

11. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

12. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on November 30, 2022. Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

13. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

14. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board on the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

15. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "**State of Nevada, Office of the Treasurer**," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

16. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "**Nevada State Board of Pharmacy**," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

17. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the

facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 17th day of November, 2022

WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this____day of November, 2022

MINHQUANG D. NGUYEN, RPH,
Certificate of Registration No. 15913

APPROVED AS TO FORM AND CONTENT
this____day of November, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this____day of November, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of November, 2022

WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this 17 day of November, 2022

MINHQUANG D. NGUYEN, RPH,
Certificate of Registration No. 15913

APPROVED AS TO FORM AND CONTENT
this ___ day of November, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of November, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of November, 2022

WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this ___ day of November, 2022

MINHQUANG D. NGUYEN, RPH,
Certificate of Registration No. 15913

APPROVED AS TO FORM AND CONTENT
this 17th day of November, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of November, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of November, 2022

_____
WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this ___ day of November, 2022

_____
MINHQUANG D. NGUYEN, RPH,
Certificate of Registration No. 15913

APPROVED AS TO FORM AND CONTENT
this ___ day of November, 2022

_____
WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of November, 2022

_____
COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, and Respondent Minhquang D. Nguyen, RPH, Certificate of Registration No. 15913, in Case Nos. 19-100-PH-S, 19-100-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of November, 2022.

_____

Helen Park, President
Nevada State Board of Pharmacy

5G

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. MINHQUANG D. NGUYEN, RPH, Certification of Registration No. 15913 Respondent.	CASE NO. 19-100-RPH--S STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, November 30, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 14th day of OCTOBER 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MINHQUANG D. NGUYEN, RPH,** **Certification Of Registration No. 15913,** **Respondent.**	**CASE NO. 19-100-RPH--S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

MINHQUANG D. NGUYEN, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of October 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreen's Pharmacy #4854
4771 W Craig Rd
North Las Vegas, NV 89032

Minquang Nguyen, RPH
[redacted] Alpine Lily Dr.
Las Vegas, NV 89141

Minquang Nguyen, RPH
[redacted] W. Spring Mountain Rd. #A
Las Vegas, NV 89146

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

KRISTOPHER MANGOSING

5H

This Agenda Item has been continued to a future meeting.

5I

This Agenda Item has been continued to a future meeting.

5J

This Agenda Item has been continued to a future meeting.

5K

This Agenda Item has been continued to a future meeting.

5L

This Agenda Item has been continued to a future meeting.

5M

FILED
OCT 14 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CYVADA SUTTON, APRN,** **Certificate of Registration No. PR16218,** **Respondent.**	**Case No. 22-127-PR-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because Respondent Cyvada Sutton, APRN ("Sutton") held/currently holds a prescribing registration, Certificate of Registration No. PR16218 issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Sutton is an advanced practice registered nurse ("APRN"). Respondent Sutton's previous controlled substance registration certificate of registration number CS27144 expired on October 31, 2018 and was not renewed.

3. Respondent Sutton applied for a controlled substance registration on or about September 21, 2021. Sutton was issued a prescribing registration, certificate of registration number PR16218. Board staff emailed Respondent Sutton with next steps to complete her controlled substance registration. However, Respondent Sutton never completed the remaining steps.

4. From October 31, 2018 through current, Respondent Sutton did not have an active controlled substance registration with the Board, but did have an active federal DEA registration during at least part of the relevant timeframe.

5. A Nevada PMP review by Board's staff revealed that Respondent Sutton electronically prescribed ("e-prescribed") three (3) controlled substances prescriptions when her controlled registration was expired or not renewed from November 12, 2021 through January 14, 2022.

6. On or about November 12, 2021, Respondent Sutton e-prescribed Zolpidem 5 mg oral tablet for patient N.J. which was processed and sold at a CVS Pharmacy.

7. On or about November 21, 2021, Respondent Sutton e-prescribed Promethazine with Codeine 6.25 mg-10 mg/5mL oral syrup for patient T.L. which was processed and sold at a CVS Pharmacy.

8. On or about January 14, 2022, Respondent Sutton e-prescribed Acetaminophen-Hydrocodone 325 mg-5 mg oral tablet for patient D.H., with whom Respondent Sutton did not establish a bona fide therapeutic relationship, which was processed and sold at a Sav-On Pharmacy.

9. On or about April 28, 2022, Respondent Sutton submitted a controlled substance registration application for a new practice address located at 1181 Grier Drive, Suite C, in Las Vegas, Nevada, which is still pending.

APPLICABLE LAW

10. No person other than a practitioner holding a license to practice his or her profession in this State may prescribe or write a prescription. NRS 639.235(1).

11. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which she is licensed to practice her profession. 21 U.S.C. § 822; 21 CFR § 1306.03(a); NRS 453.331; NRS 453.381(1).

12. It is unlawful for a practitioner to prescribe a controlled substance except as authorized by law. NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1).

13. It is a felony offense to falsify a prescription for a controlled substance or otherwise purchase or possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.331(1)(c), (d), (f), and (i).

14. Violation of the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(l).

15. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NRS 639.2813 and/or NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210.

16. Performing any duties as the holder of a registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210.

17. It is unprofessional conduct and conduct contrary to the public interest to perform any act, task or operation for which licensure, registration, or certification is required without the licensure, registration, or certification. NRS 639.100(1); NAC 639.945(1)(k).

18. Prescribing a drug as a practitioner to a patient with whom the practitioner does not have a bona fide therapeutic relationship constitutes unprofessional conduct or conduct

contrary to the public interest pursuant to NAC 639.945(1)(o), and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

19. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210.

20. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210.

21. The Board may suspend, revoke, or discipline a registration issued pursuant to prescribe or otherwise dispense a controlled substance and/or dangerous drug upon a finding that the registrant has committed a violation. NRS 453.236(1)(d), NRS 453.241(1), NRS 639.210 and/or NRS 639.255.

COUNT ONE

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

22. By prescribing a controlled substance for patient N.J. while her controlled registration was expired, Sutton performed her duty as a holder of a prescribing registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NRS 453.331, NRS 454.223 and/or NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210.

23. By prescribing a controlled substance for patient T.L. while her controlled registration was expired, Sutton performed her duty as a holder of a prescribing registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NRS 453.331, NRS 454.223 and/or NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210.

24. By prescribing a controlled substance for patient D.H. while her controlled registration was expired, Sutton performed her duty as a holder of a prescribing registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NRS 453.331, NRS 454.223 and/or NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210.

COUNT TWO
Unprofessional Conduct – Failure to Establish Bona Fide Therapeutic Relationship

25. By prescribing a controlled substance for patient D.H., with whom Respondent did not first establish a bona fide therapeutic relationship, Respondent Sutton violated NAC 639.945(1)(o), engaged in unprofessional conduct and conduct contrary to the public interest, and is subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

COUNT THREE
Violation of Federal and State Controlled Substances Act

26. By prescribing controlled substances while her controlled substance registration was expired, Sutton violated, or attempted to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03–1306.05, NRS 453.331, and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(11).

COUNT FOUR
Commission of Acts that Render Registration Inconsistent with the Public Interest

27. As set forth herein, Respondent Sutton has committed acts that render her registration to prescribe inconsistent with the public interest pursuant to NRS 453.231, NRS 639.2813, and/or NAC 639.945(1)(h) and (k), and is subject to discipline pursuant to NRS 453.236(1)(d), NRS 453.241(1), NRS 639.210, and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

DATED this 14th day of OCTOBER, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **CYVADA SUTTON, APRN,** **Certificate of Registration No. PR16218,** **Respondent.**	CASE NO. 22-127-PR-S **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, November 30, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 14th day of October, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CYVADA SUTTON, APRN,** **Certificate of Registration No. PR16218,** **Respondent.**	**CASE NO. 22-127-PR-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

CYVADA SUTTON, APRN,

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 20th day of October, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Cyvada Sutton, APRN
[redacted] Grier Dr. Suite C
Las Vegas, NV 89119

Cyvada Sutton, APRN
[redacted] W. Ann Rd
Las Vegas, NV 89130

KRISTOPHER MANGOSING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CYVADA SUTTON, APRN,** **Certificate of Registration No. PR16218,** **Respondent.**	**Case No. 22-127-PR-S** **STIPULATION AND ORDER**

Courtney K. Lee, General Counsel for Petitioner the Nevada State Board of Pharmacy ("Board"), and Respondent Cyvada Sutton, APRN ("Sutton"), Certificate of Registration No. PR162318, **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent and this matter.

2. On or about October 14, 2022, Board Staff served Respondent Sutton with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. In lieu of filing an Answer, this agreed Stipulation and Order is presented for the Board's consideration.

4. Respondent Sutton is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondent Sutton is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent Sutton failed to comply with the provisions of this Stipulation and Order, Respondent hereby freely and voluntarily

waives her right to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondent Sutton admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that Respondent Sutton:

A. By prescribing a controlled substance for patient N.J. while her controlled registration was expired, Sutton performed her duty as a holder of a prescribing registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NRS 453.331, NRS 454.223 and/or NAC 639.945(1)(i).

B. By prescribing a controlled substance for patient T.L. while her controlled registration was expired, Sutton performed her duty as a holder of a prescribing registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NRS 453.331, NRS 454.223 and/or NAC 639.945(1)(i).

C. By prescribing a controlled substance for patient D.H., with whom Respondent did not first establish a bona fide therapeutic relationship, Respondent Sutton violated NAC 639.945(1)(o), engaged in unprofessional conduct and conduct contrary to the public interest.

D. By prescribing controlled substances while her controlled substance registration was expired, Sutton violated, or attempted to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03–1306.05, NRS 453.331.

8. These violations are pleaded with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 453.236, NRS 453.241, NRS 639.210 and/or NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and with Respondent not conceding or admitting to such allegations, the Board and Respondent stipulate to the following penalties and conditions. Respondent Sutton shall:

A. Pay a fine of Five-Thousand Dollars ($5,000.00) for the alleged violations; and

B. Pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

10. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. The Board may impose additional discipline upon that Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on November 30, 2022. Respondent will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

15. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

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Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 17th day of November, 2022

CYVADA SUTTON, APRN
Certificate of Registration No. PR16218

Signed this 17th day of November, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Cyvada Sutton, APRN, Certificate of Registration No. PR16218, in Case No. 22-127-PR-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of November, 2022.

Helen Park, President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SHERELLEN BROOKS GERHART, M.D.** **Certificate of Registration No. CS25926,** **Respondent.**	**Case No. 22-106-CS-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Sherellen Brooks Gerhart, MD, ("Respondent"), held Certificate of Registration to Dispense Controlled Substances, Registration No. CS25926, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about June 8, 2017, Respondent was issued her initial Certificate to Dispense Controlled Substances, Certificate of Registration No. CS25296.

3. Respondent's Certificate of Registration No. CS25296 expired on October 31, 2018.

4. Between November 1, 2018, and July 25, 2022, Respondent authorized one or more controlled substance prescriptions for Nevada patients without a valid Nevada Controlled Substance Registration.

5. As the time of the events alleged herein, Respondent was employed as an internal medicine and palliative care physician at Barton Health located at 155 US-Highway 50, Stateline, Nevada 89449.

APPLICABLE LAW

6. It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a).

7. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he or she is licensed to practice their profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

8. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

9. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

10. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

11. The Board may suspend or revoke a registration if the holder has violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

12. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

13. The Board may impose a fine upon the holder of a certificate, license, or permit issued by the Board for up to $10,000.00 for each violation. NRS 639.255(3).

COUNT ONE

Violation of Federal Controlled Substances Act

14. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(11) and NRS 639.255(3).

COUTN TWO

Violation of State Controlled Substances Act

15. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12) and NRS 639.255(3).

COUNT THREE

Unprofessional Conduct – Prescribing without a Valid Registration

16. By prescribing controlled substances without a valid registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(l) and/or NRS 639.210(4) and NRS 639.255(3).

COUNT FOUR

Commission of Acts that Render Registration Inconsistent with the Public Interest

17. By prescribing controlled substances without a valid registration as alleged herein, and by falsely representing herself as a practitioner entitled to write prescriptions in this state, Respondent has committed acts that render her Nevada controlled substance registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1) and NRS 639.255(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 20th day of October, 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SHERELLEN BROOKS GERHART, M.D.** **Certificate of Registration No. CS25926,** **Respondent.**	Case No. 22-106-CS-N **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, November 30, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 7th day of October, 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SHERELLEN BROOKS GERHART, M.D.** **Certificate of Registration No. CS25926,** **Respondent.**	**Case No. 22-106-CS-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

SERELLEN BROOKS GERHART, M.D.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of October, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Sherellen Brooks Gerhart
[redacted] Hwy 50/Stateline
Genoa, NV 89411

Lemons, Grundy, & Eisenberg
6005 Plumas Street, Third Floor
Reno, NV 89519

KRISTOPHER MANGOSING

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WILLIAM DOUGLAS SMITH, MD,** **Certificate of Registration No. CS08327,** **Respondent.**	**CASE NO. 22-065-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent William Douglas Smith, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS08327, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about March 4, 2022, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case Nos. 20-11398-1 and 21-11398-1, in which Respondent surrendered his NSBME License No. 7897 to practice medicine for violations of NRS Chapter 630.

3. On or about March 14, 2022, Board staff served Respondent with notice that the surrender of his NSBME License No. 7897 operated as an immediate suspension of his Certificate of Registration No. CS08327 with the Board pursuant to NRS 639.2107, and that Respondent must immediately cease and desist possessing, administering and/or prescribing controlled substances for Nevada patients.

APPLICABLE LAW

4. A practitioner must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or otherwise dispense any controlled substance. NRS 453.226(1); 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03.

5. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

6. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

7. The surrender, revocation or a suspension that has not been stayed of any certificate, license or registration of a practitioner, as defined in NRS 453.126, 454.00958 or 639.0125, by a licensing board or the Drug Enforcement Administration operates as an immediate suspension of a certificate, license, registration or permit issued by the Board pursuant to NRS chapters 453, 454 or 639 to possess, administer, prescribe or dispense drugs. NRS 639.2107.

FIRST COUNT

Commission of Acts that Render Registration Inconsistent with the Public Interest

8. By violating NRS Chapter 630 as detailed in the NSBME's order in Case Nos. 20-11398-1 and 21-11398-1, Respondent has committed acts that render his registration inconsistent with the public interest, no longer qualifies for registration to dispense controlled substances under federal or state law, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

SECOND COUNT
Surrender of License to Practice Medicine

9. By the surrender of his NSBME License No. 7897 to practice medicine, Respondent has committed acts that render his registration to dispense controlled substances inconsistent with the public interest, no longer qualifies for registration to dispense controlled substances under federal or state law, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

10. The pre-hearing suspension of Respondent's Certificate of Registration No. CS08327 pursuant to NRS 233B.127(3), NRS 453.241(3) and/or NRS 639.2107 is subject to review by the Board. *Barry v. Barchi*, 443 U.S. 55, 99 S. Ct. 2642 (1979); *Spiegel v. Ryan*, 946 F.2d 1435, 1439 (9th Cir. 1991).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of this respondent.

DATED this 14th day of October 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. WILLIAM DOUGLAS SMITH, MD, Certificate of Registration No. CS08327, Respondent.	CASE NO. 22-065-CS-S STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, November 30, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 14th day of OCTOBER 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WILLIAM DOUGLAS SMITH, MD,** **Certificate of Registration No. CS08327,** **Respondent.**	**CASE NO. 22-065-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

WILLIAM DOUGLAS SMITH, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 21st day of October 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

William Douglas Smith, MD
[redacted] Greensboro Lane
Las Vegas, NV 89134

SHIRLEY HUNTING

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **WILIAM DOUGLAS SMITH, M.D.,** **Respondent.**	**Case Nos. 20-11398-1 and 21-11398-1** FILED MAR 0 4 2022 NEVADA STATE BOARD OF MEDICAL EXAMINERS By:

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Sarah A. Bradley, J.D., Deputy Executive Director for the Board and attorney for the IC, and Wiliam Douglas Smith, M.D. (Respondent), a physician licensed in Nevada, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

A. BACKGROUND

1. Respondent is a medical doctor currently licensed in an expired status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act). His license was originally issued on July 17, 1996 (License No. 7897).

2. On July 21, 2020, in Case No. 20-11398-1, the IC filed a formal Complaint (Complaint 1) charging Respondent with violating the Medical Practice Act (MPA). Specifically, the Complaint alleges one (1) violation of NRS 630.301(4), Malpractice (Count I), one (1) violation of NRS 630.3062(1)(a), Failure to Maintain Complete Medical Records (Count II), and one (1) violation of NRS 630.306(1)(b)(2), Violation of Standards of Practice Established by Regulation.

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[1] All agreements and admissions made by Respondent are solely for final disposition of these matters and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

3. On April 1, 2021, in Case No. 21-11398-1, the IC filed a formal Complaint (Complaint 2) charging Respondent with violating the Medical Practice Act (MPA). Specifically, the Complaint alleges one (1) violation of NRS 630.301(4), Malpractice (Count I), one (1) violation of NRS 630.3062(1)(a), Failure to Maintain Complete Medical Records (Count II), and one (1) violation of NRS 630.306(1)(b)(2), Violation of Standards of Practice Established by Regulation.

4. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

5. Respondent was properly served with a copy of the Complaint, has reviewed and understands the Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of the Complaint.

6. Respondent is hereby advised of his rights regarding these administrative matters, and of his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in these administrative matters as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at his own expense, in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

7. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

8. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

B. TERMS & CONDITIONS

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction**. Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**. Respondent acknowledges he has had the opportunity to engage appropriate counsel to represent him in this matter and wishes to resolve the matters addressed herein without such counsel. Respondent agrees that if any representation he makes in this matter materially changes prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to represent himself in this matter in lieu of engaging Nevada-licensed counsel to represent him.

3. **Waiver of Rights**. In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with these administrative matters. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the

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Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

4. **Acknowledgement of Reasonable Basis to Proceed**. As of the time of entering into this Settlement Agreement, the allegations of the Complaint remain unproven. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges that Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts that if these matters were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the count/claim alleged in the Complaint, but for the purposes of resolving these matters and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order**. In order to resolve the Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to Counts I, II, and III in both Complaint1 and Complaint 2, specifically two (2) violations of NRS 630.301(4), Malpractice (Count I), two (2) violations of NRS 630.3062(1)(a), Failure to Maintain Complete Medical Records (Count II), and two (2) violations of NRS 630.306(1)(b)(2), Violation of Standards of Practice Established by Regulation.

b. Respondent agrees to surrender his license to practice medicine in the State of Nevada, License No. 7897, pursuant to NAC 630.240. Respondent will submit a sworn written statement of such surrender, along with his actual license, to the Board at 9600 Gateway Drive, Reno, NV 89521.

c. Respondent asserts that his intention is to retire from the practice of medicine. However, if he wishes to be licensed in the future, he agrees that he may not re-apply for licensure with the Board until three years after the date of the Board's acceptance, adoption

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Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

and approval of this Agreement. Respondent agrees to reimburse the Board for its costs expended in investigating and prosecuting these matters in the amount of $9,005.63 at the time of any re-application. Respondent also understands that he will need to meet any requirements of licensure in place under Nevada law at the time of any re-application, he may need to prove his competence to practice medicine to the Board at the time that he submits a re-application for licensure, and he may be required to appear before the Board in connection with any future license application.

d. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

e. Respondent shall receive a Public Letter of Reprimand.

f. Any other claims and allegations arising from Board's corresponding investigative case files, shall be dismissed with prejudice. Specifically, this Agreement resolves Board investigative case files [redacted]

6. **Release From Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

7. **Procedure for Adoption of Agreement** The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of the Complaint at an upcoming Board meeting at the Board's earliest convenience,

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Nevada State Board of Medical Examiners
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Reno, Nevada 89521
(775) 688-2559

and Respondent hereby waives notice of the same, whether under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, or otherwise. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex parte, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to these matters. The IC and its counsel agree that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and any and all remaining claims arising out of the Complaint shall be dismissed with prejudice.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering the Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

10. **Binding Effect**. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

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9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

11. **Forum Selection Clause**. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the parties consent to such jurisdiction and agree that jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

12. **Attorneys' Fees and Costs**. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

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Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

13. Failure to Comply With Terms. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order To Show Cause Hearing on revocation, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a). Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to any civil and administrative collection efforts available.

DATED this 15th day of February, 2022.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: Sarah A. Bradley

SARAH A. BRADLEY, J.D., MBA
Deputy Executive Director
ROBERT G. KILROY, J.D.
Senior Deputy General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: bradleys@medboard.nv.gov
Attorneys for the Investigative Committee

DATED this 14th day of February, 2022.

LEWIS BRISBOIS BISGAARD & SMITH LLP

By: Nausheen K. Peters

NAUSHEEN PETERS, ESQ.
KEITH A. WEAVER, ESQ.
6385 S. Rainbow Blvd., Ste. 600
Las Vegas, NV 89118
Tel: (702) 893-3383
Email: Nausheen.peters@lewisbrisbois.com
Keith.weaver@lewisbrisbois.com
Attorneys for Respondent

DATED this 2/15/2022 day of _____, 2022.

By: _____

WILLIAM DOUGLAS SMITH, M.D.,
Nevada License No. 7897
Respondent

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

ORDER

IT IS HEREBY ORDERED that, the foregoing Settlement Agreement (Case No. 20-11398-1 and 21-11398-1) was approved and accepted by the Nevada State Board of Medical Examiners on the 4th day of March, 2022.

DATED this 4th day of March, 2022.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

VICTOR M. MURO, M.D.
Board President

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 895521
(775) 688-2559

STEVE SISOLAK
Governor

HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA

BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

March 14, 2022

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO: vrogers@wrcbss.com

William Douglas Smith, MD
[redacted] Greensboro Lane
Las Vegas, NV 89134

Re: Suspension of Certificate of Registration No. CS08327 (22-065-CS-S)

Dear Dr. Smith:

The Nevada State Board of Pharmacy (Board) has been notified by the Nevada State Board of Medical Examiners (NSBME) that you have surrendered your NSBME License No. 7897 for cause (documentation enclosed).

Please be advised that pursuant to NRS 639.2107 the surrender of your NSBME License No. 7897 operates as an immediate suspension of your Certificate of Registration Nos. CS08327 with the Board. You are hereby ordered pursuant to NRS 639.2895(1) to immediately CEASE and DESIST possessing, administering and/or prescribing controlled substances for Nevada patients. Furthermore, your access to the Nevada Prescription Monitoring Program (PMP) database is terminated effective immediately since you are no longer authorized to access the PMP pursuant to NRS 453.221.

You may request a hearing before the Board to contest the suspension of your registration by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Please be aware that the forgoing does not preclude a formal investigation or filing of an accusation pursuant to NRS 639.241. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,



Brett Kandt
General Counsel
Nevada State Board of Pharmacy

Enclosure

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FILED
OCT 10 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. JOSETTE ELLEN SPOTTS, MD, Certificate of Registration No. CS07110, Respondent.	CASE NO. 22-396-CS-S NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Josette Ellen Spotts, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS07110, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about September 16, 2022, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 21-10144-1, in which Respondent surrendered her NSBME License No. 6917 to practice medicine for violations of NRS Chapter 630.

3. On or about September 29, 2022, Board staff served Respondent with notice that the surrender of her NSBME License No. 6917 operated as an immediate suspension of her Certificate of Registration No. CS07110 with the Board pursuant to NRS 639.2107, and that Respondent must immediately cease and desist possessing, administering and/or prescribing controlled substances for Nevada patients.

APPLICABLE LAW

4. A practitioner must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or otherwise dispense any controlled substance. NRS 453.226(1); 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03.

5. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

6. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

7. The surrender, revocation or a suspension that has not been stayed of any certificate, license or registration of a practitioner, as defined in NRS 453.126, 454.00958 or 639.0125, by a licensing board or the Drug Enforcement Administration operates as an immediate suspension of a certificate, license, registration or permit issued by the Board pursuant to NRS chapters 453, 454 or 639 to possess, administer, prescribe or dispense drugs. NRS 639.2107.

COUNT ONE

Commission of Acts that Render Registration Inconsistent with the Public Interest

8. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-10144-1, Respondent has committed acts that render her registration inconsistent with the public interest, no longer qualifies for registration to dispense controlled substances under federal or state law, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

COUNT TWO
Surrender of License to Practice Medicine

9. By the surrender of her NSBME License No. 6917 to practice medicine, Respondent has committed acts that render her registration to dispense controlled substances inconsistent with the public interest, no longer qualifies for registration to dispense controlled substances under federal or state law, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

10. The pre-hearing suspension of Respondent's Certificate of Registration No. CS07110 pursuant to NRS 233B.127(3), NRS 453.241(3) and/or NRS 639.2107 is subject to review by the Board. *Barry v. Barchi*, 443 U.S. 55, 99 S. Ct. 2642 (1979); *Spiegel v. Ryan*, 946 F.2d 1435, 1439 (9th Cir. 1991).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of this respondent.

DATED this 10 day of OCTOBER 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. JOSETTE ELLEN SPOTTS, MD, Certificate of Registration No. CS07110, Respondent.	Case No. 22-396-CS-S STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, November 30, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 10 day of OCTOBER, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. JOSETTE ELLEN SPOTTS, MD, Certificate of Registration No. CS07110, Respondent.	Case NO. 22-396-CS-S ANSWER AND NOTICE OF DEFENSE

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

JOSETTE ELLEN SPOTTS, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 21st day of October 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Josette Ellen Spotts, MD
[redacted] Warm Springs Road [redacted]
Henderson, NV 89014

Josette Ellen Spotts, MD
[redacted] Villandry Ct.
Henderson, NV 89074

SHIRLEY HUNTING

Nevada State Board of Medical Examiners

IN THE MATTER OF CHARGES AND COMPLAINT AGAINST

JOSETTE ELLEN SPOTTS, M.D.

SETTLEMENT AGREEMENT

Case No: 21-10144-1

Board Meeting Date: September 16, 2022

ADJUDICATING MEMBERS

Victor M. Muro, M.D.
Ms. Maggie Arias-Petrel
Chowdhury H. Ahsan, M.D., Ph.D., FACC
Ms. Pamela J. Beal
Nicola (Nick) M. Spirtos, M.D., FACOG

INDEX

1. COMPLAINT

2. SETTLEMENT AGREEMENT

1

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **JOSETTE ELLEN SPOTTS, M.D., Respondent.**	**Case No. 21-10144-1**

FILED
JUL 14 2021
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Robert G. Kilroy, Esq., Senior Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Josette Ellen Spotts, M.D., (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. At all times relative to this Complaint, Respondent held an active license to practice medicine in the State of Nevada (License No. 6917), and originally licensed by the Board on October 2, 1993.

2. Patient A[2] was a fifty-six (56) year-old female at the time of the events at issue.

3. On September 27, 2016, Patient A underwent a diagnostic mammogram and ultrasound, which revealed bilateral BI-RADS 4 breast masses. The radiologist recommended an ultrasound guided breast biopsy.

4. On October 5, 2016, Patient A was referred to Respondent. Patient A had an abnormal mammogram and breast ultrasound for which a biopsy was recommend. Respondent

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[1] The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Wayne Hardwick, M.D., Mr. M. Neil Duxbury, and Aury Nagy, M.D.

[2] Patient A's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

examined Patient A, and based upon her evaluation of the patient and review of previous mammograms from 2016 and 2015, Respondent believed the patient's findings were more consistent with a heterogeneously dense breast described in the 2015 mammogram study instead of the bilateral BI-RADS 4 breast masses indicated on the 2016 mammogram report. Following Respondent's review of the ultrasound report of both of Patient A's breasts, it was her medical opinion that the findings were consistent with benign fibrocystic changes in both breasts. Respondent determined that the previously recommended biopsy by the radiologist was not necessary. Specifically, Respondent's records state "the findings are consistent with benign fibrocystic changes bilaterally and the findings in the breast, seen by ultrasound, are, in my opinion, not suspicious for malignancy, therefore biopsy is not recommended."

5. On February 15, 2017, Patient A presented to Respondent and reported that since her last visit on October 5, 2016, she felt a new mass on her right axilla. A biopsy was performed on the breast tissues on both sides and the pathology report listed an invasive ductal carcinoma in both breasts. When Patient A presented to Respondent to discuss the pathology results and treatment options, Respondent ordered an MRI with and without contrast on both breasts. Respondent did not note the inconsistent, discordant results of the right axillary biopsy and characterized Patient A as a Stage 1 breast cancer patient. Respondent did not recognize that her clinical exam of a firm right axillary lymph node, along with the biopsy result that did not reveal any lymph node tissue within the biopsy specimen, which should have warranted further evaluation by Respondent. Here, Respondent characterized Patient A as "T1c N0 MX" and documented that she was "lymph node negative" and based upon these two factors, Respondent recommended that Patient A proceed with surgery instead of a less-invasive treatment of neoadjuvant chemotherapy. Both factors were incorrect in Respondent's diagnosis and treatment plan and thus were in error.

6. On February 21, 2017, Patient A had the MRI on both breasts and the report from the MRI stated the following: a) the right breast had several masses with susceptibility characteristic of malignancy; b) the left breast had a mass most characteristic of malignancy. Respondent did not have any further involvement in her care since Patient A did not return.

On February 27, 2021, Patient A Informed Respondent that she was no longer comfortable continuing her care because Respondent did not conduct or order a biopsy of her breasts during the October 5, 2016 visit because Respondent misdiagnosed her condition as benign. Patient A was eventually diagnosed with Stage 3 breast cancer.

COUNT I

NRS 630.301(4) (Malpractice)

7. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

8. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

9. NAC 630.040 defines malpractice as the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

10. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when she provided medical services to Patient A by not recommending nor ordering a biopsy after the October 5, 2016 mammogram findings. Additionally, she failed to diagnose Patient A's clinical presentation of breast cancer. The inaction of not ordering a biopsy was unreasonable. Respondent made inappropriate recommendations regarding Patient A's treatment and ultimately causing the patient to make inappropriate and delayed decisions about her medical plan. Respondent acted unreasonably with her care, skill and knowledge regarding her characterization of Patient A as "T1c N0 MX" and when she documented that Patient A she was "lymph node negative." Based upon these incorrect two factors, Respondent recommended that Patient A proceed with surgery instead of a less-invasive treatment of neoadjuvant chemotherapy.

11. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

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COUNT II

NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records)

12. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

13. NRS 630.3062(1)(a) provides that the failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient is grounds for initiating disciplinary action against a licensee.

14. Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient A, by failing to document his actions when she treated Patient A, whose medical records were not timely, legible, accurate, and complete.

15. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT III

NRS 630.306(1)(b)(2) (Violation of Standards of Practice Established by Regulation)

16. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

17. Violation of a standard of practice adopted by the Board is grounds for initiating disciplinary action against a licensee pursuant to NRS 630.306(1)(b)(2).

18. NAC 630.210 requires a physician to seek consultation with another provider of health care in doubtful or difficult cases whenever it appears that consultation may enhance the quality of medical services.

19. Respondent failed to timely seek consultation with another care provider regarding Patient A's medical condition and treatment plan. Respondent should have consulted with an appropriate care provider to address the proper treatment plan for Patient A based on the test results provided by the 2016 mammogram. This consultation could have enhanced Patient A's treatment and eliminated delay of the diagnosis of breast cancer.

20. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it determines there has been a violation(s) of the Medical Practice Act committed by Respondent;

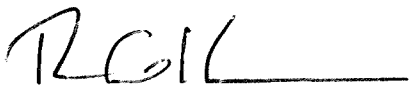
4. That the Board award fees and costs for the investigation and prosecution of this matter as outlined in NRS 622.400.

5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 13th day of July, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 

ROBERT G. KILROY, J.D.
Senior Deputy General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 324-9349
Email: rkilroy@medboard.nv.gov
Attorney for the Investigative Committee

VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

Bret W. Frey, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 13th day of July, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
BRET W. FREY, M.D.
Chairman of the Investigative Committee

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BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **JOSETTE ELLEN SPOTTS, M.D., Respondent.**	**Case No. 21-10144-1**

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Sarah A. Bradley, J.D., Deputy Executive Director for the Board and attorney for the IC, and Josette Ellen Spotts, M.D. (Respondent), a licensed physician in Nevada, assisted by her attorney, Chelsea R. Hueth, Esq., of the law firm of McBride Hall, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

A. BACKGROUND

1. Respondent is a medical doctor currently licensed in inactive status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act) to practice medicine in Nevada. Her license was originally issued on October 2, 1993 (License No. 6917).

2. On July 14, 2021, in Case No. 21-10144-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges one (1) violation of NRS 630.301(4), Malpractice (Count I); one (1) violation of NRS 630.3062(1)(a), Failure to Maintain Complete Medical Records (Count II); and one (1) violation of NRS 630.306(1)(b)(2), Violation of Standards of Practice Established by Regulation.

[1] All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

2. Respondent was properly served with a copy of this Complaint, has reviewed, and understands this Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of this Complaint.

3. Respondent is hereby advised of her rights regarding this administrative matter, and of her opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in this administrative matter as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B and 622A. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at her own expense, in the preparation and presentation of her defense, the right to confront and cross-examine the witnesses and evidence against her, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to her.

4. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

5. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon her and the Board.

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Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

B. TERMS & CONDITIONS

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction**. Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**. Respondent acknowledges she is represented by counsel and wishes to resolve the matters addressed herein with said counsel. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that she knowingly, willingly, and intelligently enters into this Agreement after deciding to have a full consultation with and upon the advice of legal counsel.

3. **Waiver of Rights**. In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly, and intelligently waives all rights in connection with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to her or that may apply to her in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

4. **Acknowledgement of Reasonable Basis to Proceed**. As of the time of entering into this Settlement Agreement, the allegations of the Complaint remain unproven. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges

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Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts if this matter were to proceed to hearing, she has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order**. In order to resolve this Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to Count I, one (1) violation of NRS 630.301(4) Malpractice.

b. Respondent agrees to voluntarily surrender her license to practice medicine in the State of Nevada, License No. 6917, pursuant to NAC 630.240. Respondent will submit a sworn written statement of such surrender, along with her actual license, to the Board by delivering the original statement to the Board's staff at 9600 Gateway Drive, Reno, NV 89521 or 325 E. Warm Springs Road, Suite 225, Las Vegas, NV 89119.

c. Respondent asserts that she has retired from the practice of medicine and that she placed her license on inactive status in May 2021. However, if she wishes to be licensed in the future, she agrees that she may not re-apply for licensure with the Board until three (3) years after the date of the Board's acceptance, adoption, and approval of this Agreement. Respondent agrees to reimburse the Board for its costs expended in investigating and prosecuting this case in the amount of four thousand seventy-four dollars and fifty-seven cents ($4,074.57) at the time of any re-application. Respondent also understands that she will need to meet any requirements of licensure in place under Nevada law at the time of any re-application, she may need to prove her competence to practice medicine to the Board at the time that she submits a re-application for

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licensure, and she may be required to appear before the Board in connection with any future license application.

d. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

e. Respondent shall receive a Public Letter of Reprimand.

f. The remaining counts of the Complaint (Counts II and III), and any other claims arising from the Board's corresponding investigative case file(s), shall be dismissed with prejudice.

6. **Release from Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

7. **Procedure for Adoption of Agreement**. The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex-parté, without notice or opportunity to be heard on her part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may

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include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to this matter. The IC and its counsel agree that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves, and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and all remaining claims arising out of the Complaint shall be dismissed with prejudice.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering this Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that she shall not seek to disqualify any such member absent evidence of bad faith.

10. **Binding Effect**. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause**. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the party's consent to such jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

12. **Attorneys' Fees and Costs**. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

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Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
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13. **Failure to Comply with Terms**. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved, and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order to Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses, or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a). Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to civil collection efforts.

DATED this 9th day of August, 2022.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: Sarah A. Bradley

SARAH A. BRADLEY, J.D., MBA
Deputy Executive Director
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: bradleys@medboard.nv.gov
Attorney for the Investigative Committee

DATED this 3rd day of August, 2022.

MCBRIDE HALL

By: _____

CHELSEA R. HUETH, ESQ.
8329 Sunset Road, Suite 260
Las Vegas, NV 89113
Tel: (702) 792-5855
Email: crhueth@mcbridehall.com
Attorney for Respondent

DATED this _____ day of _____, 2022.

By: _____

JOSETTE ELLEN SPOTTS, M.D.,
Nevada License No. 6917
Respondent

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

STEVE SISOLAK
Governor

HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA

BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

September 29, 2022

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO:
josette.spotts@usoncology.com

Josette Ellen Spotts, MD
[redacted]Warm Springs Road [redacted]
Henderson, NV 89014

Re: Suspension of Registration No. CS07110 (Case No. 22-396-CS-S)

Dear Dr. Spotts:

The Nevada State Board of Pharmacy (Board) has been notified by the Nevada State Board of Medical Examiners (NSBME) that you surrendered your NSBME License No. 6917 to practice medicine in Nevada in a stipulated settlement of NSBME Case No. 21-10144-1.

Please be advised that pursuant to NRS 639.2107 your surrender of your NSBME License No. 6917 operates as an immediate suspension of your Certificate of Registration No. CS07110 with the Board. You may not possess (except pursuant to the lawful order of a practitioner), administer, prescribe or dispense a controlled substance until you petition the Board for reinstatement pursuant to NRS 639.2565 and the Board reinstates your certificate of registration. Your PMP account is also suspended pursuant to NAC 453.078.

You may request a hearing before the Board to contest the suspension of your registration by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Please be aware that the forgoing does not preclude a formal investigation or filing of an accusation pursuant to NRS 639.241. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

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FILED 2078
JUL 0 8 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JONATHAN R. SORELLE, MD, Certificate of Registration Nos. CS16072 and PD00567,** **Respondent.**	**Case No. 22-027-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Jonathan R. Sorelle, MD, held a controlled substance registration, Certificate of Registration No. CS16072, and dispensing practitioner registration, Certificate of Registration No. PD00567, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about May 9, 2019, Board conducted an annual inspection of Respondent's practice, the Minimally Invasive Hand Institute, located at 9080 W. Post Road #200 in Las Vegas. The inspection revealed that Respondent failed to properly segregate and/or dispose of expired dangerous drugs, including, without limitation:

A. Losartan 50mg – Expiration 12/2017

B. Ciprofloxacin 500mg – Expiration 12/2018

C. Marcaine 50ml vial – Expiration 12/2018

3. The inspection also revealed that Respondent failed to verify the accuracy of dispensed prescriptions filled by dispensing technicians.

4. A subsequent investigation revealed one-hundred twenty-one (121) fraudulent prescriptions for Oxycodone 30mg, 90 tablets were issued from July 13, 2020, to September 9, 2021, falsely documenting Respondent as the prescribing physician, resulting in the unlawful diversion of a total of 10,890 Oxycodone tablets.

5. Respondent last reviewed his prescriber activity in the Prescription Monitoring Program (PMP) on September 23, 2016.

APPLICABLE LAW

6. It is unlawful for any person to have in his or her possession, or under his or her control, for the purpose of resale, or to sell or offer to sell or dispense or give away, any pharmaceutical preparation, drug or chemical which . . . is no longer safe or effective for use, as indicated by the expiration date appearing on its label. NRS 639.282(1)(d); 21 CFR § 211.137.

7. A prescription drug that is outdated, damaged, deteriorated, misbranded or adulterated must be separated from other prescription drugs until it is destroyed or returned to the supplier. NAC 639.601(1).

8. A dispensing practitioner who allows a dispensing technician to perform any function for filling and dispensing a prescription is responsible for the performance of that function by the dispensing technician. Each prescription with respect to which a dispensing technician performed such a function:

(a) Must be checked by the dispensing practitioner, and the dispensing practitioner shall indicate on the label of the prescription and in his or her record regarding the prescription that the dispensing practitioner has checked the work performed by the dispensing technician; and

(b) Must not be dispensed to the patient without the initials of the dispensing practitioner thereon.

NAC 639.743(2) (a) & (b).

9. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); 21 CFR § 1306.04(a); NRS 453.381(1); NRS 639.235(1).

10. A practitioner with a controlled substance registration shall review his prescriber activity in the PMP at least once each 6 months and shall review a patient's utilization report as required before issuing a prescription for a controlled substance. NRS 453.164(7); NRS 639.23507.

11. It is a felony offense to falsify a prescription for a controlled substance or otherwise purchase or possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.331(1)(c), (d), (f), (h) and (i); NRS 639.281(1); NRS 639.2813(1).

12. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(1)(a).

13. Performing any duties as the holder of a registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

14. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

15. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

16. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 upon a finding that the registrant has committed an act that renders registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

COUNT ONE
Violations of Federal Controlled Substances Act – Diversion

17. By failing to review his prescriber activity in the PMP and permitting persons not licensed as practitioners in Nevada to act under Respondent's authority to fraudulently issue controlled substance prescriptions, thus making possible the unlawful diversion of 10,890 Oxycodone tablets as alleged in Paragraph 4 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, or knowingly permitted, allowed, condoned or failed to report a violation of 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, CFR §§ 1306.0321 and/or 21 CFR § 1306.04(a), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11).

COUNT TWO
Violations of State Law – Diversion

18. By failing to review his prescriber activity in the PMP and permitting persons not licensed as practitioners in Nevada to act under Respondent's authority to fraudulently issue controlled substance prescriptions, thus making possible the unlawful diversion of 10,890 Oxycodone tablets as alleged in Paragraph 4 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, or knowingly permitted, allowed,

condoned or failed to report a violation of NRS 453.331(1)(c), (d), (f), (h) and (i), NRS 453.381(1), NRS 453.401(l)(a), NRS 639.235(1), NRS 639.281(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

COUNT THREE

Violations of State Law - Prescription Monitoring Program

19. By failing to query the Prescription Monitoring Program (PMP) database since September 26, 2016, to review a patient's utilization report prior to issuing a prescription for a controlled substance and to review his prescriber activity, as alleged in Paragraph 5 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.164(7) and NRS 639.23507, and is subject to discipline pursuant to NRS 453.236(1)(d) and (e), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b).

COUNT FOUR

Violations of Law - Failure to Properly Segregate and Dispose of Expired Drugs

20. By failing to properly segregate and/or dispose of expired dangerous drugs to ensure they could not be administered or dispensed to patients as alleged in Paragraph 2 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR § 211.137, NRS 639.282(1)(d) and/or NAC 639.601(1), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11) and (12).

COUNT FIVE

Failure to Verify Accuracy of Dispensed Prescriptions

21. By failing to verify the accuracy of dispensed prescriptions and to initial each prescription as alleged in Paragraph 3 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.743(2) (a) & (b), and is subject to discipline pursuant to NRS 639.210 (12).

COUNT SIX

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

22. By his actions as alleged herein, Respondent has performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

COUNT SEVEN

Commission of Acts that Render Registration Inconsistent with the Public Interest

23. By his actions as alleged herein, Respondent has committed acts that render his registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of this respondent.

DATED this 8th day of July, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JONATHAN R. SORELLE, MD,** **Certificate of Registration Nos. CS16072 and PD00567,** **Respondent.**	**CASE NO. 22-027-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, September 7, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 8th day of July, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 12th day of July, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jonathan R. Sorelle, MD
[redacted] W. Post Rd [redacted]
Las Vegas, NV 89148

SHIRLEY HUNTING

JOSHUA M. DICKEY
Nevada Bar No. 6621
REBECCA L. CROOKER
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Attorneys for Respondent
Jonathan R. Sorelle, MD

FILED
SEP 16 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. JONATHAN R. SORELLE, MD, Certificate of Registration Nos. CS16072 and PD00567, Respondent.	Case No. 22-027-CS-S **RESPONDENT JONATHAN R. SORELLE, MD'S ANSWER AND NOTICE OF DEFENSE**

BAILEY❖KENNEDY
8984 SPANISH RIDGE AVENUE
LAS VEGAS, NEVADA 89148-1302
702.562.8820

Respondent Jonathan R. Sorelle, MD ("Dr. Sorelle"), by and through his counsel of record, Bailey❖Kennedy, hereby answers the Nevada State Board of Pharmacy's Notice of Intended Action and Accusation as follows:

JURISDICTION

1. Answering paragraph 1, Dr. Sorelle states that the allegations contained therein constitutes a legal conclusion to which no response is required; to the extent a response is required, Dr. Sorelle denies it to the extent it is contrary to or inconsistent with the law.

FACTUAL ALLEGATIONS

2. Answering paragraph 2, Dr. Sorelle admits that on or about May 9, 2019, Board staff performed an annual inspection of Respondent's practice, The Minimally Invasive Hand Institute, located at 9080 W. Post Road #200 in Las Vegas. Dr. Sorelle further admits that a small number of the medications identified in paragraph 2, were expired. Dr. Sorelle further states that: (i) this was an

isolated incident related to a particular employee; (ii) this employee was relieved from full-time employment at the Minimally Invasive Hand Institute; (iii) these expired medications were promptly and properly disposed of; (iv) additional measures were put into place to ensure this does not happen again; and (v) no such issue has been identified in subsequent inspections.

3. Answering paragraph 3, Dr. Sorelle denies knowingly not verifying the accuracy of dispensed prescriptions filled by a dispensing technician. Dr. Sorelle further states that, as a matter of practice, he verifies each prescription. However, an isolated incident occurred where a now former employee (the same employee referred to above) did not present a small number of dispensed prescriptions to him for his initials. No such issue has been identified in subsequent inspections.

4. Answering paragraph 4, Dr. Sorelle does not have personal knowledge of what the investigation revealed. Dr. Sorelle denies any involvement in or knowledge of the false documentation that resulted in any unlawful diversion of Oxycodone tablets.

5. Dr. Sorelle denies the allegations contained in paragraph 5.

APPLICABLE LAW

6. Answering paragraph 6, Dr. Sorelle states that the allegations contained in paragraph 6 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

7. Answering paragraph 7, Dr. Sorelle states that the allegations contained in paragraph 7 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

8. Answering paragraph 8, Dr. Sorelle states that the allegations contained in paragraph 8 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

9. Answering paragraph 9, Dr. Sorelle states that the allegations contained in paragraph 9 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

10. Answering paragraph 10, Dr. Sorelle states that the allegations contained in paragraph 10 call for legal conclusions to which no response is required; to the extent a response is required,

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Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

11. Answering paragraph 11, Dr. Sorelle states that the allegations contained in paragraph 11 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

12. Answering paragraph 12, Dr. Sorelle states that the allegations contained in paragraph 12 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

13. Answering paragraph 13, Dr. Sorelle states that the allegations contained in paragraph 13 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

14. Answering paragraph 14, Dr. Sorelle states that the allegations contained in paragraph 14 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

15. Answering paragraph 15, Dr. Sorelle states that the allegations contained in paragraph 15 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

16. Answering paragraph 16, Dr. Sorelle states that the allegations contained in paragraph 16 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

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COUNT ONE
Violations of Federal Controlled Substances Act - Division

17. Dr. Sorelle denies the allegations contained in paragraph 17.

COUNT TWO
Violations of State Law - Diversion

18. Dr. Sorelle denies the allegations contained in paragraph 18.

COUNT THREE
Violations of State Law – Prescription Monitoring Program

19. Dr. Sorelle denies the allegations contained in paragraph 19.

COUNT FOUR
Violations of Law – Failure to Properly Segregate and Dispose of Expired Drugs

20. Dr. Sorelle denies the allegations contained in paragraph 20.

COUNT FIVE
Failure to Verify Accuracy of Dispensed Prescriptions

21. Dr. Sorelle denies the allegations contained in paragraph 21.

COUNT SIX
Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

22. Dr. Sorelle denies the allegations contained in paragraph 22.

COUNT SEVEN
Commission of Acts that Render Registration Inconsistent with the Public Interest

23. Dr. Sorelle denies the allegations contained in paragraph 23.

AFFIRMATIVE DEFENSES

1. The Pharmacy Board fails to state a cognizable claim upon which relief may be granted.

2. The Pharmacy Board's claims are barred, in whole or in part, because at all relevant times Dr. Sorelle acted in compliance with all lawful requirements for the retention of his controlled substance and dispensing practitioner registrations.

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3. The Pharmacy Board's causes of action are barred, in whole or in part, because the Pharmacy Board is unable to prove the commission of the alleged violations by a preponderance of the evidence as required under Nevada law.

4. The Notice of Intended Action and Accusation violates Dr. Sorelle's right to due process by failing to sufficiently apprise him of the nature of the proceedings so that he has an adequate opportunity to prepare, as is required under Nevada law.

5. The Pharmacy Board's causes of action are barred, in whole or in part, because the applicable statutes and regulations are unconstitutional/unconstitutionally vague as applied to Dr. Sorelle's actions.

6. The applicable statute of limitations bars all and/or some of the Pharmacy Board's causes of action.

7. Any and all alleged problems and damages were proximately caused or contributed to by the acts of other persons and/or entities, and that said acts were an intervening and/or superseding cause of the problems and damages, if any.

8. The Pharmacy Board's claims are barred, in whole or in part, because Dr. Sorelle's actions were justified under the circumstances.

9. The Pharmacy Board's claims are barred, in whole or in part, by the equitable doctrines of laches, estoppel, and/or unclean hands.

10. The Pharmacy Board's claims are barred, in whole or in part, because the Pharmacy Board has acted in an arbitrary and capricious manner.

11. Dr. Sorelle reserves the right to assert additional affirmative defenses, and gives notice that he intends to rely upon, any other affirmative defense(s) that may become available or

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appear during discovery or otherwise in this matter, and reserves the right to amend this Answer to assert any such additional affirmative defenses.

DATED this 16th day of September, 2022.

BAILEY❖KENNEDY

By: */s/ Joshua M. Dickey*
JOSHUA M. DICKEY
REBECCA L. CROOKER

Attorneys for Respondent
Jonathan R. Sorelle, MD

BAILEY❖KENNEDY
8984 SPANISH RIDGE AVENUE
LAS VEGAS, NEVADA 89148-1302
702.562.8820

CERTIFICATE OF SERVICE

I certify that I am an employee of BAILEY❖KENNEDY and that on the 16th day of September, 2022, service of the foregoing **RESPONDENT JONATHAN R. SORELLE, MD'S ANSWER AND NOTICE OF DEFENSE** was made by depositing a true and correct copy in the U.S. Mail, first class postage prepaid, and addressed to the following at his last known address:

BRETT KANDT, GENERAL COUNSEL
NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Attorneys for Petitioner
Nevada State Board of Pharmacy

/s/ Joshua M. Dickey
An Employee of BAILEY❖KENNEDY

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FILED
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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KEITH A. BREILAND, MD,** **Certificate of Registration No. CS06393,** **Respondent.**	Case Nos. 20-180-CS-S **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Keith A. Breiland, MD ("Breiland"), held a controlled substance registration, Certificate of Registration No. CS06393, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Breiland is a physician – a child psychiatrist, who was/is employed/an independent contractor of different practices - FirstMed Health and Wellness Center ("FirstMed"), Lighthouse of Love ("Lighthouse"), with a mailing address of 2654 W. Horizon Parkway, Suite B5 PMB 168, in Las Vegas, Nevada, and medical office addresses of 400 Shadow Lane, Suite 106, Las Vegas, Nevada, 3343 S. Eastern Avenue, Las Vegas, Nevada, and 730 W. Cheyenne Avenue, N. Las Vegas, Nevada.

3. On August 10, 2020, the Nevada State Board of Medical Examiners ("BME") referred this case to the Board and the Board also received a complaint against Breiland for

alleged violations of unlawful prescribing or sharing of passcodes for electronic prescriptions for controlled substances.

4. On or about July 7, 2020, L.J., a medical assistant ("MA") at FirstMed indicated that Respondent Breiland texted her to sign into his Electronic Clinical Works and send controlled substance prescriptions for his patients. Respondent Breiland worked remotely at times and possessed the hard token secondary authenticator for signing e-prescriptions, but provided passcodes to L.J. in order for her to electronically sign his name on controlled substance prescriptions for his patients.

5. From July 7, 2020 to July 27, 2020, forty-six (46) electronic controlled substance prescriptions were prescribed for thirty-seven (37) patients.

6. A sampling of the prescriptions that were allegedly authenticated by passcodes given by Breiland to the MA were as follows:

a. A prescription dated July 14, 2020 for patient S.S. for Adderall 20 mg tablets, used to treat attention deficit hyperactivity disorder, prescription number 1438625;

b. A prescription dated July 14, 2020 for patient B.A. for Adderall 2.5 mg tablets, used to treat attention deficit hyperactivity disorder, prescription number 1438626;

c. A prescription dated July 14, 2020 for patient S.S. for Valium (lorazepam) 5 mg tablets, used to treat anxiety, prescription number 1438628;

d. A prescription dated July 14, 2020 for patient C.A. for Adderall 10 mg tablets, used to treat attention deficit hyperactivity disorder, prescription number 1438629;

e. A prescription dated July 16, 2020 for patient G.G. for zolpidem tartrate 10 mg tablets, used to treat insomnia, prescription number 977783;

f. A prescription dated July 16, 2020 for patient G.G. for lorazepam 1 mg tablets, used to treat anxiety, prescription number 977784; and

g. A prescription dated July 20, 2020 for patient A.H. for Ativan (generic lorazepam) 0.5 mg tablets, used to treat anxiety, prescription number 1406103.

APPLICABLE LAW

7. No person other than a practitioner holding a license to practice his or her profession in this State may prescribe or write a prescription. NRS 639.235(1).

8. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 CFR § 1306.03(a)(1); NRS 453.331; NRS 453.381(1).

9. It is unlawful for a practitioner to prescribe a controlled substance except as authorized by law. NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1).

10. It is a felony offense to falsify a prescription for a controlled substance or otherwise purchase or possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.331(1).

11. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(1).

12. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

13. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

14. A prescription must be given directly from a practitioner to a pharmacist. NRS 639.23535(3)(a).

15. A practitioner must retain the sole possession of the hard token for electronically prescribed controlled substance prescriptions, and must not share the password or any other knowledge factor to sign prescriptions. 21 CFR 1311.102; NAC 639.7105(2).

16. Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

17. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

18. Violating, attempting to violate, assisting, or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

19. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

20. Respondent is subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210, and/or NRS 639.255.

COUNT ONE
Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction

21. By allowing access to or providing secondary authentication passcodes on controlled substance electronic prescriptions, Breiland was a party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of 21 CFR 1311.102, NRS 639.23535(3)(a), NAC 639.7105(2), NAC 639.945(1)(h), NRS 453.236(1), NRS 453.331, and is subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210, and/or NRS 639.255.

COUNT TWO
Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

22. By allowing access to or providing secondary authentication passcodes on controlled substance electronic prescriptions, Breiland performed his duty as a holder of a Nevada Controlled Substance Registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NRS 453.331, NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241, NRS 639.210 and/or NRS 639.255.

COUNT THREE
Unprofessional Conduct –Aiding and Abetting Unlicensed Practice

23. By permitting unlicensed office staff, or medical assistant(s) to write, or authenticate controlled substances prescriptions, including providing authentication passcodes, Breiland aided and abetted a person not licensed to practice pharmacy in the State of Nevada, and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(j) and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241, NRS 639.210(4) and/or NRS 639.255.

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COUNT FOUR
Violations of Federal and State Controlled Substances Act

24. By permitting his staff/medical assistant(s) to prescribe controlled substances under Breiland's name by providing secondary authentication passcodes from his hard token secondary authenticator, Breiland violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 846, 21 CFR 1311.102, 21 CFR § 1306.03, NRS 639.23535(3)(a), NAC 639.7105(2), NRS 453.331, and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241, NRS 639.210(11), and/or NRS 639.255.

COUNT FIVE
Commission of Acts that Render Registration Inconsistent with the Public Interest

25. As set forth herein, Breiland has committed acts that render his registration to prescribe controlled substances inconsistent with the public interest pursuant to NRS 453.231, and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

DATED this 31st day of August, 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **KEITH A. BREILAND, MD,** **Certificate of Registration No. CS06393,** **Respondent.**	CASE NO. 20-180-CS-S **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, October 12, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 31st day of August, 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KEITH A. BREILAND, MD,** **Certificate of Registration No. CS06393,** **Respondent.**	CASE NO. 20-180-CS-S **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____
KEITH A. BREILAND, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of September, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Keith A. Breiland, MD
[redacted] W Horizon Ridge Pkwy #[redacted]
Henderson, NV 89052

KRISTOPHER MANGOSING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KEITH A. BREILAND, MD,** **Certificate of Registration No. CS06393,** **Respondent.**	**Case No. 20-180-CS-S** **STIPULATION AND ORDER**

Courtney K. Lee, General Counsel for Petitioner the Nevada State Board of Pharmacy ("Board"), and Respondent Keith A. Breiland, MD ("Breiland"), Certificate of Registration No. CS06393, by and through counsel, Kathleen Janssen, Esq., of Cook & Kelesis, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about September 1, 2022, Board Staff served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. In lieu of filing an Answer through counsel, this agreed Stipulation and Order is presented for the Board's consideration.

4. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent failed to comply with the

provisions of this Stipulation and Order, Respondent hereby freely and voluntarily waives his right to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondent acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that Respondent Breiland:

A. By allowing access to or providing secondary authentication passcodes on controlled substance electronic prescriptions to his medical assistant, Breiland engaged in unprofessional conduct and conduct contrary to the public interest in violation of NRS 639.23535(3)(a), NAC 639.7105(2), NRS 453.236(1), NRS 453.331.

B. By allowing access to or providing secondary authentication passcodes on controlled substance electronic prescriptions to his medical assistant, Breiland performed his duty as a holder of a Nevada Controlled Substance Registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NRS 453.331, NAC 639.945(1)(i).

C. By permitting his medical assistant to authenticate controlled substances prescriptions by providing authentication passcodes, Breiland aided and abetted a person not licensed to practice pharmacy in the State of Nevada, and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(j).

D. By permitting his medical assistant to prescribe controlled substances under Breiland's name by providing secondary authentication passcodes from his hard token secondary authenticator, Breiland violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21

U.S.C. § 846, 21 CFR 1311.102, 21 CFR § 1306.03, NRS 639.23535(3)(a), NAC 639.7105(2), NRS 453.331.

8. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 453.236, NRS 453.241, NRS 639.210 and/or NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and with Respondent not conceding or admitting to such allegations, and with the understanding that any agreements and any admissions are solely for this case and for no other purpose, the Board and Respondent Breiland stipulate to the following penalties and conditions:

A. Pay a fine of Five-Thousand Dollars ($5,000.00) for the alleged violations;

B. Pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

C. Complete an additional two (2) hours of continuing education, in addition to any medical continuing education hours required, regarding prescribing controlled substances, within thirty (30) days of entry of this Stipulation and Order.

10. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on November 30, 2022. Respondent may appear in person at the meeting to answer questions from the Board Members

and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent and/or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, on the following payment schedule:

Due Date	**Amount**
1/1/2023	$750
2/1/2023	$750
3/1/2023	$750
4/1/2023	$750
5/1/2023	$750
6/1/2023	$750
7/1/2023	$500
***TOTAL**	**$5,000**

*Respondent Breiland may pre-pay a portion or all of the fines without penalty

15. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth, and waived certain rights, as stated herein.

AGREED:

Signed this 17 day of November, 2022

KEITH A. BREILAND, MD
Certificate of Registration No. CS06393

APPROVED AS TO FORM AND CONTENT this 17th day of Nov., 2022

for Marc P. Cook, Esq.
KATHLEEN JANSSEN, ESQ.
Counsel for Respondent
Keith A. Breiland, MD

Signed this 17th day of Nov., 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Keith A. Breiland, MD, Certificate of Registration No. CS06393, in Case No. 20-180-CS-S, and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of November, 2022.

_____

Helen Park, President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

REBECCA ANN REILLY, APRN,
Certificate of Registration No. PR15902,

Respondent.

Case No. 22-154-PR-S

NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Rebecca Ann Reilly, APRN, ("Respondent"), held a prescriber's registration, Certificate of Registration No. PR15902, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about April 17, 2021, the Board received Respondent's initial application for a Certificate of Registration to Dispense Controlled Substances.

3. On or about May 4, 2021, Respondent was issued a temporary controlled substance registration number with directions on how to complete her DEA registration.

4. Respondent failed to complete the registration process for her Nevada Certificate of Registration to Dispense Controlled Substances when she failed to provide a copy of her DEA Registration to the Board.

5. Respondent wrote one or more controlled substance prescriptions for Nevada patients without first obtaining a Certificate of Registration to Dispense Controlled Substances.

6. A request history search on Respondent's Prescription Monitoring Program ("PMP") account associated with her DEA Registration returned zero requests by Respondent.

7. In April of 2022, Respondent reapplied to the Board for a Certificate of Registration to Dispense Controlled Substances.

APPLICABLE LAW

8. It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a).

9. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he or she is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

10. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

11. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

12. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

13. The Board may suspend or revoke a registration if the holder has violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

14. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

15. A practitioner with shall, before issuing an initial prescription for a controlled substance, and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, obtain a patient utilization report regarding the patient from the PMP. NRS 639.23507

16. A practitioner registered with the Board to write prescriptions for controlled substances shall, access his or her prescriber activity in the PMP at least once each 6 months to review prescriptions issued by the practitioner and verify to the Board that he or she continues to have access to the PMP. NRS 453.164(7)

17. The Board may impose a fine upon the holder of a certificate, license, or permit issued by the Board for up to $10,000.00 for each violation. NRS 639.255(3).

FIRST COUNT

Violation of Federal Controlled Substances Act

18. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(11) and NRS 639.255(3).

SECOND COUNT

Violation of State Controlled Substances Act

19. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12) and NRS 639.255(3).

THIRD COUNT

Unprofessional Conduct – Prescribing without a Valid Registration

20. By prescribing controlled substances without a valid registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(l) and/or NRS 639.210(4).

FOURTH COUNT

Commission of Acts that Render Registration Inconsistent with the Public Interest

21. By prescribing controlled substances without a valid registration as alleged herein, and by falsely representing herself as a practitioner entitled to write prescriptions in this state, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

FIFTH COUNT

Violations of State Law – Prescription Monitoring Program

22. By failing to query the PMP database to review a patient's utilization report prior to issuing a prescription for a controlled substance and to review her prescriber activity, as alleged in herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.164(7) and NRS 639.23507, and is subject to discipline pursuant to NRS 453.236(1)(d) and (e), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 20th day of October, 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **REBECCA ANN REILLY, APRN,** **Certificate of Registration No. PR15902,** **Respondent.**	Case No. 22-154-PR-S **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, November 30, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 20th day of October, 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **REBECCA ANN REILLY, APRN,** **Certificate of Registration No. PR15902,** **Respondent.**	**Case NO. 22-154-PR-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

REBECCA ANN REILLY, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of October, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Rebecca Ann Reilly
[redacted]N Tenaya Way[redacted]
Las Vegas, NV 89128

KRISTOPHER MANGOSING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **REBECCA ANN REILLY, APRN** **Certificate of Registration No. PR15902,** **Respondent.**	**Case No. 22-154-PR-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through its Assistant General Counsel, Peter K. Keegan, Esq., and Respondent REBECCA ANN REILLY, APRN ("Respondent") Certificate of Registration No. PR15902, **HEREBY STIPULATE AND AGREE AS FOLLOWS:**

1. The Board has jurisdiction over Respondent and this matter.

2. On or about October 25, 2022, Board Staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. Respondent is fully aware of her right to seek the advice of counsel in this matter prior to entering into this Stipulation.

4. Respondent is aware of her right to a hearing on the matters alleged in the Accusation, her right to reconsideration, her right to appeal and any and all other rights which may be accorded to her pursuant to NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of paragraphs below, Respondent hereby freely and voluntarily waives her rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A

("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

6. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. Respondent failed to complete the registration process for her Nevada Certificate of Registration to Dispense Controlled Substances and wrote one or more controlled substance prescriptions for Nevada patients in violation of 21 U.S.C. **§** 822(a)(2); 21 U.S.C. **§** 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1);

B. Respondent failed to establish a Prescription Monitoring Program account in violation of NRS 453.164(7) and NRS 639.23507; and

C. These violations are grounds for disciplinary action pursuant to NRS 453.236(1)(d-e); NRS 453.241(1); NRS 639.210(4), (11-12); NRS 639.23916(3)(b); and NRS 639.255(3).

7. In order to resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent stipulate to the following penalties. Respondent Rebecca Reilly, APRN Certificate of Registration No. PR15902 shall:

A. Pay a fine of Five-Thousand Dollars ($5000.00) for the violations; and

B. Pay Five-Hundred and Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

8. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

9. The Board's Assistant General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on November 30, 2022, in Las Vegas, Nevada. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or her counsel are not present at the meeting.

10. The Board may accept this Stipulation but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

11. If the Board rejects any part or all this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

12. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *personal, cashiers,* or *certified check* or *money order* made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

13. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *personal, cashiers,* or *certified check* or *money order* made payable to **"Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 9th day of November 2022.

REBECCA ANN REILLY
Certificate of Registration No. PR15902

Signed this 9th day of November 2022.

NEVADA STATE BOARD OF PHARMACY

PETER K. KEEGAN, ESQ.
Assistant General Counsel
985 Damonte Ranch Pkwy., Ste. 206
Reno, Nevada 89502
775-850-1440

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Rebecca A. Reilly, APRN, Certificate of Registration No. PR15902, in Case No. 22-154-PR-N and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of November 2022.

Helen Park, President
Nevada State Board of Pharmacy

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FILED
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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. SAMUEL MUJICA-TRENCHE, MD, Certificate of Registration No. CS04095, Respondent.	Case No. 22-057-CS-S NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes ("NRS") 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Samuel Mujica-Trenche, MD ("Mujica-Trenche") held a Nevada Controlled Substance Registration No. CS04095, issued by the Board.

FACTUAL ALLEGATIONS

2. Infuze, LLC dba Infuze Wellness Center ("Infuze") is a medical clinic, owned and operated by Jody Zakis ("Zakis"), a non-practitioner, and Stephen J. Massa ("Massa"), a non-practitioner. Infuze is located at 1590 W. Horizon Parkway, Suite 110 in Henderson, Nevada.

3. Respondent Mujica-Trenche, a medical doctor, was employed as the medical director of Infuze from at least February 1, 2021 through present.

4. On or about March 29, 2022, a site visit of Infuze was conducted by the Board's inspector and investigator. The Board's staff noted that Respondent Mujica-Trenche was absent that day. However, the register in the front office had a code to access the key to the room/cabinet where dangerous drugs were stored.

5. During the site visit, Infuze's staff confirmed that Pamela Bowman ("Bowman"), RN is employed full-time as a registered nurse for Infuze, and had independent access to the register code containing the key to the storage of dangerous drugs. In addition, RN Bowman was able to access, possess, and/or administer dangerous drugs without a practitioner present, and without a practitioner's order(s).

6. In his written statement through counsel to Board staff on or about May 25, 2022, Respondent Mujica-Trenche stated that corrective actions were taken to make certain that only primary level providers had key access to the dangerous drugs. A copy of "Infuze Medication Protocol Administration, Storage, and Medical Clearance" was attached to Mujica-Trenche's response.

7. In Zakis' statement to Board's staff through counsel on or about June 6, 2022, she indicated that following the Board's site visit, corrective actions were taken related to the storage and access to dangerous drugs, and that the RNs no longer have independent access to the dangerous drugs. A copy of "Infuze Medication Protocol Administration, Storage, and Medical Clearance" was attached to Zakis' response.

APPLICABLE LAW

8. A practitioner must be properly licensed and/or registered to possess, prescribe, administer, and/or dispense dangerous drugs. NRS 454.213-.215; NRS 639.100(1).

9. A practitioner, and certain other persons, have authority to possess/administer/dispense dangerous drugs; otherwise, it is unlawful. NRS 454.213; NRS 454.215; NRS 454.316; NRS 454.321.

10. A secure and locked room/cabinet where dangerous drugs are stored should be maintained, and access restricted to authorized practitioners. NAC 639.742(3)(c); NAC 639.745(1)(c).

11. Unprofessional conduct includes performing duties in an incompetent, unskillful, or negligent manner. NAC 639.945(1)(i).

12. Unprofessional conduct includes aiding and abetting a person not licensed to practice pharmacy. NAC 639.945(1)(j).

13. It is a misdemeanor offense to violate NRS 454.181-.371 and may subject a practitioner to suspension or revocation of license. NRS 454.356; NRS 454.361.

14. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

15. The Board may discipline Respondent for violations pursuant to NRS 639.210 and/or NRS 639.255.

COUNT ONE
Unprofessional Conduct – Performance of Duties in an Incompetent, Unskillful, or Negligent Manner

16. By allowing RN staff or other unlicensed persons to access, possess, and/or administer dangerous drugs to patients while Dr. Mujica-Trenche was out of the office, and/or failing to ensure all drugs were inaccessible or locked, Mujica-Trenche performed his duties as a holder of Nevada Controlled Substance Registration in an incompetent, unskillful or negligent manner, engaged in unprofessional conduct, conduct contrary to the public interest in violation of NAC 639.742(3); NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210, and/or NRS 639.255.

COUNT TWO
Unprofessional Conduct - Aiding and Abetting Unlicensed Activity

17. By permitting RN staff and/or other unlicensed persons at Infuze to possess, prescribe, administer, and/or dispense dangerous drugs without a license or registration to do so, and/or without proper practitioner's orders as alleged herein, Mujica-Trenche aided or abetted a person not licensed to possess, prescribe, administer, and/or dispense in the State of Nevada,

engaged in unprofessional conduct, conduct contrary to the public interest in violation of NRS 454.311; NRS 454.316; NAC 639.945(1)(j), and is therefore subject to discipline pursuant to NRS 454.361, NRS 639.210, and/or NRS 639.255.

COUNT THREE

Failure to Maintain Locked Security of Dangerous Drugs

18. By allowing or negligently permitting key access by RN staff or unlicensed persons to access Infuze's medication room or cabinet containing dangerous drugs, Mujica-Trenche, as the medical director for Infuze during the relevant timeframes, failed to maintain proper locked security of drugs in violation of NAC 639.742(3)(c); NAC 639.745(1)(c); and is therefore subject to discipline pursuant to NRS 639.210, and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 31st day of August 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board, and to submit an answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, then the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **SAMUEL MUJICA-TRENCHE, MD,** **Certificate of Registration No. CS04095,** **Respondent.**	CASE NO. 22-057-CS-S **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, October 12, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 31st day of August 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** v. **SAMUEL MUJICA-TRENCHE, MD,** **Certificate of Registration No. CS04095,** **Respondent.**	Case NO. 22-057-CS-S **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

SAMUEL MUJICA-TRENCHE, MD,

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of September, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Samuel Mujica-Trenche, MD
[redacted] W Flamingo Rd [redacted]
Las Vegas, NV 89103

Samuel Mujica-Trenche, MD
[redacted] North Green Valley Pkwy
Las Vegas, NV 89014

KRISTOPHER MANGOSING

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 27th day of September 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Samuel Mujica-Trenche
[redacted]W Sahara Ave #157
Las Vegas, NV 89117

9171 9690 0935 0270 0154 28

KRISTOPHER MANGOSING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SAMUEL MUJICA-TRENCHE, MD,** **Certificate of Registration No. CS04095,** **Respondent.**	**Case No. 22-057-CS-S** **STIPULATION AND ORDER**

Courtney K. Lee, General Counsel for Petitioner the Nevada State Board of Pharmacy ("Board"), and Respondent Samuel Mujica-Trenche, MD ("Mujica-Trenche"), Certificate of Registration No. CS04095, by and through counsel, Marie Ellerton, Esq., of Hall, Prangle & Schoonveld, LLC, **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent and this matter.

2. On or about September 1, 2022, Board Staff served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. In lieu of filing an Answer through counsel, this agreed Stipulation and Order is presented for the Board's consideration.

4. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent failed to comply with the provisions of this Stipulation and Order, Respondent hereby freely and voluntarily waives his right to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that Respondent Mujica-Trenche:

A. By allowing RN staff or other unlicensed persons to access, possess, and/or administer dangerous drugs to patients while Dr. Mujica-Trenche was out of the office, and/or failing to ensure all drugs were inaccessible or locked, Mujica-Trenche performed his duties as a holder of Nevada Controlled Substance Registration in an incompetent, unskillful or negligent manner, engaged in unprofessional conduct, conduct contrary to the public interest in violation of NAC 639.742(3); NAC 639.945(1)(i).

B. By permitting RN staff and/or other unlicensed persons at Infuze to possess, prescribe, administer, and/or dispense dangerous drugs without a license or registration to do so, and/or without proper practitioner's orders as alleged herein, Mujica-Trenche aided or abetted a person not licensed to possess, prescribe, administer, and/or dispense in the State of Nevada, engaged in unprofessional conduct, conduct contrary to the public interest in violation of NRS 454.311; NRS 454.316; NAC 639.945(1)(j).

C. By allowing or negligently permitting key access by RN staff or unlicensed persons to access Infuze's medication room or cabinet containing dangerous

drugs, Mujica-Trenche, as the medical director for Infuze during the relevant timeframes, failed to maintain proper locked security of drugs in violation of NAC 639.742(3)(c); NAC 639.745(1)(c).

8. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 453.236, NRS 453.241, NRS 639.210 and/or NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and with Respondent not conceding or admitting to such allegations, the Board and Respondent stipulate to the following penalties and conditions:

A. Pay a fine of Five-Thousand Dollars ($5,000.00) for the alleged violations; and

B. Pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

10. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on November 30, 2022. Respondent will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent and/or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

15. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth, and waived certain rights, as stated herein.

AGREED:

Signed this 16 day of Nov, 2022

SAMUEL MUJICA-TRENCHE, MD
Certificate of Registration No. CS04095

APPROVED AS TO FORM AND CONTENT this 16 day of Nov, 2022

MARIE ELLERTON, ESQ.
Counsel for Respondent
Samuel Mujica-Trenche, MD

Signed this 16th day of Nov., 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Samuel Mujica-Trenche, MD, Certificate of Registration No. CS04095, in Case No. 22-057-CS-S, and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of November, 2022.

_____
Helen Park, President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAVID LUDLOW, MD,** **Certificate of Registration No. CS21847,** **Respondent.**	**CASE NO. 22-067-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent David Ludlow, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS21847, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about March 4, 2022, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 21-42222-1, and imposed discipline upon Respondent's License No. 15226 to practice medicine on probation for engaging in conduct in violation of NRS 630.3062 related to the unauthorized or otherwise inappropriate prescribing schedule II controlled substance.

APPLICABLE LAW

3. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in conformance with the requirements of NRS 639.23507 and NRS 639.2391-.23914, *inclusive*. 21 CFR § 1306.04(a); NRS 453.381(1).

4. Performing any duties as the holder of a controlled substance registration or a dispensing practitioner registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

5. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

6. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

7. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

FIRST COUNT
Violation of Federal Controlled Substances Act

8. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-42222-1, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR § 1306.04(a), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NRS 639.210(11) and/or NRS 639.23916(3)(b).

SECOND COUNT
Violations of State Law

9. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-42222-1, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.381(1), NRS 639.23507 and/or NRS 639.2391-.23914, *inclusive*,

and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b).

THIRD COUNT

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

10. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-42222-1, and by violating 21 CFR § 1306.04(a), NRS 453.381(1), NRS 639.23507 and/or NRS 639.2391-.23914, *inclusive*, Respondent has performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(4) and/or NRS 639.23916(3)(b).

FOURTH COUNT

Commission of Acts that Render Registration Inconsistent with the Public Interest

11. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-42222-1, and by violating 21 CFR § 1306.04(a), NRS 453.381(1), NRS 639.23507 and/or NRS 639.2391-.23914, *inclusive*, Respondent has committed acts that render his registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 14th day of OCTOBER 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAVID LUDLOW, MD,** **Certificate of Registration No. CS21847,** **Respondent.**	CASE NO. 22-067-CS-S **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, November 30, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 14th day of OCTOBER 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 21st day of October 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

David Ludlow, MD
[redacted] N. Tenaya Way #165
Las Vegas, NV 89133

SHIRLEY HUNTING

KEITH A. WEAVER
Nevada Bar No. 10271
Keith.Weaver@lewisbrisbois.com
NAUSHEEN K. PETERS
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Nausheen.Peters@lewisbrisbois.com
LEWIS BRISBOIS BISGAARD & SMITH LLP
6385 S. Rainbow Boulevard, Suite 600
Las Vegas, Nevada 89118
Telephone: 702.893.3383
Facsimile: 702.893.3789
Attorneys for David Ludlow, M.D.

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, vs. DAVID LUDLOW, MD, Certificate of Registration No. CS21847, Respondent.	CASE NO. 22-067-CS-S **ANSWER AND NOTICE OF DEFENSE**

DAVID LUDLOW, M.D. ("Dr. Ludlow" and/or "Respondent"), by and through his counsel LEWIS BRISBOIS BISGAARD & SMITH, LLP hereby submits his Answer and Notice of Defense.

JURISDICTION

1. Answering Paragraph 1, Respondent admits that he held a Board-issued controlled substance registration, Certificate of Registration No. CS21847.

FACTUAL ALLEGATIONS

2. Answering Paragraph 2, Respondent denies discipline was entered by the Nevada State Board of Medical Examiners relative to prescribing controlled substances.

APPLICABLE LAW

3. Answering Paragraphs 3 through 7, Respondent need not admit or deny this paragraph as it contains legal conclusions.

FIRST COUNT
Violation of Federal Controlled Substances Act

8. Answering Paragraph 8, Respondent denies these allegations.

SECOND COUNT
Violations of State

9. Answering Paragraph 9, Respondent denies these allegations.

THIRD COUNT
Unprofessional Conduct- Incompetent, Unskillful or Negligent Performance of Duties

10. Answering Paragraph 10, Respondent denies these allegations.

FOURTH COUNT
Commission of Acts that Render Registration Inconsistent with the Public Interest

11. Answering Paragraph 11, Respondent denies these allegations.

FIRST AFFIRMATIVE DEFENSE

The Board's Complaint fails to state a claim on which relief may be granted.

SECOND AFFIRMATIVE DEFENSE

The Board's Complaint, and each cause of action therein, is barred by the doctrine of laches, estoppel, and the doctrine of unclean hands.

THIRD AFFIRMATIVE DEFENSE

Respondent denies each and every allegation of the Board's Complaint not specifically admitted or otherwise pled to herein.

WHEREFORE, Respondent prays for judgment as follows:

1. That all charges against him be dismissed;

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2. For such other and further relief as may be deemed just and proper in these premises.

DATED this 15th day of November, 2022

LEWIS BRISBOIS BISGAARD & SMITH LLP

By */s/ Nausheen K. Peters*

KEITH A. WEAVER
Nevada Bar No. 10271
Nausheen K. Peters
Nevada Bar No. 12984
6385 S. Rainbow Boulevard, Suite 600
Las Vegas, Nevada 89118
Attorneys for David Ludlow, M.D.

CERTIFICATE OF SERVICE

I hereby certify that on this 15th day of November, 2022, a true and correct copy of **ANSWER AND NOTICE OF DEFENSE** was sent via electronic mail and U.S. Mail to the following:

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521
Office: (775) 850-1440, ext. 134
Email: bkandt@pharmacy.nv.gov

/s/ Tina Sims
An Employee of
LEWIS BRISBOIS BISGAARD & SMITH LLP

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **DAVID VICTOR LUDLOW, M.D.** **Respondent.**	**Case No. 21-42222-1**

FILED
NOV - 2 2021
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, J.D., General Counsel and attorney for the IC, having a reasonable basis to believe that David Victor Ludlow, M.D., (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. Respondent was at all times relative to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 15226). Respondent was originally licensed by the Board on March 21, 2014.

2. Pursuant to NRS 630.3062(1)(h), fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV, is grounds for initiating disciplinary action or denying licensure.

3. NRS 630.3062 provides that failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient is grounds for initiating disciplinary action or denying licensure.

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[1] The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Mr. M. Neil Duxbury, Aury Nagy, M.D., and Michael C. Edwards, M.D., FACS.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

COUNT I

NRS 630.3062(1)(h) – Unauthorized and Otherwise Inappropriate Prescribing of a Schedule II Controlled Substance

4. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

5. Respondent, a urologist, prescribed Adderall, a schedule II controlled substance, in an unauthorized and otherwise inappropriate manner when he issued at least twenty-one (21) prescriptions to Patient A for Dextroamp-Amphetamin, 30 mg tablets, from July 2018 through June 2020 (e.g., on July 16, 2018, August 15, 2018, September 13, 2018, October 11, 2018, November 9, 2018, December 10, 2018, January 11, 2019, February 8, 2019, March 11, 2019, April 29, 2019, May 29, 2019, June 28. 2019, July 29, 2019, August 26, 2019, September 27, 2019, October 24, 2019, December 2, 2019, January 31, 2020, March 9, 2020, April 20, 2020, and June 15, 2020) without documenting any patient visits, encounters, examinations, tests or diagnoses of Patient A. Respondent further failed to provide justification for the medication, failed to monitor the effectiveness of the medication, failed to monitor Patient A for elevated blood pressure, among other conditions, and prescribed such medication without first and periodically checking the Nevada Prescription Monitoring Program for signs of duplicate prescriptions, abuse or diversion, among other failures to satisfy requirements established by Nevada statutes and regulations.

6. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT II

NRS 630.3062(1)(a) – Failure to Maintain Proper Medical Records

7. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

8. Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient A by failing to maintain any records of his diagnosis, treatment and care of Patient A.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
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Reno, Nevada 89521
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9. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;

5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 2 day of November, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

AARON BART FRICKE, J.D.
General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: africke@medboard.nv.gov
Attorney for the Investigative Committee

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

Bret W. Frey, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 1 day of November, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
BRET W. FREY, M.D.
Chairman of the Investigative Committee

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 2nd day of November, 2021, I served a file-stamped copy of the foregoing **COMPLAINT** via U.S. Certified Mail, to the following parties:

DAVID VICTOR LUDLOW, M.D.
P.O. Box 35380
Las Vegas, NV 89133
Tracking No.:
9171 9690 0935 0252 1578 56

Courtesy copy by electronic mail to:

KEITH A. WEAVER, ESQ.
Keith.Weaver@lewisbrisbois.com

DATED this 2nd day of November, 2021.

MERCEDES FUENTES
Legal Assistant
Nevada State Board of Medical Examiners

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **DAVID VICTOR LUDLOW, M.D.** **Respondent.**	**Case No. 21-42222-1** **FILED** MAR 0 4 2022 NEVADA STATE BOARD OF MEDICAL EXAMINERS By:

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron B. Fricke, J.D., General Counsel for the Board and attorney for the IC, and David Victor Ludlow, M.D. (Respondent), a licensed physician in Nevada, assisted by his attorneys, Keith A. Weaver, Esq., and Nausheen K. Peters, Esq., of the law firm of Lewis Brisbois Bisgaard & Smith LLP, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

A. BACKGROUND

1. Respondent is a medical doctor currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act) to practice medicine in Nevada. His license was originally issued on March 21, 2014 (License No. 15226).

2. On November 2, 2021, in Case No. 21-42222-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges one (1) violation of NRS 630.3062(1)(h), Unauthorized and Otherwise Inappropriate Prescribing of a Schedule II Controlled Substance (Count I), and one (1) violation of

[1] All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

NRS 630.3062(1)(a), Failure to Maintain Proper Medical Records (Count II). By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

3. Respondent was properly served with a copy of this Complaint, has reviewed and understands this Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of this Complaint.

4. Respondent is hereby advised of his rights regarding this administrative matter, and of his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in this administrative matter as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at his own expense, in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

5. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

6. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

B. TERMS & CONDITIONS

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction**. Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**. Respondent acknowledges he is represented by counsel, and wishes to resolve the matters addressed herein with said counsel. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to have a full consultation with and upon the advice of legal counsel.

3. **Waiver of Rights**. In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

4. **Acknowledgement of Reasonable Basis to Proceed**. As of the time of entering into this Settlement Agreement, the allegations of the Complaint remain unproven. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges

Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order**. In order to resolve this Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to Count II, as alleged in the Complaint.

b. Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement, the current amount being two thousand seven hundred and one dollar and forty-nine cents ($2,701.49).

c. Respondent shall pay a fine of two thousand five hundred dollars ($2,500.00) within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement.

d. Respondent shall complete twenty (20) hours of continuing medical education (CME) regarding Best Practices in Prescribing of Controlled Substances within six (6) months of the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada, and shall be approved by the Board to meet this requirement prior to their completion, and proof of completion shall be provided to the Board.

e. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

f. Respondent shall receive a Public Letter of Reprimand.

g. The remaining counts of the Complaint, and any other claims arising from the Board's corresponding investigations of this matter, shall be dismissed with prejudice.

6. **Release from Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

7. **Procedure for Adoption of Agreement**. The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex-parté, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to this matter. The IC and its counsel agree that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and all remaining claims arising out of the Complaint shall be dismissed with prejudice.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering this Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

10. **Binding Effect**. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause**. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the party's consent to such jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

12. **Attorneys' Fees and Costs**. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. **Failure to Comply with Terms**. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order to Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may

result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a). Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to civil collection efforts.

DATED this 9th day of FEBRUARY, 2022.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

AARON B. FRICKE, J.D.
General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: africke@medboard.nv.gov
Attorney for the Investigative Committee

DATED this 7th day of February, 2022.

LEWIS BRISBOIS BISGAARD & SMITH LLP

By: /s/ Nausheen K. Peters

KEITH A. WEAVER, ESQ.
NAUSHEEN K. PETERS, ESQ.
6385 S. Rainbow Blvd., Suite 600
Las Vegas, NV 89148
Tel: (702) 893-3383
Email: keith.weaver@lewisbrisbois.com
Nausheen.Peters@lewisbrisbois.com
Attorneys for Respondent

DATED this 1 day of February, 2022.

By: _____

DAVID VICTOR LUDLOW, M.D.
Nevada License No. 15226
Respondent

ORDER

IT IS HEREBY ORDERED that, the foregoing Settlement Agreement (Case No. 21-42222-1) was approved and accepted by the Nevada State Board of Medical Examiners on the 4th day of March, 2022.

DATED this 4th day of March, 2022.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

VICTOR M. MURO, M.D.
Board President

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 895521
(775) 688-2559

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAVID LUDLOW, MD,** **Certificate of Registration No. CS21847,** **Respondent.**	**CASE NO. 22-067-CS-S** **STIPULATION AND ORDER**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent David Ludlow, MD, Certificate of Registration No. CS21847, and through counsel**,** Keith A. Weaver, Esq. and Nausheen K. Peters, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about October 14, 2022, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about November 15, 2022, Respondent filed an Answer and Notice of Defense to the Accusation.

4. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*:

A. On or about March 4, 2022, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 21-42222-1, and imposed discipline upon Respondent's License No. 15226 to practice medicine for a failure to maintain medical records related to prescribing a controlled substance, in violation of NRS 630.3062;

B. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-42222-1, Respondent violated NRS 453.381(1) and NRS 639.23507 and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b);

C. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-42222-1, and violating NRS 453.381(1) and/or NRS 639.23507, Respondent has engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i) and (o) and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and NRS 639.210(4); and

D. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-42222-1, and violating NRS 453.381(1) and/or NRS 639.23507, Respondent has

committed acts that render his registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210, NRS 639.23916(3)(b) and/or NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties. The certificate of registration of David Ludlow, MD, Certificate of Registration No. CS21847, is hereby suspended for a period of one (1) year pursuant to NRS 453.241(1)(a). The suspension is stayed, subject to the following conditions:

A. Respondent shall pay a fine of Two Thousand Five Hundred Dollars ($2,500.00), by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order;

B. Respondent shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order; and

C. Respondent shall establish and put into practice all necessary policies and procedures to ensure that any controlled substance prescription complies with all applicable federal and state statutes and regulations, including, without limitation, 21 CFR § 1306.04(a), NRS 453.381(1) and NRS 639.23507.

10. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on November 30, 2022. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of November, 2022

DAVID LUDLOW, MD,
Certificate of Registration No. CS21847

Signed this ___ day of November, 2022

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ___ day of November, 2022

KEITH A. WEAVER, ESQ.
NAUSHEEN K. PETERS, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to David Ludlow, MD, Certificate of Registration No. CS21847, in Case No. 22-067-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of November, 2022.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

5V

FILED
OCT 14 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARIA CORAZON O. REGALADO, MD, Certificate of Registration No. CS09654,** **Respondent.**	**CASE NO. 22-066-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Maria Corazon O. Regalado, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS09654, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about March 4, 2022, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 21-12597-1, and placed Respondent's License No. 8966 to practice medicine on probation for engaging in conduct in violation of the standards of practice established by the NSBME, specifically for violation of NAC 630.230(1)(k) related to writing prescriptions for controlled substances to treat acute pain or chronic pain.

APPLICABLE LAW

3. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in conformance with the requirements of NRS 639.2391-.23914, *inclusive*. 21 CFR § 1306.04(a); NRS 453.381(1).

4. Performing any duties as the holder of a controlled substance registration or a dispensing practitioner registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

5. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

6. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

7. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

FIRST COUNT
Violation of Federal Controlled Substances Act

8. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-12597-1, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR § 1306.04(a), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NRS 639.210(11) and/or NRS 639.23916(3)(b).

SECOND COUNT
Violations of State Law

9. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-12597-1, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.381(1) and/or NRS 639.2391-.23914, *inclusive*, and is subject to

discipline pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b)

THIRD COUNT

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

10. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-12597-1, and by violating 21 CFR § 1306.04(a), NRS 453.381(1) and/or NRS 639.2391-.23914, *inclusive*, Respondent has performed her duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(4) and/or NRS 639.23916(3)(b).

FOURTH COUNT

Commission of Acts that Render Registration Inconsistent with the Public Interest

11. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-12597-1, and by violating 21 CFR § 1306.04(a), NRS 453.381(1) and/or NRS 639.2391-.23914, *inclusive*, Respondent has committed acts that render her registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 14th day of OCTOBER 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. MARIA CORAZON O. REGALADO, MD, Certificate of Registration No. CS09654, Respondent.	CASE NO. 22-066-CS-S STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, November 30, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 14th day of OCTOBER 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARIA CORAZON O. REGALADO, MD, Certificate of Registration No. CS09654,** **Respondent.**	**CASE NO. 22-066-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

MARIA CORAZON O. REGALADO, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 21st day of October 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Maria Corazon O. Regalado, MD
[redacted] S Rainbow Blvd., Suite 108
Las Vegas, NV 89146

SHIRLEY HUNTING

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **MARIA CORAZON O. REGALADO, M.D., Respondent.**	**Case No. 21-12597-1**

FILED
NOV - 4 2021
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, J.D., General Counsel and attorney for the IC, having a reasonable basis to believe that Maria Corazon O. Regalado, M.D., (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. Respondent was at all times relative to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 8966). Respondent was originally licensed by the Board on April 27, 1999.

A. RESPONDENT'S TREATMENT OF PATIENT A

2. Patient A[2] is an immediate family member of Respondent.

3. Respondent prescribed to Patient A controlled substances on more than twenty (20) occasions between 2008 and 2014, including eighteen (18) separate prescriptions for hydrocodone, an opioid analgesic, totaling one thousand six hundred ninety (1,690) tablets containing hydrocodone. Respondent prescribed Patient A multiple other scheduled medications,

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[1] The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Wayne Hardwick, M.D., Chair, Theodore Berndt, M.D., and Mr. M. Neil Duxbury.

[2] Patient A's true identity is not disclosed herein to protect his or her identity, but is disclosed in the Patient Designation contemporaneously served upon Respondent along with a copy of this Complaint.

including codeine cough syrup and muscle relaxants, on numerous occasions without examination, work-up, justification, or a treatment plan, and without any documentation of the same.

4. Respondent saw Patient A as a patient on at least four (4) occasions between June 7, 2012, and May 28, 2014.

5. Respondent maintained some medical records of the four (4) encounters in 2012 through 2014 documenting "low backpain" on all of these visits, and a "foot sprain" during the two (2) visits that occurred in 2014.

6. Respondent did not otherwise document her encounters with Patient A, nor did she order any additional studies, evaluations, consultations, or referrals for Patient A.

COUNT I

NRS 630.301(4) - Malpractice

7. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

8. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

9. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

10. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when rendering medical services to Patient A.

11. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT II

NRS 630.306(1)(b)(2) (Violation of Standards of Practice)

12. All of the allegations in the preceding paragraphs are hereby incorporated by reference as though fully set forth herein.

/ / /

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13. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

14. Pursuant to NAC 630.187, the Board adopted by reference the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain*, July 2013, published by the Federation of State Medical Boards of the United States, Inc. (Model Policy).

15. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the Model Policy.

16. Respondent failed to conduct any detailed neurologic or musculoskeletal examinations that would establish medical reasoning for Patient A to receive long-term opioid medication for pain control.

17. Respondent failed to recommend other conservative treatments before or concurrent with long-term opioid therapy including, but not limited to, physical therapy, exercise and movement, or massage therapy, among others, which may have alleviated these findings on physical examination.

18. Pursuant to the Model Policy, a physician's patient evaluation should include, without limitation: a complete medical history and a physical examination targeted to the pain condition, evaluation of the nature and intensity of the pain, and history of current and past treatments, including interventional treatments. Respondent maintained records of only four (4) patient encounters, and otherwise consistently failed to include such information in Respondent's medical records for Patient A.

19. Respondent's records do not contain or show any indication of recent or contemporaneous imaging (e.g. X-rays, MRIs, or CT scans) that would substantiate the need for long-term opioids for pain control.

20. Based on, but not limited to, the foregoing, Respondent wrote prescriptions to Patient A for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy.

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21. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT III

NRS 630.3062(1)(a) - Failure to Maintain Complete Medical Records

22. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

23. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

24. Respondent failed to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of Patient A.

25. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

B. RESPONDENT'S TREATMENT OF PATIENT B

26. Patient B[3] is an immediate family member of Respondent.

27. Respondent maintained medical records for only one (1) visit with Patient B on July 24, 2015, at which time Respondent evaluated Patient B for hypertension, "panic attacks," and a history of a stroke with left sided hemiplegia. Respondent wrote numerous prescriptions to Patient B at that visit, including alprazolam (Xanax) for Patient B's "panic attacks."

28. Although Respondent maintained medical records for only one (1) formal office visit, Respondent prescribed numerous medications to Patient B on numerous occasions, including twenty (20) prescriptions for Xanax tablets, sixty (60) count, totaling one thousand two hundred (1,200) tablets, between just January 27, 2014 and October 16, 2015. Respondent did not order additional visits, evaluations, diagnostic tests, consultations or referrals, and no treatment plans were documented.

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[3] Patient B's true identity is not disclosed herein to protect his or her identity, but is disclosed in the Patient Designation contemporaneously served upon Respondent along with a copy of this Complaint.

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Nevada State Board of Medical Examiners
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COUNT IV

NRS 630.301(4) - Malpractice

29. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

30. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

31. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

32. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when rendering medical services to Patient B.

33. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT V

NRS 630.3062(1)(a) - Failure to Maintain Complete Medical Records

34. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

35. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

36. Respondent failed to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of Patient B.

37. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

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C. RESPONDENT'S TREATMENT OF PATIENT C

38. Patient C[4] was a patient of Respondent between March 13, 2013, and December 17, 2014.

39. Patient C died of acute oxycodone and morphine toxicity on January 17, 2015.

40. Patient C had multiple medical conditions, and Respondent saw Patient C approximately once a month between March 2013 and December 2014. Despite Patient C having multiple severe medical conditions, including chronic obstructive pulmonary disease (COPD), an abdominal "mass," severe and chronic renal insufficiency, seizures, and demonstrated opiate dependence and drug seeking behavior; Respondent routinely prescribed to Patient C multiple sedating and dangerous medications, in very large doses, on a monthly basis with minimal or no additional work-ups, referrals, consultation requests, diagnostic tests, treatment plans, or evaluations of Patient C's chronic "pain" or other problems.

41. On at least one (1) visit, Respondent documented a "RLQ MASS – HUGE," yet on subsequent visits the "mass" was not even mentioned. On at least one (1) visit, Respondent documented "back pain," but also documented a normal physical exam (e.g., "Back- normal, no tenderness"). Respondent did refer the patient for an abdominal CT scan on one (1) occasion and to a surgeon on another occasion, however these referrals were not completed, and Respondent did not follow-up on them.

42. In September of 2014, a laboratory evaluation ordered by Respondent revealed severe chronic kidney disease with a serum creatinine of over 6 and a BUN of over 70. These abnormal test results were also documented in a Valley Hospital laboratory result the same month (BUN 81 and creatinine 6.9). Respondent referred Patient C to a nephrologist, but was informed in writing that Patient C never made an appointment.

43. Despite being informed that Patient C did not see the nephrologist as referred, Respondent documented the next month, on a visit on October 22, 2014, that Patient C "was seen by a nephrologist and told her kidneys were ok." By this point in time, Respondent knew or should have known, by lab reports that she possessed, that Patient C was essentially in "end stage"

[4] Patient C's true identity is not disclosed herein to protect his or her identity, but is disclosed in the Patient Designation contemporaneously served upon Respondent along with a copy of this Complaint.

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kidney disease, yet Respondent did nothing more to address Patient C's obvious and serious renal failure.

44. Each and every month that Respondent saw Patient C, almost without exception, Respondent prescribed Patient C very large volumes and high doses of opioids (usually between ninety (90) and one hundred twenty (120) tablets of thirty (30) mg oxycodone) and benzodiazepines (usually ninety (90) tablets of the two (2) mg Xanax). In addition, Respondent often prescribed ninety (90) pills of the muscle relaxant carisoprodol (Soma) concurrently. Patient C's other medical conditions noted herein, including COPD, renal failure, and seizure disorder, were not addressed by Respondent at all or only in a cursory fashion.

45. Respondent documented during a visit on April 15, 2013, that Patient C was "still on methadone," yet, went on to prescribe large doses and volumes of opioids, benzodiazepines and muscle relaxants routinely, every month (alprazolam, clonazepam, and Ativan were all prescribed) for another full year. In such a situation, the standard of care dictates that only the pain management physician should be providing opioid analgesics for Patient C.

46. Patient C, who had COPD and was obese, was at a particularly high risk for morbidity and mortality from respiratory depression from the combination of high-dose sedative medications prescribed by Respondent. In addition, Patient C's severe and chronic kidney disease further increased her risk of morbidity and mortality. Additional necessary evaluations for her pain, anxiety, kidney disease, abdominal "mass," and COPD were not undertaken, and appropriate specialty consultations and referrals were not pursued

COUNT VI

NRS 630.301(4) - Malpractice

47. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

48. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

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49. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

50. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when rendering medical services to Patient C.

51. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT VII

NRS 630.306(1)(b)(2) (Violation of Standards of Practice)

52. All of the allegations in the preceding paragraphs are hereby incorporated by reference as though fully set forth herein.

53. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

54. Pursuant to NAC 630.187, the Board adopted by reference the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain*, July 2013, published by the Federation of State Medical Boards of the United States, Inc. (Model Policy).

55. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the Model Policy.

56. Respondent failed to conduct any detailed neurologic or musculoskeletal examinations that would establish medical reasoning for Patient C to receive long-term opioid medication for pain control.

57. Respondent failed to recommend other conservative treatments before or concurrent with long-term opioid therapy including, but not limited to, physical therapy, exercise and movement, or massage therapy, among others, which may have alleviated these findings on physical examination.

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58. Pursuant to the Model Policy, a physician's patient evaluation should include, without limitation: a complete medical history and a physical examination targeted to the pain condition, evaluation of the nature and intensity of the pain, and history of current and past treatments, including interventional treatments. Respondent consistently failed to include such information in Respondent's medical records for Patient C.

59. Respondent's records do not contain and show no indication of recent or contemporaneous imaging (e.g. X-rays, MRIs, or CT scans) that would substantiate the need for long-term opioids for pain control.

60. Based on, but not limited to, the foregoing, Respondent wrote prescriptions to Patient C for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy.

61. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT VIII

NRS 630.3062(1)(a) - Failure to Maintain Complete Medical Records

62. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

63. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

64. Respondent failed to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of Patient C.

65. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

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OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against her and give him notice that she may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;

5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 4 day of November, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

AARON BART FRICKE, J.D.
General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: africke@medboard.nv.gov
Attorney for the Investigative Committee

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

Bret W. Frey, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 4 day of November, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
BRET W. FREY, M.D.
Chairman of the Investigative Committee

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 4th day of November, 2021, I served a file-stamped copy of the foregoing **COMPLAINT** via U.S. Certified Mail, to the following parties:

MARIA CORAZON O. REGALADO, M.D.
[redacted] S. Rainbow Blvd., Ste. 108
Las Vegas, NV 89146
Tracking No.: 9171 9690 0935 0252 1579 24

DATED this 4th day of November, 2021.

MERCEDES FUENTES
Legal Assistant
Nevada State Board of Medical Examiners

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: MARIA CORAZON O. REGALADO, M.D., Respondent.	Case No. 21-12597-1 FILED MAR 0 4 2022 NEVADA STATE BOARD OF MEDICAL EXAMINERS By:

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron B. Fricke, J.D., General Counsel for the Board and attorney for the IC, and Maria Corazon O. Regalado, M.D. (Respondent), a licensed physician in Nevada, assisted by her attorney, Bridget Kelly, J.D., M.S., of the law firm of Nutile Law, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

A. BACKGROUND

2. Respondent is a medical doctor currently licensed in active by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act) to practice medicine in Nevada. Her license was originally issued on April 27, 1999 (License No. 8966).

3. On November 4, 2021, in Case No. 21-12597-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges three (3) violations of NRS 630.301(4), Malpractice (Counts I, IV, and VI); two (2) violations of NRS 630.306(1)(b)(2), Violation of Standards of Practice (Counts II and VII); and three (3) violations of NRS 630.3062(1)(a), Failure to Maintain Complete Medical Records (Counts III, V,

[1] All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

and VIII). By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

4. Respondent was properly served with a copy of this Complaint, has reviewed and understands this Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of this Complaint.

5. Respondent is hereby advised of her rights regarding this administrative matter, and of her opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in this administrative matter as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at her own expense, in the preparation and presentation of her defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to her.

6. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

7. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon her and the Board.

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OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

B. TERMS & CONDITIONS

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction**. Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**. Respondent acknowledges she is represented by counsel, and wishes to resolve the matters addressed herein with said counsel. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that she knowingly, willingly and intelligently enters into this Agreement after deciding to have a full consultation with and upon the advice of legal counsel.

3. **Waiver of Rights**. In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to her or that may apply to her in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

4. **Acknowledgement of Reasonable Basis to Proceed**. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges that Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential

subsequent litigation. Respondent asserts if this matter were to proceed to hearing, she has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order**. In order to resolve this Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to Counts II and VII, consisting of two (2) violations of NRS 630.306(1)(b)(2), Violation of Standards of Practice, and admits to Counts III, V, and VIII, consisting of three (3) violations of NRS 630.3062(1)(a), Failure to Maintain Complete Medical Records, as alleged in the Complaint.

b. Respondent's license to practice medicine shall be placed on probation for a period of forty-eight (48) months from the date of the Board's acceptance, adoption and approval of this Agreement (the "Probation Period"). During the Probation Period, should Respondent commit any new violations of the Medical Practice Act or fail to comply with any term or condition of this Agreement, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in the State of Nevada pending an Order to Show Cause Hearing, maintaining the suspension pending final adjudication by the Board of the alleged violation. Specifically, during the Probation Period, the Respondent shall comply with the following terms and conditions, which hereby constitute specific orders of the Board:

i. Respondent shall pay a fine in the amount of five thousand dollars ($5,000.00) within sixty (60) days of the Board's acceptance, adoption, and approval of this Agreement.

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Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

ii. Respondent shall pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement, in the amount of three thousand seven hundred seventy dollars and eighty-four cents ($3,770.84).

iii. Respondent shall complete twenty-one (21) hours of continuing medical education (CME) regarding best practices in prescribing of controlled substances, pain management, and addiction, within six (6) months of the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada, and shall be approved by the Board to meet this requirement prior to their completion, and proof of completion shall be provided to the Board.

iv. Respondent shall complete seveveen (17) hours of CME regarding best practices in medical recordkeeping within six (6) months of the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada, and shall be approved by the Board to meet this requirement prior to their completion, and proof of completion shall be provided to the Board.

v. Respondent shall complete ten (10) hours of CME regarding best practices in hospice and palliative care within six (6) months of the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME may be used to fulfill the twenty (20) hours of CME within Respondent's scope of practice or specialty, pursuant to NAC 630.153(1), which are regularly required of Respondent as a condition of licensure in the State of Nevada, and shall be approved by the Board to meet this requirement prior to their completion, and proof of completion shall be provided to the Board.

c. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

d. Respondent shall receive a Public Letter of Reprimand.

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e. The remaining counts of the Complaint, and any other claims arising from the Board's corresponding investigative case file(s), shall be dismissed with prejudice.

6. **Release from Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

7. **Procedure for Adoption of Agreement**. The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex-parté, without notice or opportunity to be heard on her part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to this matter. The IC and its counsel agree that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

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(775) 688-2559

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and all remaining claims arising out of the Complaint shall be dismissed with prejudice.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering this Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that she shall not seek to disqualify any such member absent evidence of bad faith.

10. **Binding Effect**. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause**. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the party's consent to such jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

12. **Attorneys' Fees and Costs**. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. **Failure to Comply with Terms**. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order to Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may

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result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a). Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to civil collection efforts.

DATED this 2nd day of February, ~~2021~~ 2022.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

AARON B. FRICKE, J.D.
General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (702) 786-3813
Email: africke@medboard.nv.gov
Attorney for the Investigative Committee

DATED this 28th day of December 2021.

NUTILE LAW

By: _____

BRIDGET KELLY, J.D., M.S.
7395 S. Pecos Rd., Suite 103
Las Vegas, NV 89120
Tel: (702) 307-4871
Email: Bridget@NutileLaw.com
Attorney for Respondent

DATED this 28th day of DEC, 2021.

By: _____

MARIA CORAZON O. REGALADO, M.D.,
Nevada License No. 8966
Respondent

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

ORDER

IT IS HEREBY ORDERED that, the foregoing Settlement Agreement (Case No. 21-12597-1) was approved and accepted by the Nevada State Board of Medical Examiners on the 4th day of March, 2022.

DATED this 4th day of March, 2022.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
VICTOR M. MURO, M.D.
Board President

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

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FILED
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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **COMPLETE PHARMACY AND MEDICAL SOLUTIONS LLC** **License No. PH02783,** **Respondent.**	**CASE NO. 22-082-PH-O** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes ("NRS") 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Complete Pharmacy and Medical Solutions ("Complete"), License No. PH02783, was a pharmacy registered with the Board.

FACTUAL ALLEGATIONS

2. On or about March 12, 2012, the Board issued Complete a Nevada Pharmacy license, PH02793, which is currently in active status.

3. On or about April 6, 2020, the California Department of Consumer Affairs, through its Board of Pharmacy filed an accusation in Case No. 6724 against Complete alleging violations of California's compounding pharmacy sterility regulations. A copy of the Accusation in Case No. 6724 is attached hereto as Exhibit 1 and incorporated herein by reference.

4. On or about May 10, 2021, the California Board of Pharmacy entered its Decision and Order in Case No. 6724 accepting a Stipulated Settlement and Disciplinary Order For Public

Reproval ("Stipulation") wherein Complete admitted the truth of each and every charge and allegation in California Case No. 6724. Complete further agreed that its Pharmacy License No. PH02783 was subject to discipline. The California Board of Pharmacy's disciplinary Decision and Order became effective of June 9, 2021. A copy of the Stipulation and Decision and Order is attached hereto as Exhibit 2 and incorporated herein by reference.

5. In the Stipulation in Case No. 6724, the California Board of Pharmacy disciplined Complete by:

a. imposing costs upon Complete in the amount of $9,534.75;

b. prohibiting Complete from owning any legal or beneficial interest in any business licensed by the California Board of Pharmacy for a period of five (5) years from the effective date of this decision; and

c. requiring Complete to sell or transfer any legal or beneficial interest in any entity licensed by the California Board of Pharmacy within ninety (90) days of the effective date of this decision and providing written proof thereof to the Board.

APPLICABLE LAW

6. Pursuant to NRS 47.130 the Board may take judicial notice of matters of fact, including the disposition of prior administrative actions. *See Britton v. North Las Vegas,* 106 Nev. 690 (1990).

7. The Board may suspend or revoke a certificate, license, registration, or permit issued pursuant to NRS Chapter 639 if a Pharmacy has been convicted of a violation of any provision of NRS Chapter 639 or any other state or federal laws or regulations relating to the practice of pharmacy. NRS 639.210(6).

8. The Board may suspend or revoke a certificate, license, registration, or permit issued pursuant to NRS Chapter 639 for violating, attempting to violate, assisting, or abetting in the violation of or conspiring to violate any of the provisions of NRS Chapter 639 or any law or

regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

9. "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board." NRS 639.230(5). Additionally, "[t]he owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission." NAC 639.702, Further, the owner of any business of facility licensed, certified, or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

10. The Board may also impose a disciplinary fine for each count in an accusation for which the Board finds a Respondent guilty. NRS 639.255; NAC 639.955.

ALLEGED VIOLATIONS

11. In the Stipulation, Complete admitted to the following factual allegations and violations of California Law, which constitute the following parallel violations of Nevada law:

a. Failing to maintain proper expiration date of component, in violation of NAC 639.282(1)(d), NAC 639.6702 and/or NAC 639.6703.

b. Failing to maintain sterile compounding environmental standards during production in violation of NAC 639.6705(2)(d) and (e), including allowing *inter alia*: the ears of the production technician to be uncovered; the technician's hands to go in and out of the ISO 5 air several times without being resprayed with isopropyl alcohol 70%; operator J. to load vials into the depyrogenation oven with his mask below his nose and actively chewing gum; Operator A. to spill a non-sterile produce on his/her gloves during production and not sanitize or change his/her gloves.

c. Failing to maintain sterile compounding environmental standards within the compounding pharmacy in violation of NAC 639.6705(2)(b) and (f) and (g) including *inter alia*: allowing the ISO 8 area of the Pharmacy to have a thermostat hanging by a wire, exposed raw drywall, and a hole in the ceiling of the ISO 9 space directly above the depyrogenation oven; allowing the lights in the ISO 7 and ISO 8 to be unsealed and unwashable; failing to ensure that the primary engineering controls and the ISO 7 space were cleaned with a germicidal agent daily; allowing the door to the anteroom to have peeling Formica on it and metal on the door face surface peeling off; allowing the doors to the buffer room and anteroom to be unsealed and porous on top; and allowing cracks in the floor making it porous.

d. Failing to maintain sterile compounding environmental standards in violation of NAC 639.6705(2)(g) by allowing the flat surfaces in the ISO 8 formulation area of the Pharmacy to be dirty and dusty.

e. Allowing non-sterile to sterile products to be compounded in a room with ISO 8 air quality and allowing lyophilized Human Chorionic Gonadotropin ("HCG") for sale into California which was introduced into ISO 7 air during the compounding process in violation of NRS 639.2807, NAC 639.6705, NAC 639.67067, and NAC 639.67069.

f. Allowing, the use of a non-USP 71 method for sterility testing, in violation of NRS 639.2807, NAC 639.6677, NAC 639.670, NAC 639.67067, NAC 639.67069, and NAC 639.67071.

g. Allowing the compounding and dispensing of commercially available drug in violation of NAC 639.67019 and NAC 639.757(4)(b)(1), including HCG and testosterone 200 mg pellets, from at least November 2017 to November 2018, without documenting the shortage and specific medical need in the pharmacy records for three years from the date of receipt of the documentation for products that were essentially a copy.

h. Allowing the use of master formulas that did not have justification for beyond use dates ("BUDs"), specific and essential compounding steps used to prepare the drugs, quality

reviews required at each step of preparation for the drugs and required post-compounding processes and procedures in violation of NAC 639.67015, NAC 639.6702, NAC 639.67035 – NAC 639.67037, and NAC 639.67077 - NAC 639.67079.

i. Allowing labels on compounded drug preparations lacking the full name and strength of each ingredient in violation of NAC 639.6703 and NAC 639.680.

j. Allowing sterile water for irrigation to be opened and left on top of the hood with no date of opening and no date of expiration in violation of NAC 639.67057.

k. Allowing Testosterone and Naltrexone pellets to be sent to California consumers that had no potency testing to ensure the labeled strength of the compounded drug preparation in violation of NAC 639.67061, NAC 639.67065, and NAC 639.67067.

l. Allowing hand washing to be skipped during the formulation, filling, and crimping of a sterile product and allowing staff to donner their garb incorrectly and leave the hood edges on the outside of a sterile jumpsuit in violation of NAC 639.6705(d).

m. Allowing the labels for certain drugs to have reconstitution information but no administration information, and no information for a BUD once the product was reconstituted in violation of NAC 639.680.

n. Failing to send information to CURES for California consumers, the equivalent of Nevada's Prescription Monitoring Program ("PMP"), who received controlled substances such as testosterone and HCG products, in violation of NRS 453.163.

o. Allowing the dispensing of compounded preparations (oral Erectile Disfunction troches vardenafil, tadalafil, and sildenafil) for prescriber office use, to Performance-RC and Performance-SD's ("Performance") Medical Director, without obtaining a purchase order for each furnishing, listing the number of patients seen in the prescriber's office and quantity sufficient for each patient in violation of NRS 639.23284 and NRS 639.233.

COUNT ONE
Violation of State Law

12. The violations Complete admitted to in the California Board of Pharmacy's Stipulation for Case No. 6724 are grounds for the Board to impose discipline against Complete, including: the suspension or revocation of Complete's Pharmacy License No. PH02783 pursuant to NRS 639.210(6) and/or NRS 639.210(12); as well as a fine against Complete pursuant to NRS 639.255 and NAC 639.955.

COUNT TWO
Pharmacy/Pharmacy Owner Responsibility

13. The violations Complete admitted to in the California Board of Pharmacy's Stipulation for Case No. 6724 are grounds for the Board to impose discipline against Complete including: the suspension or revocation of Complete's Pharmacy License No. PH02783 pursuant to NRS 639.230(5), NAC 639.702, and NAC 639.945(2), as Complete is liable for the violations admitted to by Forde as the managing pharmacist employed by Complete.

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 11th day of October 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. COMPLETE PHARMACY AND MEDICAL SOLUTIONS LLC License No. PH02783, Respondent.	CASE NO. 22-082-PH-O STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, November 30, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of October 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **COMPLETE PHARMACY AND MEDICAL SOLUTIONS LLC** **License No. PH02783,** **Respondent.**	**CASE NO. 22-082-PH-O** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR COMPLETE PHARMACY AND MEDICAL SOLUTIONS LLC

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 21st day of October 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Complete Pharmacy and Medical Solutions, LLC
5829 NW 158th Street
Miami Lakes, FL 33014

SHIRLEY HUNTING

5X

FILED
OCT 11 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. ESAN NIGEL FORDE, RPH Certificate of Registration No. 20050, Respondent.	CASE NO. 22-081-RPH-O NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes ("NRS") 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Esan Nigel Forde ("Forde"), Certificate of Registration No. 20050, was a pharmacist registered with the Board.

FACTUAL ALLEGATIONS

2. On or about November 14, 2018, the Board issued Forde a Nevada Pharmacist license, Certificate of Registration No. 20050.

3. On or about April 6, 2020, the California Department of Consumer Affairs, through its Board of Pharmacy filed an accusation in Case No. 6724 against Forde, acting in the capacity of the managing pharmacist for Complete Pharmacy and Medical Solutions LLC, which alleged violations of California's compounding pharmacy sterility regulations. A copy of the Accusation in Case No. 6724 is attached hereto as Exhibit 1 and incorporated herein by reference.

4. On or about May 10, 2021, the California Board of Pharmacy entered its Decision and Order in Case No. 6724 accepting a Stipulated Settlement and Disciplinary Order For Public

Reproval ("Stipulation") wherein Forde admitted the truth of each and every charge and allegation in the California in Case No. 6724. Forde further agreed that his Original Pharmacist License Number RPH 57162 was subject to discipline. The California Board of Pharmacy's disciplinary Decision and Order became effective of June 9, 2021. A copy of the Stipulation and Decision and Order and is attached hereto as Exhibit 2 and incorporated herein by reference.

5. In the Stipulation in Case No. 6724, the California Board of Pharmacy disciplined Forde by:

a. imposing costs upon Forde in the amount of $6,356.50;

b. prohibiting Forde from Compounding any drugs that are intended to/or result in, the shipment into California for three (3) years from the effective date of the Decision and Order;

c. prohibiting Forde from serving as a pharmacist-in-charge for any business for a period of three (3) years from the effective date of the Decision and Order; and

d. prohibiting Forde from owning or having any legal or beneficial interest in any business licensed by the California Board of Pharmacy for a period of three (3) years from the effective date of the Decision and Order.

APPLICABLE LAW

6. Pursuant to NRS 47.130 the Board may take judicial notice of matters of fact, including the disposition of prior administrative actions. *See Britton v. North Las Vegas,* 106 Nev. 690 (1990).

7. The Board may suspend or revoke a certificate, license, registration, or permit issued pursuant to NRS Chapter 639 for violating, attempting to violate, assisting, or abetting in the violation of or conspiring to violate any of the provisions of NRS Chapter 639 or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

8. The Board may suspend or revoke a certificate, license, registration, or permit issued pursuant to NRS Chapter 639 if a managing pharmacist engages in unprofessional conduct or conduct contrary to the public interest or violates any provision of NRS Chapter 639 or other state or federal laws or regulations relating to the practice of pharmacy or has knowingly allowed a violation of any provision of NRS Chapter 639 or other state or federal laws of regulations relating to the practice of pharmacy by the personnel of the pharmacy under his or her supervision. NRS 639.210(4); NRS 639.210(6); NRS 639.210(15).

9. The Board may also impose a disciplinary fine for each count in an accusation for which the Board finds a Respondent guilty. NRS 639.255; NAC 639.955.

ALLEGED VIOLATIONS

10. In the Stipulation, Forde admitted to the following factual allegations and violations of California Law, which constitute the following parallel violations of Nevada law:

a. Failing to maintain proper expiration date of component, in violation of NAC 639.282(1)(d), NAC 639.6702 and/or NAC 639.6703.

b. Failing to maintain sterile compounding environmental standards during production in violation of NAC 639.6705(2)(d) and (e), including allowing *inter alia*: the ears of the production technician to be uncovered; the technician's hands to go in and out of the ISO 5 air several times without being resprayed with isopropyl alcohol 70%; operator J. to load vials into the depyrogenation oven with his mask below his nose and actively chewing gum; Operator A. to spill a non-sterile produce on his/her gloves during production and not sanitize or change his/her gloves.

c. Failing to maintain sterile compounding environmental standards within the compounding pharmacy in violation of NAC 639.6705(2)(b) and (f) and (g) including *inter alia*: allowing the ISO 8 area of the Pharmacy to have a thermostat hanging by a wire, exposed raw drywall, and a hole in the ceiling of the ISO 9 space directly above the depyrogenation oven; allowing the lights in the ISO 7 and ISO 8 to be unsealed and unwashable; failing to ensure that the primary engineering controls and the ISO 7 space

were cleaned with a germicidal agent daily; allowing the door to the anteroom to have peeling Formica on it and metal on the door face surface peeling off; allowing the doors to the buffer room and anteroom to be unsealed and porous on top; and allowing cracks in the floor making it porous.

d. Failing to maintain sterile compounding environmental standards in violation of NAC 639.6705(2)(g) by allowing the flat surfaces in the ISO 8 formulation area of the Pharmacy to be dirty and dusty.

e. Allowing non-sterile to sterile products to be compounded in a room with ISO 8 air quality and allowing lyophilized Human Chorionic Gonadotropin ("HCG") for sale into California which was introduced into ISO 7 air during the compounding process in violation of NRS 639.2807, NAC 639.6705, NAC 639.67067, and NAC 639.67069.

f. Allowing the use of a non-USP 71 method for sterility testing, in violation of NRS 639.2807, NAC 639.6677, NAC 639.670, NAC 639.67067, NAC 639.67069, and NAC 639.67071.

g. Allowing the compounding and dispensing of commercially available drug in violation of NAC 639.67019 and NAC 639.757(4)(b)(1), including HCG and testosterone 200 mg pellets, from at least November 2017 to November 2018, without documenting the shortage and specific medical need in the pharmacy records for three years from the date of receipt of the documentation for products that were essentially a copy.

h. Allowing the use of master formulas that did not have justification for beyond use dates ("BUDs"), specific and essential compounding steps used to prepare the drugs, quality reviews required at each step of preparation for the drugs and required post-compounding processes and procedures in violation of NAC 639.67015, NAC 639.6702, NAC 639.67035 – NAC 639.67037, and NAC 639.67077 - NAC 639.67079.

i. Allowing labels on compounded drug preparations lacking the full name and strength of each ingredient in violation of NAC 639.6703 and NAC 639.680.

j. Allowing sterile water for irrigation to be opened and left on top of the hood with no date of opening and not date of expiration in violation of NAC 639.67057.

k. Allowing Testosterone and Naltrexone pellets to be sent to California consumers that had no potency testing to ensure the labeled strength of the compounded drug preparation in violation of NAC 639.67061, NAC 639.67065, and NAC 639.67067.

l. Allowing hand washing to be skipped during the formulation, filling, and crimping of a sterile product and allowing staff to donner their garb incorrectly and leave the hood edges on the outside of a sterile jumpsuit in violation of NAC 639.6705(d).

m. Allowing the labels for certain drugs to have reconstitution information but no administration information, and not information for a BUD once the product was reconstituted in violation of NAC 639.680.

n. Failing to send information to CURES for California consumers, the equivalent of Nevada's Prescription Monitoring Program ("PMP"), who received controlled substances such as testosterone and HCG products, in violation of NRS 453.163.

o. Allowed the dispensing of compounded preparations (oral Erectile Disfunction troches vardenafil, tadalafil, and sildenafil) for prescriber office use, to Performance-RC and Performance-SD's ("Performance") Medical Director, without obtaining a purchase order for each furnishing, listing the number of patients seen in the prescriber's office and quantity sufficient for each patient in violation of NRS 639.23284 and NRS 639.233.

COUNT ONE

Unsanitary Compounding Practices/Violation of State Law

11. The violations Forde admitted to in the California Board of Pharmacy's Stipulation for Case No. 6724, as detailed above, are grounds for the Board to impose a discipline against Forde, including: the suspension or revocation of his Certificate of Registration No. 19893 pursuant to NRS 639.210(6) and/or NRS 639.210(12) and/or NRS 639.210(15), as well as a fine against Forde pursuant to NRS 639.255 and NAC 639.955(5).

COUNT TWO

Unsanitary Compounding/Unprofessional Conduct

12. The violations Forde admitted to in the California Board of Pharmacy's Stipulation for Case No. 6724, as detailed above in Count One, are grounds for the Board to impose a discipline against Forde, including the suspension or revocation of his Nevada Pharmacist Certificate of Registration No. 19893 pursuant to NRS 639.210(4), NAC 639.945(1)(a), and or NAC 639.945(1)(i), as well as a fine against Forde pursuant to NRS 639.255 and NAC 639.955(5).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent.

DATED this 18th day of OCTOBER 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. ESAN NIGEL FORDE, RPH Certificate of Registration No. 20050, Respondent.	CASE NO. 22-081-RPH-O STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, November 30, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of OCTOBER 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ESAN NIGEL FORDE, RPH** **Certificate of Registration No. 20050,** **Respondent.**	**CASE NO. 22-081-RPH-O** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

ESAN NIGEL FORDE, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 21st day of October 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Esan Nigel Forde, RPH
[redacted] S. Park Road Unit 210
Hollywood, FL 33021

SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ESAN NIGEL FORDE, RPH** **Certificate of Registration No. 20050,** **Respondent**	**Case No. 22-082-PH-O** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through counsel, Peter Keegan, Esq., and Respondent Esan Nigel Forde, RPH ("Respondent") Certificate of Registration No. 20050, **HEREBY STIPULATE AND AGREE AS FOLLOWS:**

1. The Board has jurisdiction over Respondent and this matter.

2. On or about October 11, 2022, Board Staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On November 3, 2022, Respondent submitted his response to the Accusation.

4. Respondent is fully aware of his right to seek the advice of counsel in this matter prior to entering into this Stipulation.

5. Respondent is aware of his right to a hearing on the matters alleged in the Accusation, his right to reconsideration, his right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of paragraphs below, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him

by NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

7. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. On or about May 10, 2021, Respondent admitted the truth of each and every charge and allegation in California's Board of Pharmacy Case No. 6724, and the California State Board of Pharmacy and Respondent stipulated to imposition of disciplinary penalties upon his California Pharmacist License No. RPH 57162, effective June 9, 2021, for violations of California's sterile compounding environmental standards discovered through an October 2018 inspection of Complete Pharmacy and Medical Solutions, LLC, located in Miami Lakes, Florida, where Respondent was employed as the managing pharmacist.

B. The violations of California's sterile compounding environmental standards discovered through the California State Board of Pharmacy's inspection and stipulated to by Respondent constitute parallel violations of Nevada's sterile compounding laws including:

i. Failing to maintain proper expiration date of component, in violation of NAC 639.282(1)(d), NAC 639.6702 and/or NAC 639.6703.

ii. Failing to maintain sterile compounding environmental standards during production in violation of NAC 639.6705(2)(d) and (e), including allowing *inter alia*: the ears of the production technician to be uncovered; the technician's hands to go in and out of the ISO 5 air several times without being resprayed with isopropyl alcohol 70%; operator J. to load vials into the depyrogenation oven with his mask below his nose and actively chewing gum; Operator A. to spill a non-sterile produce on his/her gloves during production and not sanitize or change his/her gloves.

iii. Failing to maintain sterile compounding environmental standards within the compounding pharmacy in violation of NAC 639.6705(2)(b) and (f) and (g) including *inter alia*: allowing the ISO 8 area of the Pharmacy to have a thermostat hanging by a wire, exposed raw drywall, and a hole in the ceiling of the ISO 9 space directly above the depyrogenation oven; allowing the lights in the ISO 7 and ISO 8 to be unsealed and unwashable; failing to ensure that the primary engineering controls and the ISO 7 space were cleaned with a germicidal agent daily; allowing the door to the anteroom to have peeling Formica on it and metal on the door face surface peeling off; allowing the doors to the buffer room and anteroom to be unsealed and porous on top; and allowing cracks in the floor making it porous.

iv. Failing to maintain sterile compounding environmental standards in violation of NAC 639.6705(2)(g) by allowing the flat surfaces in the ISO 8 formulation area of the Pharmacy to be dirty and dusty.

v. Allowing non-sterile to sterile products to be compounded in a room with ISO 8 air quality and allowing lyophilized Human Chorionic Gonadotropin ("HCG") for sale into California which was introduced into ISO 7 air during the compounding process in violation of NRS 639.2807, NAC 639.6705, NAC 639.67067, and NAC 639.67069.

vi. Allowing, the use of a non-USP 71 method for sterility testing, in violation of NRS 639.2807, NAC 639.6677, NAC 639.670, NAC 639.67067, NAC 639.67069, and NAC 639.67071.

vii. Allowing the compounding and dispensing of commercially available drug in violation of NAC 639.67019 and NAC 639.757(4)(b)(1), including HCG and testosterone 200 mg pellets, from at least November 2017 to November 2018, without documenting the shortage and specific medical need in the pharmacy

records for three years from the date of receipt of the documentation for products that were essentially a copy.

viii. Allowing the use of master formulas that did not have justification for beyond use dates ("BUDs"), specific and essential compounding steps used to prepare the drugs, quality reviews required at each step of preparation for the drugs and required post-compounding processes and procedures in violation of NAC 639.67015, NAC 639.6702, NAC 639.67035 – NAC 639.67037, and NAC 639.67077 - NAC 639.67079.

ix. Allowing labels on compounded drug preparations lacking the full name and strength of each ingredient in violation of NAC 639.6703 and NAC 639.680.

x. Allowing sterile water for irrigation to be opened and left on top of the hood with no date of opening and not date of expiration in violation of NAC 639.67057.

xi. Allowing Testosterone and Naltrexone pellets to be sent to California consumers that had no potency testing to ensure the labeled strength of the compounded drug preparation in violation of NAC 639.67061, NAC 639.67065, and NAC 639.67067.

xii. Allowing hand washing to be skipped during the formulation, filling, and crimping of a sterile product and allowing staff to donner their garb incorrectly and leave the hood edges on the outside of a sterile jumpsuit in violation of NAC 639.6705(d).

xiii. Allowing the labels for certain drugs to have reconstitution information but no administration information, and not information for a BUD once the product was reconstituted in violation of NAC 639.680.

xiv. Failing to send information to CURES for California consumers, the equivalent of Nevada's Prescription Monitoring Program ("PMP"), who

received controlled substances such as testosterone and HCG products, in violation of NRS 453.163.

xv. Allowed the dispensing of compounded preparations (oral Erectile Disfunction troches vardenafil, tadalafil, and sildenafil) for prescriber office use, to Performance-RC and Performance-SD's ("Performance") Medical Director, without obtaining a purchase order for each furnishing, listing the number of patients seen in the prescriber's office and quantity sufficient for each patient in violation of NRS 639.23284 and NRS 639.233.

8. These violations are grounds for disciplinary action pursuant to NRS 639.210(4), NRS 639.210(6), NRS 639.210(12), NRS 639.210(15), NRS 639.255(3), as well as NAC 639.945(1)(a), NAC 639.945(1)(i), and NAC 639.955(5).

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following concurrent disciplinary penalties imposed by the California State Board of Pharmacy against Respondent Esan Nigel Forde, RPH, including:

A. Within thirty (30) days of the effective date of this decision, pay Seven Hundred and Fifty Dollars ($750.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

B. Within ninety (90) days of the effective date of this decision, Respondent Forde shall submit to the Board, original transcripts, or certificates of completion for remedial educational courses involving at least 5 hours in pharmacy operations and pharmacy law, and 5 hours in USP 797, which shall be completed at Respondent Forde's own expense. All remedial education shall be in addition to, and shall not be credited toward, continuing education ("CE") courses used for license renewal purposes for pharmacists;

C. Respondent shall not own, have any legal or beneficial interest in, nor serve as a manager, administrator, member, officer, director, trustee, associate, or partner of any business, firm, partnership, or corporation currently or hereinafter licensed by the Board for three (3) years, to run

concurrently from the effective date of the California Board of Pharmacy's Decision. Respondent shall sell or transfer any legal or beneficial interest in any entity licensed by the Board within ninety (90) days following the effective date of this decision and shall immediately thereafter provide written proof thereof to the board. Failure to timely divest any legal or beneficial interest(s) or provide documentation thereof shall be considered a violation of the terms of this agreement;

D. Respondent Forde shall not compound any drugs that are intended to/or result in, the shipment into Nevada for three (3) years, to run concurrently from the effective date of the California Board of Pharmacy's Decision; and

E. Respondent Forde shall not be the registered managing pharmacist for any business, firm, partnership, or corporation currently or hereinafter licensed by the Board for three (3) years, to run concurrently from the effective date of the California Board of Pharmacy's Decision.

10. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

11. The Board's Assistant General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on November 30, 2022, in Las Vegas, Nevada. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or his counsel are not present at the meeting.

12. The Board may accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this

matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *personal, cashiers,* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 13 day of November 2022.

ESAN NIGEL FORDE, RPH
Certificate of Registration No. 20050

Signed this 14th day of November 2022.

NEVADA STATE BOARD OF PHARMACY

PETER K. KEEGAN, ESQ.
Nevada State Bar No. 12237
Assistant General Counsel
985 Damonte Ranch Pkwy., Ste. 206
Reno, Nevada 89502
775-850-1440

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Esan Nigel Forde, RPH, Certificate of Registration No. 20050, in Case No. 22-082-RPH-O and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of November 2022.

_____
Helen Park, President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SUSAN M. BELL, APRN,** **Certificate of Registration No. CS23773,** **Respondent.**	**Case No. 21-084-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Susan M. Bell, APRN ("Bell"), held or later renewed a controlled substance registration, Certification of Registration No. CS23773, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Bell owns/operates a medical practice called Silver Bullet Anti-Aging and Wellness located at 1452 W. Horizon Ridge Parkway, #239, Henderson, Nevada 89012.

3. On or about June 1, 2021, the Board's Compliance Coordinator received a telephone call from Respondent Bell inquiring about the status of her controlled substance registration.

4. Upon investigation, it was discovered that Respondent Bell's controlled registration was expired or non-renewed as of October 31, 2020.

5. On June 1, 2021, Respondent Bell renewed her controlled substance registration. However, from November 1, 2020 through May 31, 2021, she did not have an active controlled substance registration.

6. The Nevada Prescription Monitoring Program ("PMP") was queried by Board staff from November 1, 2020 through May 31, 2021 which reported that Respondent Bell had prescribed 105 controlled substance prescriptions, including refills, for 30 unique patients.

7. A sampling of controlled substance prescriptions prescribed by Respondent Bell while she did not hold an active controlled substance registration were as follows:

a. On November 20, 2020, a prescription for patient T.G. was issued for testosterone cypionate (sesame) 200 mg/ml injection;

b. On November 23, 2020, a prescription for patient J.H. was issued for testosterone cypionate (sesame) 200 mg/ml injection;

c. On November 25, 2020, a prescription for patient M.L. was issued for depo-testosterone 200 mg/ml injection;

d. On May 3, 2021, a prescription for patient M.L was issued for Oxandrolone capsules 50 mg;

e. On May 3, 2021, a prescription for patient J.W. was issued for phentermine tablets 37.5 mg; and

f. On May 17, 2021, a prescription for patient T.H. was issued for testosterone cypionate (sesame) 200 mg/ml injection.

APPLICABLE LAW

8. An advanced practice registered nurse ("APRN") may prescribe controlled substances if the APRN is authorized to do so by the State Board of Nursing and applies for and pays a fee to obtain a certificate from the Board of Pharmacy. NRS 453.226; NRS 639.2351.

9. A person who dispenses controlled substances and fails to register is guilty of a felony. NRS 453.232.

10. As a holder of a controlled substance registration, it is unprofessional conduct or conduct contrary to the public interest to perform her duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

11. As a holder of a controlled substance registration, it is unprofessional conduct or conduct contrary to the public interest to perform any act, task, or operation for which licensure, certification, or registration is required without the licensure, certification, or registration. NAC 639.945(1)(k).

12. Respondent is subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210, and/or NRS 639.255.

COUNT ONE

Unprofessional Conduct – Incompetent, Unskillful or Negligent Conduct

13. By prescribing controlled substance prescriptions without the required controlled substance registration in violation of NRS 453.225 and NRS 639.2351, Respondent Bell performed her duties as a former and current holder of a controlled substance registration in an incompetent, unskillful, or negligent manner pursuant to NAC 639.945(1)(i) by negligently failing to obtain registration, or failing to confirm registration, prior to prescribing controlled substance medications, and are grounds for suspension or revocation of any license or registration issued by the Board pursuant to NRS 453.236, NRS 453.241, NRS 639.210, and/or NRS 639.255.

COUNT TWO

Unprofessional Conduct - Unlicensed/Unregistered Activity

14. By prescribing controlled substance prescriptions without the required controlled substance registration in violation of NRS 453.226 and NRS 639.2351, Respondent Bell engaged in unprofessional conduct or conduct contrary to the public interest in violation of NAC

639.945(1)(k) for the unlicensed/unregistered activity, and is subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210(4), and (12), and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

DATED this 2nd day of May, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SUSAN M. BELL, APRN,** **Certificate of Registration No. CS23773,** **Respondent.**	**CASE NO. 21-084-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, September 7, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 2nd day of May 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SUSAN M. BELL, APRN,** **Certificate of Registration No. CS23773,** **Respondent.**	**Case NO. 21-084-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

SUSAN M. BELL, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of May, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Susan M. Bell
[redacted]W Washington Ave [redacted]
Las Vegas, NV 89128

Susan M. Bell
[redacted]Horizon Ridge Pkwy Ste [redacted]
Henderson, NV 89012

Darlene Nases
DARLENE NASES

6

This Agenda Item has been vacated.

7

FILED
OCT 25 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

In the Matter of the Investigation of: **ANTONIO DARREL CHILDS, PTT, Certificate of Registration No. PT26572**	**CASE NO. 22-353-PTT-S** **ORDER OF SUMMARY SUSPENSION AND NOTICE OF HEARING**

Prior to the preparation of this Order of Summary Suspension, Nevada State Board of Pharmacy ("Board") staff presented evidence and information to Yenh Long, Pharm.D., Deputy Executive Secretary, acting on behalf of J. David Wuest, in his official capacity as Executive Secretary, regarding Antonio Darrel Childs ("Childs"), Certificate of Registration No. PT26572 as a pharmaceutical technician in training. Upon review of the evidence and information presented by Board staff, the Deputy Executive Secretary determined that Childs' actions impact public health, safety, and/or welfare to such an extent that emergency action to summarily suspend Childs' Certificate of Registration No. PT26572 is required pursuant to NRS 233B.127(3) based upon the following preliminary findings that:

1. On March 15, 2022, the Board issued Childs his initial pharmaceutical technician in training registration, Certificate of Registration No. PT26572.

2. At the time of the events alleged herein on August 12, 2022, Childs was employed as a pharmacy technician in training at the SavOn Pharmacy #3016 ("SavOn") located 10250 W. Charleston Blvd., Las Vegas, NV 89135.

3. SavOn's Asset Protection internal investigation and review of the pharmacy's August 12, 2022, video surveillance recordings revealed Childs removing two tablets, later identified as oxycodone 30mg, from a patient's filled prescription bottle and placing them in his smock pocket.

4. Shortly after Childs dispensed the shorted oxycodone prescription, the patient called the pharmacy and complained to the staff pharmacist about the two missing oxycodone 30 mg tablets.

5. After the patient's telephone call to the pharmacy, SavOn's video surveillance reflects Childs removing the oxycodone 30mg tablets from his smock pocket and placing them near a bottom cabinet shelf.

6. Upon discovery of the two tablets, SavOn's on duty staff pharmacist telephoned the pharmacy manager and store director to notify about the two oxycodone 30mg tablets found on the pharmacy floor. During this telephone call, Childs left the pharmacy and did not return.

7. Childs' employment was terminated by SavOn August 22, 2022.

THEREFORE, IT IS HEREBY ORDERED that Antonio Darrel Childs' Certificate of Registration No. PT26572 is **SUMMARILY SUSPENDED,** effective immediately.

IT IS FURTHER ORDERED that a hearing to determine whether the suspension may continue has been set for **Wednesday, November 30, 2022, at 9:00 am** or soon thereafter at Hilton Garden Inn, 7830 Las Vegas Boulevard South, Las Vegas, NV 89123.

IT IS ORDERED.

Dated this 25th day of October 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary, Nevada State Board of Pharmacy, on behalf of J. David Wuest, RPH, Executive Secretary

NOTICE OF HEARING

HEARING DATE, TIME, AND PLACE:

Wednesday, November 30, 2022
9:00 am or soon thereafter
Hilton Garden Inn
7830 Las Vegas Boulevard South
Las Vegas, NV 89123

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to present evidence and argument on all issues involved in your summary suspension, either personally or through counsel. NRS 233B.121; NRS 233B.127(3). Please be advised that the hearing before the Board will be open to the public pursuant to NRS 241.033 and NRS 241.034.

In addition, the Board may at its discretion, conduct a closed session to consider your character, alleged misconduct, professional competence, and/or physical or mental health. NRS 241.030. You may attend your closed session, and have counsel or other representative of your choice present during your closed session. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the suspension hearing, the Board may accept the Executive Secretary's preliminary findings as true and may proceed to consider the continuation of your summary suspension.

If warranted, the Board through Board's staff may take additional administrative action by serving an accusation against you after considering your character, alleged misconduct, professional competence, and/or physical or mental health at the suspension hearing. NRS 622A.300; NRS 639.241.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of October, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Antonio Darrell Childs, PTT
[redacted] Morning Dew Street
Las Vegas, NV 89117

Darlene Nases
DARLENE NASES

FILED 2260
OCT 25 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ANTONIO DARREL CHILDS, PTT, Certificate of Registration No. PT26572,** **Respondent.**	**CASE NO. 22-353-PTT-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent, Antonio Darrel Childs ("Childs"), Certificate of Registration No. PT26572, was a pharmaceutical technician in training registered by the Board and had been registered since March 15, 2022.

FACTUAL ALLEGATIONS

2. On March 15, 2022, the Board issued Childs his initial pharmaceutical technician in training registration, Certificate of Registration No. PT26572.

3. At the time of the events alleged herein on August 12, 2022, Childs was employed as a pharmacy technician in training at the SavOn Pharmacy #3016 ("SavOn") located 10250 W. Charleston Blvd., Las Vegas, NV 89135.

4. SavOn's Asset Protection internal investigation and review of the pharmacy's August 12, 2022, video surveillance recordings revealed Childs removing two tablets, later identified as oxycodone 30mg, from a patient's filled prescription bottle and placing them in his smock pocket.

5. Shortly after Childs dispensed the shorted oxycodone prescription, the patient called the pharmacy and complained to the staff pharmacist about the two missing oxycodone 30 mg tablets.

6. After the patient's telephone call to the pharmacy, SavOn's video surveillance reflects Childs removing the oxycodone 30mg tablets from his smock pocket and placing them near a bottom cabinet shelf.

7. Upon discovery of the two tablets, SavOn's on duty staff pharmacist telephoned the pharmacy manager and store director to notify about the two oxycodone 30mg tablets found on the pharmacy floor. During this telephone call, Childs left the pharmacy and did not return.

8. Childs' employment was terminated by SavOn August 22, 2022.

APPLICABLE LAW

9. It is a felony offense to acquire a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 843(a)(3); 21 U.S.C. § 846; NRS 453.331(1)(d); NRS 453.391(1).

10. It is a felony offense to possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 844; 21 U.S.C. § 846; NRS 453.336(1); NRS 453.381(8).

11. It is a criminal offense to use a controlled substance except as authorized by law. 42 U.S.C. § 12210; NRS 453.411(1).

12. Supplying or diverting drugs which are legally sold in pharmacies constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

13. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

14. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

15. Violating, attempting to violate, assisting, or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

16. The Board may impose a fine upon the holder of a certificate, license, or permit issued by the Board for up to $10,000.00 for each violation. NRS 639.255(3).

COUNT ONE
Unlawful Acquisition of Controlled Substances

17. By diverting and acquiring controlled substances as alleged herein, Respondent violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate 21 U.S.C. § 841(a), 21 U.S.C. § 843(a)(3), 21 U.S.C. § 846, NRS 453.331(1)(d) and/or NRS 453.391(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12) and/or NRS 639.255(3).

COUNT TWO
Unlawful Possession of Controlled Substances

18. By diverting and possessing controlled substances as alleged herein, Respondent violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate 21 U.S.C. § 841(a), 21 U.S.C. § 844, 21 U.S.C. § 846, NRS 453.336(1), NRS 453.381(8) and/or NRS 454.316(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12) and/or NRS 639.255(3).

COUNT THREE
Unprofessional Conduct - Diversion

19. By diverting controlled substances as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255(3).

COUNT FOUR

Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

20. By diverting controlled substances as alleged herein, Respondent was a party to a fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 25th day of October 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary, Nevada State Board of Pharmacy, on behalf of J. David Wuest, RPH, Executive Secretary

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ANTONIO DARRELL CHILDS, PTT,** **Certificate of Registration No. PT26572** **Respondent.**	**CASE NO. 22-353-PTT-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, November 30, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 25th day of October, 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ANTONIO DARRELL CHILDS, PTT,** **Certificate of Registration No. PT26572** **Respondent.**	**CASE NO. 22-353-PTT-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

ANTONIO DARRELL CHILDS, PTT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of October, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Antonio Darrell Childs, PTT
[redacted] Morning Dew Street
Las Vegas, NV 89117

Darlene Nases
DARLENE NASES

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FILED
APR 26 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. LAS VEGAS SCRIPTS RX, Pharmacy License No. PH03930, NATHAN EDOUARD, RPH, Certificate of Registration No. 19462, and SHERMAN WASHINGTON, MD, Certificate of Registration No. CS24310, Respondents.	CASE NOS. 19-243-PH-S 19-243-RPH-S 19-243-CS-S NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Las Vegas Scripts Rx ("LV Scripts") held a Nevada Pharmacy License No. PH03930, Respondent Nathan Edouard, RPh, ("Edouard") held a Nevada Pharmacist Certificate of Registration No. 19462, and Respondent Sherman Washington, MD, ("Washington") held a Controlled Substance Registration No. CS24310, all issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent LV Scripts is a pharmacy located at 2920 N. Green Valley Parkway, #814, in Henderson, Nevada.

3. Respondent Edouard was/is the owner of LV Scripts and was/is employed as the managing pharmacist during the alleged and relevant timeframes.

4. Respondent Washington was/is a physician who wrote prescriptions with copied signatures filled by LV Scripts during the relevant timeframes.

5. On or about June 10, 2019, LV Scripts received a prescription written by Dr. M.B. for patient M.W. for "Cold Cough & Chest rub 240 grams". The prescription was designated prescription #4000099 and was compounded with Dimethyl Sulfoxide Liquid and Promethazine-Codeine Syrup, which were not written on the prescription. The ingredients and percentages of each drug were not identified on the prescription label.

6. On or about September 25, 2019, Board inspectors completed their annual inspection at LV Scripts. At the inspection, the following violations were discovered:

a. LV Scripts was shipping prescriptions to California and Arizona where LV Scripts is not licensed.

b. LV Scripts appeared to be filling faxed prescriptions that were not signed by practitioners, but contained copied signatures.

c. LV Scripts did not include the required documentation on prescriptions received by telephone from practitioners. The prescriptions also lacked the name(s) of the person(s) who telephoned the prescription, the date(s) the prescription(s) were received and/or the name(s) of the pharmacist(s) who received the order(s).

d. LV Scripts is providing pre-printed prescription forms for marketing purposes in efforts to promote sales to patients and/or practitioners.

e. Respondent Eduoard was improperly documenting prescriptions received by telephone orders on transferred prescriptions.

APPLICABLE LAW

7. A pharmacy must be managed by a registered pharmacist who is responsible for compliance by the pharmacy and personnel with all state, and federal laws and regulations regarding the operation of the pharmacy. NRS 639.220(1).

8. Unprofessional conduct includes a licensee failing strictly to follow the instructions of the prescribing practitioner in filling of and/or placing contents on the label of the prescription. NRS 585.485(2)(b)(1); NAC 639.6703(1)(a); NAC 639.945(1)(c), (d).

9. Unprofessional conduct includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

10. Unprofessional conduct includes a licensee performing any act, task, or operation for which licensure, certification, or registration is required without the required licensure, certification, or registration. NAC 639.945(1)(k).

11. Unprofessional conduct includes the use of secret formulas and failure to strictly follow the instructions of the person writing, making, or ordering a prescription, and to specify the content on the label of the prescription. NAC 639.6703(1)(a); NAC 639.945(1)(c), (d).

12. No pharmacist or owner of a pharmacy may offer an unearned rebate. The furnishing to a practitioner by a pharmacist or pharmacy of prescription blanks bearing the name and address of the pharmacy is an unearned rebate. NRS 639.264.

13. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NRS 639.230; NAC 639.702; NAC 639.945.

14. Respondents are subject to discipline for violations pursuant to NRS 453.236, NRS 453.241, NRS 639.210 and/or NRS 639.255.

COUNT ONE

Unprofessional Conduct – Failure to Strictly Follow Instructions of Prescribing Practitioner (Respondent Edouard)

15. Respondent Edouard engaged in unprofessional conduct when he failed to strictly follow the directions of the prescribing practitioner when compounding prescription #4000099 for patient M.W., which were compounded with Dimethyl Sulfoxide Liquid, a substance not to be used for medicinal purposes on humans, and Promethazine-Codeine Syrup; the ingredients were not written on the prescription in violation of NRS 585.485(2)(b)(1), NAC 639.6703(1)(a), and NAC 639.945(1)(c)(d), and (i), and Respondent Edouard is therefore subject to discipline pursuant to NRS 639.210(4), (12), and/or NRS 639.255.

COUNT TWO

Unprofessional Conduct – Incompetent, Unskillful and Negligent Conduct (Respondents Edouard and Washington)

16. Respondent Edouard engaged in unprofessional conduct and conduct contrary to the public interest, and performed his duties in an incompetent, unskillful or negligent manner when he processed copied signatures on prescriptions for Respondent Washington in violation of NAC 453.440(2), NAC 454.060, and is therefore subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210, and/or NRS 639.255.

17. Respondent Washington engaged in unprofessional conduct and conduct contrary to the public interest, and performed his duties in an incompetent, unskillful or negligent manner when he allowed his copied signature to be used on prescriptions in violation of NAC 453.440(2), NAC 454.060, and is therefore subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210, and/or NRS 639.255.

COUNT THREE

Failure to Properly Document Prescriptions on Telephoned Orders (Respondent Edouard)

18. Respondent Edouard failed to provide proper documentation of telephoned orders in violation of NAC 639.707(1), (2), and (6)(b), and is therefore subject to discipline pursuant to NRS 639.210(12), (15), and/or NRS 639.255.

COUNT FOUR

Unprofessional Conduct – Utilization of Pre-printed Forms as Unearned Rebate
(Respondent Edouard)

19. As a pharmacy owner/pharmacist registered with the Board, Respondent Edouard engaged in unprofessional conduct and conduct contrary to the public interest when he utilized pre-printed forms as unearned rebates in marketing his business in violation of NRS 639.264, NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

COUNT FIVE

Unprofessional Conduct – Unlicensed Activity
(Respondent Edouard)

20. As a pharmacy owner/pharmacist registered with the Board, Respondent Edouard engaged in unprofessional conduct and conduct contrary to the public interest when he shipped prescriptions to California and Arizona without valid licenses in those jurisdictions in violation of NAC 639.945(1)(k), and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

COUNT SIX

Pharmacy/Pharmacy Owner Responsibility
(Respondent LV Scripts)

21. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, LV Scripts is responsible for those violations, including those of the pharmacy's employees, pursuant to NAC 639.702, NAC 639.945(2) and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of license(s)/registration(s) of these Respondents.

Signed this 26th day of APRIL 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NATHAN EDOUARD, RPH,** **Certificate of Registration No. 19462,** **Respondent.**	**CASE NO. 19-243-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, June 1, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 26th day of April, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NATHAN EDOUARD, RPH,** **Certificate of Registration No. 19462,** **Respondent.**	**CASE NO. 19-243-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____
NATHAN EDOUARD, RPH,

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of April 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Sherman Washington, MD
[redacted] S. Rainbow Blvd. Suite 100
Las Vegas, NV 89118

Sherman Washington, MD
Transforming Arts
[redacted] N. Green Valley Pkwy., Suite 114
Henderson, NV 89014

Sherman Washington, MD
[redacted] E Lake Mead Blvd Ste M
North Las Vegas, NV 89030

Nathan Edouard, RPH
2920 N. Green Valley Pkw Bldg. 8 Ste# 814
Henderson, NV 89014

Las Vegas Scripts Rx
2920 N. Green Valley Pkwy #814
Henderson, NV 89014

SHIRLEY HUNTING

RSPN
CHANDON S. ALEXANDER, ESQ.
Nevada Bar No. 12033
SPARTACUS LAW FIRM
2777 S. Paradise Rd., Suite 3006
Las Vegas, Nevada 89109
Phone: (702) 660-1234
Facsimile: (702) 441-1626
Chandon@spartacuslawfirm.com

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY Petitioner, v. LAS VEGAS SCRIPTS RX, Pharmacy License No. PH03930 NATHAN EDOUARD RPH, Certificate of Registration No. 19462, and SHERMAN WASHINGTON, MD., Certificate of Registration CS24310, Respondents.	CASE NO(s).: 19-243-PH-S 19-243-RPH-S 19-243-CS-S

ANSWER TO SPECIFIC ALLEGATIONS CONTAINED IN THE NOTICE OF INTENDED ACTION AND ACCUSTATION

COMES NOW the Petitioners LAS VEGAS SCRIPTS RX, and NATHAN EDOUARD RPH, Respondents and hereby respond as follows:

JURISDICTION

1. Admit.

FACTUAL ALLEGATIONS

2. Admit.
3. Admit.
4. Respondent is without knowledge and therefore denied.
5. Denied.

SPARTACUS LAW FIRM
2777 S. Paradise Rd.; Suite 3006
Las Vegas, NV 89109
P: 702-660-1234 F: (702) 441-1626

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Las Vegas, NV 89109
P: 702-660-1234 F: (702) 441-1626

6. Respondent is without knowledge and therefore denied, this response is applicable to all sub-elements of this allegation.

APPLICABLE LAW

7. Paragraph 7 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 7 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.
8. Paragraph 8 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 8 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.
9. Paragraph 9 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 9 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.
10. Paragraph 10 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 10 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.

SPARTACUS LAW FIRM
2777 S. Paradise Rd.; Suite 3006
Las Vegas, NV 89109
P: 702-660-1234 F: (702) 441-1626

11. Paragraph 11 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 11 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.
12. Paragraph 12 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 12 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.
13. Paragraph 13 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 13 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.
14. Denied.

COUNT ONE

15. Respondent is without knowledge and therefore denies.

COUNT TWO

16. Respondent is without knowledge and therefore denies.
17. Respondent is without knowledge and therefore denies.

COUNT THREE

18. Said allegations are vague, ambiguous, and incorrect and therefore denied.

COUNT FOUR

19. Respondent is without knowledge and therefore denies.

COUNT FIVE

20. Said allegations are vague, ambiguous, and incorrect and therefore are denied.

COUNT SIX

21. Denied.

DATED on this 17th day of June, 2022.

SPARTACUS LAW FIRM

/s/Chandon S. Alexander
CHANDON S. ALEXANDER, ESQ.
Nevada Bar #12033
2777 S. Paradise Rd., Suite 3006
Las Vegas, NV 89109

SPARTACUS LAW FIRM
2777 S. Paradise Rd.; Suite 3006
Las Vegas, NV 89109
P: 702-660-1234 F: (702) 441-1626

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LAS VEGAS SCRIPTS RX,** **Pharmacy License No. PH03930,** **NATHAN EDOUARD, RPH,** **Certificate of Registration No. 19462, and** **SHERMAN WASHINGTON, MD,** **Certificate of Registration No. CS24310,** **Respondents.**	**CASE NOS. 19-243-PH-S** **19-243-RPH-S** **19-243-CS-S** **STIPULATED FACTS**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Las Vegas Scripts Rx ("LV Scripts"), Pharmacy License No. PH03930, and Nathan Edouard, RPh ("Edouard"), Certificate of Registration No. 19462, by and through counsel, Alexander Chandon, Esq. of Spartacus Law Firm, and Sherman Washington, MD ("Washington"), by and through counsel Michael Mee, Esq., **HEREBY STIPULATE AND AGREE TO THE FOLLOWING FACTS**:

1. The Board has jurisdiction over Respondents and this matter.

2. Respondent Las Vegas Scripts Rx is a pharmacy located 2920 N. Green Valley Parkway, #814, in Henderson, Nevada.

3. Respondent Edouard was/is the owner of LV Scripts and was/is employed as the managing pharmacist during the alleged and relevant timeframes.

4. Respondent Washington was/is a physician who wrote prescriptions with copied signatures filled by LV Scripts during the relevant timeframes.

5. On or about June 10, 2019, LV Scripts received a prescription written by Dr. M.B. for patient M.W. for "Cold Cough & Chest rub 240 grams". The prescription was designated prescription #4000099 and was compounded with Dimethyl Sulfoxide Liquid and Promethazine-Codeine Syrup, which were not written on the prescription.

6. On or about September 25, 2019, Board inspectors completed their annual inspection at LV Scripts. At the inspection, the following violations were discovered:

a. LV Scripts was shipping prescriptions to California and Arizona where LV Scripts is not licensed.

b. LV Scripts appeared to be filling faxed prescriptions that were not signed by practitioners, but contained copied signatures.

c. LV Scripts did not include the required documentation on prescriptions received by telephone from practitioners. The prescriptions also lacked the name(s) of the person(s) who telephoned the prescription, the date(s) the prescription(s) were received and/or the name(s) of the pharmacist(s) who received the order(s).

d. LV Scripts is providing pre-printed prescription forms.

e. Respondent Eduoard was improperly documenting prescriptions received by telephone orders on transferred prescriptions.

///

///

///

AGREED:

APPROVED AS TO FORM AND CONTENT

this 24th day of August, 2022

ALEXANDER CHANDON, ESQ.
Counsel for Respondents Las Vegas Scripts Rx and Nathan Edouard, RPh

Signed this ___ day of August, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

AGREED:

APPROVED AS TO FORM
AND CONTENT

this 24th day of August, 2022

ALEXANDER CHANDON, ESQ.
Counsel for Respondents Las Vegas
Scripts Rx and Nathan Edouard, RPh

Signed this 24th day of August, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

FILED
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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LAS VEGAS SCRIPTS RX,** **Pharmacy License No. PH03930,** **NATHAN EDOUARD, RPH,** **Certificate of Registration No. 19462, and** **SHERMAN WASHINGTON, MD,** **Certificate of Registration No. CS24310,** **Respondents.**	**CASE NOS. 19-243-PH-S** **19-243-RPH-S** **19-243-CS-S** **FINDINGS OF FACTS, CONCLUSIONS OF LAW, AND ORDER FOR RESPONDENTS LAS VEGAS SCRIPTS RX, AND NATHAN EDOUARD, RPH ONLY**

This matter came before the Nevada State Board of Pharmacy ("Board") at its regularly scheduled meeting on Thursday, September 8, 2022, in Las Vegas, Nevada. Courtney K. Lee, Esq., appeared on behalf of Petitioner Board. Respondent Las Vegas Scripts, Rx ("LV Scripts"), Pharmacy License No. PH03930, and Nathan Edouard, RPH ("Edouard"), appeared jointly through counsel Chandon Alexander, Esq. of Spartacus Law Firm. Respondent Sherman Washington, MD ("Washington"), appeared through counsel Michael Mee, Esq., and agreed to a separately executed Stipulation and Order. Upon hearing the case, and based upon the evidence presented, the Board determined the following Findings of Facts, Conclusions of Law, and Order ("Order").

FINDINGS OF FACTS

The allegations against Respondents, as stated in the Notice of Intended Action and Accusation ("Accusation") on file herein, and upon which the Board determined findings of facts, incorporated along with the parties' stipulated facts, are as follows:

1. The Board has jurisdiction over Respondents because at the time of the events alleged herein, Respondent LV Scripts held Pharmacy License No. PH03930 with the Board, and

Respondent Edouard held a pharmacist registration, Certificate of Registration No. 19462 with the Board.

2. Respondent LV Scripts Rx is a pharmacy located 2920 N. Green Valley Parkway, #814, in Henderson, Nevada.

3. Respondent Edouard was/is the owner of LV Scripts and was/is employed as the managing pharmacist during the alleged and relevant timeframes.

4. Respondent Washington was/is a physician who wrote prescriptions with copied signatures filled by LV Scripts during the relevant timeframes.

5. On or about June 10, 2019, LV Scripts received a prescription written by Dr. M.B. for patient M.W. for "Cold Cough & Chest rub 240 grams". The prescription was designated prescription #4000099 and was compounded with Dimethyl Sulfoxide Liquid and Promethazine-Codeine Syrup, which were not written on the prescription.

6. On or about September 25, 2019, Board inspectors completed their annual inspection at LV Scripts. At the inspection, the following violations were discovered:

a. LV Scripts appeared to be filling faxed, hand-delivered, or picked up prescriptions that were not signed by practitioners, but contained copied signatures.

b. LV Scripts is providing pre-printed prescription forms.

c. Respondent Edouard failed to provide proper documentation of telephoned orders.

/ / /

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/ / /

CONCLUSIONS OF LAW

Based upon the foregoing findings of facts, the Board concludes as a matter of law:

7. Respondent Edouard engaged in unprofessional conduct when he failed to strictly follow the directions of the prescribing practitioner when compounding prescription #4000099 for patient M.W., which were compounded with Dimethyl Sulfoxide Liquid, a substance not to be used for medicinal purposes on humans, and Promethazine-Codeine Syrup; the ingredients were not written on the prescription in violation of NRS 585.485(2)(b)(1), NAC 639.6703(1)(a), and NAC 639.945(1)(c)(d), and (i), and Respondent Edouard is therefore subject to discipline pursuant to NRS 639.210(4), (12), and/or NRS 639.255.

8. Respondent Edouard engaged in unprofessional conduct and conduct contrary to the public interest, and performed his duties in an incompetent, unskillful or negligent manner when he processed copied signatures on prescriptions for Respondent Washington in violation of NAC 453.440(2), NAC 454.060, and is therefore subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210, and/or NRS 639.255.

9. Respondent Edouard failed to provide proper documentation of telephoned orders in violation of NAC 639.712, and is therefore subject to discipline pursuant to NRS 639.210(12), (15), and/or NRS 639.255.

10. As a pharmacy owner/pharmacist registered with the Board, Respondent Edouard engaged in unprofessional conduct and conduct contrary to the public interest when he utilized pre-printed forms as unearned rebates in marketing his business in violation of NRS 639.264, NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

11. As the pharmacy at which the violations of law alleged herein occurred, Respondent LV Scripts is responsible for those violations, including those of the pharmacy's employees, pursuant to NAC 639.702, NAC 639.945(2) and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

/ / /

ORDER

THEREFORE, BASED UPON THE FINDINGS OF FACTS, AND CONCLUSIONS OF LAW, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. Respondent LV Scripts' Pharmacy License No. PH03930 is revoked; however, the revocation is immediately stayed. Respondent LV Scripts shall be placed on probation for two (2) years from the date of entry of the Order. During the 2-year probationary period, Respondent LV Scripts shall not violate any federal or state law pertaining to the dispensing of controlled substances and/or dangerous drugs. If Respondent LV Scripts successfully completes the conditions of the probationary period, then after 2 years, Respondent's Pharmacy License No. PH03930 shall be fully restored.

2. Respondent LV Scripts shall pay fines of Ten Thousand Dollars ($10,000) for the violations by *personal check, business check*, *cashier's check* or *certified check* or *money order* made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, on the following payment schedule:

Due Date	Amount
10/1/2022	$1,000
11/1/2022	$1,000
12/1/2022	$1,000
1/1/2023	$1,000
2/1/2023	$1,000
3/1/2023	$1,000
4/1/2023	$1,000
5/1/2023	$1,000
6/1/2023	$1,000

7/1/2023	$1,000
***TOTAL**	**$10,000**

*Respondent LV Scripts may pre-pay a portion or all of the fines without penalty.

3. Respondent LV Scripts shall pay attorney's fees and investigative costs of Nine Hundred-Forty Dollars and Fifty Cents ($940.50) by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "**Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days upon entry of Order.

4. Respondent LV Scripts shall be subject to quarterly inspections by Board's staff for a period of two (2) years from entry of Order at Respondent LV Scripts' cost, not to exceed Five Hundred Dollars ($500) for each quarterly inspection.

5. Respondent LV Scripts shall ensure that all pharmacist staff who will engage in compounding have completed compounding training approved by Board staff pursuant to NAC 639.67013 within six (6) months of entry of Order.

6. Respondent Edouard's pharmacist registration, Certification of Registration No. 19462 is revoked; however, the revocation is immediately stayed. Respondent Edouard shall be placed on probation for five (5) years from the date of entry of the Order. During the 5-year probationary period, Respondent Edouard shall not violate any federal or state law pertaining to the dispensing of controlled substances and/or dangerous drugs. If Respondent Edouard successfully completes the conditions of the probationary period, then after 5 years, Respondent's Certificate of Registration No. 19462 shall be fully restored.

7. Respondent Edouard shall not be a managing pharmacist for any pharmacy for a period of two (2) years from entry of Order.

8. Respondent Edouard shall pay fines of Five Thousand Dollars ($5,000) for the violations by *personal check, business check*, *cashier's check* or *certified check* or *money order* made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's

Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, on the following payment schedule:

Due Date	Amount
10/1/2022	$1,000
11/1/2022	$1,000
12/1/2022	$1,000
1/1/2023	$1,000
2/1/2023	$1,000
***TOTAL**	**$5,000**

*Respondent Edouard may pre-pay a portion or all of the fines without penalty.

9. Respondent Edouard shall pay attorney's fees and investigative costs of Nine Hundred Dollars ($900) by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "**Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days upon entry of Order.

10. Respondent Edouard must complete two (2) additional hours of continuing education by attending two (2) discipline days of Board meetings within one (1) year upon entry of Order.

11. This Order shall be a public record pursuant to NRS 622.330, and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r-2 and 45 CFR Part 60.

12. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next scheduled Board meeting for hearing. If the show cause hearing results in a finding of a violation of this Order by any

Respondent, then the Board may impose additional discipline upon any Respondent consistent with NRS Chapter 639

13. This Order is effective immediately.

IT IS SO ORDERED.

Entered this 8th day of September, 2022.

Helen Park, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 23nd day of September 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Las Vegas Scripts Rx
2920 N. Green Valley Pkwy Ste 814
Henderson, NV 89014

9171 9690 0935 0270 0152 51

Nathan Edouard
2920 N. Green Valley Pkwy Ste 814
Henderson, NV 89014

9171 9690 0935 0270 0152 44

Chandon Alexander
2777 Paradise Rd, Suite 3006
Las Vegas, NV 89109

9171 9690 0935 0270 0152 37

KRISTOPHER MANGOSING

Kristopher Mangosing

To: Courtney K. Lee
Subject: RE: Dr. Nathan Edouard

From: David Wuest <dwuest@pharmacy.nv.gov>
Sent: Monday, September 26, 2022 11:55 AM
To: Courtney K. Lee <c.lee@pharmacy.nv.gov>; Chandon Alexander <chandon@spartacuslawfirm.com>; Brett Kandt <bkandt@pharmacy.nv.gov>
Cc: Yenh Long <ylong@pharmacy.nv.gov>
Subject: RE: Dr. Nathan Edouard

Mr. Alexander.

Per our conversation, I will grant an extension until October 24th for your petition for reconsideration on this case.

Respectfully,

Dave

J. David Wuest
Executive Secretary
Nevada State Board of Pharmacy

Kristopher Mangosing

To: Courtney K. Lee
Subject: RE: Official request for Reconsideration - Las Vegas Scripts/ Nathan Edouard

From: Dr. Nathan Edouard <dredouard@lvscripts.com>
Sent: Monday, October 24, 2022 3:38 PM
To: David Wuest <dwuest@pharmacy.nv.gov>
Subject: Official request for Reconsideration - Las Vegas Scripts/ Nathan Edouard

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Mr. Wuest,

I'm circling back as per prior communication to officially request a reconsideration of my case. Also to ask when will the reconsideration hearing take place? When is my supporting documentation/exhibits required to be submitted? I'm still working on compiling everything, but wanted to make sure I submit everything to you by any required deadline.

Thank you kindly,
Nathan

Get Outlook for iOS

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NOV 10 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

LAS VEGAS SCRIPTS RX,
Pharmacy License No. PH03930,

NATHAN EDOUARD, RPH,
Certificate of Registration No. 19462, and

SHERMAN WASHINGTON, MD,
Certificate of Registration No. CS24310,

Respondents.

CASE NOS. 19-243-PH-S
19-243-RPH-S
19-243-CS-S

ORDER GRANTING RESPONDENTS' LAS VEGAS SCRIPTS RX, AND NATHAN EDOUARD, RPH PETITION/MOTION FOR PARTIAL RECONSIDERATION

This matter came before the Nevada State Board of Pharmacy ("Board") at its meeting on Thursday, September 8, 2022, in Las Vegas, Nevada. Courtney K. Lee, Esq., appeared on behalf of Petitioner Board. Respondent Las Vegas Scripts, Rx ("LV Scripts"), Pharmacy License No. PH03930, and Nathan Edouard, RPH ("Edouard"), appeared jointly through counsel Chandon Alexander, Esq. ("Alexander") of Spartacus Law Firm. Mr. Alexander has subsequently withdrawn as counsel of record, and both Respondents, LV Scripts and Edouard, are representing themselves, *in proper person*. An extension of time was granted for Respondents to serve and file a petition/motion for reconsideration to October 24, 2022, which request was received by email on or about October 24, 2022. The presiding officer of the Board, pursuant to NRS 233B.130(4) and NRS 622A.390(5)(c) has granted the petition/motion to partially reconsider the Findings of Facts, Conclusions of Law, and Order ("Order") entered on or about September 8, 2022 ONLY as it pertains to paragraphs 7 and 10 of the Conclusions of Law of the Order.

IT IS SO ORDERED.

Entered this 10th day of November, 2022.

Helen Park, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 15th day of November 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Las Vegas Scripts Rx
2920 N. Green Valley Pkwy Ste 814
Henderson, NV 89014

9171 9690 0935 0279 3112 93

Nathan Edouard
2920 N. Green Valley Pkwy Ste 814
Henderson, NV 89014

9171 9690 0935 0279 3113 09

KRISTOPHER MANGOSING

8B

FILED
APR 26 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. LAS VEGAS SCRIPTS RX, Pharmacy License No. PH03930, NATHAN EDOUARD, RPH, Certificate of Registration No. 19462, and SHERMAN WASHINGTON, MD, Certificate of Registration No. CS24310, Respondents.	CASE NOS. 19-243-PH-S 19-243-RPH-S 19-243-CS-S NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Las Vegas Scripts Rx ("LV Scripts") held a Nevada Pharmacy License No. PH03930, Respondent Nathan Edouard, RPh, ("Edouard") held a Nevada Pharmacist Certificate of Registration No. 19462, and Respondent Sherman Washington, MD, ("Washington") held a Controlled Substance Registration No. CS24310, all issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent LV Scripts is a pharmacy located at 2920 N. Green Valley Parkway, #814, in Henderson, Nevada.

3. Respondent Edouard was/is the owner of LV Scripts and was/is employed as the managing pharmacist during the alleged and relevant timeframes.

4. Respondent Washington was/is a physician who wrote prescriptions with copied signatures filled by LV Scripts during the relevant timeframes.

5. On or about June 10, 2019, LV Scripts received a prescription written by Dr. M.B. for patient M.W. for "Cold Cough & Chest rub 240 grams". The prescription was designated prescription #4000099 and was compounded with Dimethyl Sulfoxide Liquid and Promethazine-Codeine Syrup, which were not written on the prescription. The ingredients and percentages of each drug were not identified on the prescription label.

6. On or about September 25, 2019, Board inspectors completed their annual inspection at LV Scripts. At the inspection, the following violations were discovered:

a. LV Scripts was shipping prescriptions to California and Arizona where LV Scripts is not licensed.

b. LV Scripts appeared to be filling faxed prescriptions that were not signed by practitioners, but contained copied signatures.

c. LV Scripts did not include the required documentation on prescriptions received by telephone from practitioners. The prescriptions also lacked the name(s) of the person(s) who telephoned the prescription, the date(s) the prescription(s) were received and/or the name(s) of the pharmacist(s) who received the order(s).

d. LV Scripts is providing pre-printed prescription forms for marketing purposes in efforts to promote sales to patients and/or practitioners.

e. Respondent Eduoard was improperly documenting prescriptions received by telephone orders on transferred prescriptions.

APPLICABLE LAW

7. A pharmacy must be managed by a registered pharmacist who is responsible for compliance by the pharmacy and personnel with all state, and federal laws and regulations regarding the operation of the pharmacy. NRS 639.220(1).

8. Unprofessional conduct includes a licensee failing strictly to follow the instructions of the prescribing practitioner in filling of and/or placing contents on the label of the prescription. NRS 585.485(2)(b)(1); NAC 639.6703(1)(a); NAC 639.945(1)(c), (d).

9. Unprofessional conduct includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

10. Unprofessional conduct includes a licensee performing any act, task, or operation for which licensure, certification, or registration is required without the required licensure, certification, or registration. NAC 639.945(1)(k).

11. Unprofessional conduct includes the use of secret formulas and failure to strictly follow the instructions of the person writing, making, or ordering a prescription, and to specify the content on the label of the prescription. NAC 639.6703(1)(a); NAC 639.945(1)(c), (d).

12. No pharmacist or owner of a pharmacy may offer an unearned rebate. The furnishing to a practitioner by a pharmacist or pharmacy of prescription blanks bearing the name and address of the pharmacy is an unearned rebate. NRS 639.264.

13. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NRS 639.230; NAC 639.702; NAC 639.945.

14. Respondents are subject to discipline for violations pursuant to NRS 453.236, NRS 453.241, NRS 639.210 and/or NRS 639.255.

COUNT ONE

Unprofessional Conduct – Failure to Strictly Follow Instructions of Prescribing Practitioner (Respondent Edouard)

15. Respondent Edouard engaged in unprofessional conduct when he failed to strictly follow the directions of the prescribing practitioner when compounding prescription #4000099 for patient M.W., which were compounded with Dimethyl Sulfoxide Liquid, a substance not to be used for medicinal purposes on humans, and Promethazine-Codeine Syrup; the ingredients were not written on the prescription in violation of NRS 585.485(2)(b)(1), NAC 639.6703(1)(a), and NAC 639.945(1)(c)(d), and (i), and Respondent Edouard is therefore subject to discipline pursuant to NRS 639.210(4), (12), and/or NRS 639.255.

COUNT TWO

Unprofessional Conduct – Incompetent, Unskillful and Negligent Conduct (Respondents Edouard and Washington)

16. Respondent Edouard engaged in unprofessional conduct and conduct contrary to the public interest, and performed his duties in an incompetent, unskillful or negligent manner when he processed copied signatures on prescriptions for Respondent Washington in violation of NAC 453.440(2), NAC 454.060, and is therefore subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210, and/or NRS 639.255.

17. Respondent Washington engaged in unprofessional conduct and conduct contrary to the public interest, and performed his duties in an incompetent, unskillful or negligent manner when he allowed his copied signature to be used on prescriptions in violation of NAC 453.440(2), NAC 454.060, and is therefore subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210, and/or NRS 639.255.

COUNT THREE

Failure to Properly Document Prescriptions on Telephoned Orders (Respondent Edouard)

18. Respondent Edouard failed to provide proper documentation of telephoned orders in violation of NAC 639.707(1), (2), and (6)(b), and is therefore subject to discipline pursuant to NRS 639.210(12), (15), and/or NRS 639.255.

COUNT FOUR

Unprofessional Conduct – Utilization of Pre-printed Forms as Unearned Rebate
(Respondent Edouard)

19. As a pharmacy owner/pharmacist registered with the Board, Respondent Edouard engaged in unprofessional conduct and conduct contrary to the public interest when he utilized pre-printed forms as unearned rebates in marketing his business in violation of NRS 639.264, NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

COUNT FIVE

Unprofessional Conduct – Unlicensed Activity
(Respondent Edouard)

20. As a pharmacy owner/pharmacist registered with the Board, Respondent Edouard engaged in unprofessional conduct and conduct contrary to the public interest when he shipped prescriptions to California and Arizona without valid licenses in those jurisdictions in violation of NAC 639.945(1)(k), and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

COUNT SIX

Pharmacy/Pharmacy Owner Responsibility
(Respondent LV Scripts)

21. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, LV Scripts is responsible for those violations, including those of the pharmacy's employees, pursuant to NAC 639.702, NAC 639.945(2) and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of license(s)/registration(s) of these Respondents.

Signed this 26th day of APRIL 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NATHAN EDOUARD, RPH,** **Certificate of Registration No. 19462,** **Respondent.**	**CASE NO. 19-243-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, June 1, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 26th day of April, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NATHAN EDOUARD, RPH,** **Certificate of Registration No. 19462,** **Respondent.**	**CASE NO. 19-243-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____
NATHAN EDOUARD, RPH,

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of April 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Sherman Washington, MD
[redacted] S. Rainbow Blvd. Suite 100
Las Vegas, NV 89118

Sherman Washington, MD
Transforming Arts
[redacted] N. Green Valley Pkwy., Suite 114
Henderson, NV 89014

Sherman Washington, MD
[redacted] E Lake Mead Blvd Ste M
North Las Vegas, NV 89030

Nathan Edouard, RPH
2920 N. Green Valley Pkw Bldg. 8 Ste# 814
Henderson, NV 89014

Las Vegas Scripts Rx
2920 N. Green Valley Pkwy #814
Henderson, NV 89014

SHIRLEY HUNTING

SPARTACUS LAW FIRM
2777 S. Paradise Rd.; Suite 3006
Las Vegas, NV 89109
P: 702-660-1234 F: (702) 441-1626

RSPN
CHANDON S. ALEXANDER, ESQ.
Nevada Bar No. 12033
SPARTACUS LAW FIRM
2777 S. Paradise Rd., Suite 3006
Las Vegas, Nevada 89109
Phone: (702) 660-1234
Facsimile: (702) 441-1626
Chandon@spartacuslawfirm.com

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY Petitioner, v. LAS VEGAS SCRIPTS RX, Pharmacy License No. PH03930 NATHAN EDOUARD RPH, Certificate of Registration No. 19462, and SHERMAN WASHINGTON, MD., Certificate of Registration CS24310, Respondents.	CASE NO(s).: 19-243-PH-S 19-243-RPH-S 19-243-CS-S

ANSWER TO SPECIFIC ALLEGATIONS CONTAINED IN THE NOTICE OF INTENDED ACTION AND ACCUSTATION

COMES NOW the Petitioners LAS VEGAS SCRIPTS RX, and NATHAN EDOUARD RPH, Respondents and hereby respond as follows:

JURISDICTION

1. Admit.

FACTUAL ALLEGATIONS

2. Admit.
3. Admit.
4. Respondent is without knowledge and therefore denied.
5. Denied.

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Las Vegas, NV 89109
P: 702-660-1234 F: (702) 441-1626

6. Respondent is without knowledge and therefore denied, this response is applicable to all sub-elements of this allegation.

APPLICABLE LAW

7. Paragraph 7 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 7 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.
8. Paragraph 8 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 8 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.
9. Paragraph 9 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 9 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.
10. Paragraph 10 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 10 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.

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Las Vegas, NV 89109
P: 702-660-1234 F: (702) 441-1626

11. Paragraph 11 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 11 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.
12. Paragraph 12 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 12 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.
13. Paragraph 13 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 13 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.
14. Denied.

COUNT ONE

15. Respondent is without knowledge and therefore denies.

COUNT TWO

16. Respondent is without knowledge and therefore denies.
17. Respondent is without knowledge and therefore denies.

COUNT THREE

18. Said allegations are vague, ambiguous, and incorrect and therefore denied.

COUNT FOUR

19. Respondent is without knowledge and therefore denies.

COUNT FIVE

20. Said allegations are vague, ambiguous, and incorrect and therefore are denied.

COUNT SIX

21. Denied.

DATED on this 17th day of June, 2022.

SPARTACUS LAW FIRM

/s/Chandon S. Alexander
CHANDON S. ALEXANDER, ESQ.
Nevada Bar #12033
2777 S. Paradise Rd., Suite 3006
Las Vegas, NV 89109

SPARTACUS LAW FIRM
2777 S. Paradise Rd.; Suite 3006
Las Vegas, NV 89109
P: 702-660-1234 F: (702) 441-1626

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LAS VEGAS SCRIPTS RX,** **Pharmacy License No. PH03930,** **NATHAN EDOUARD, RPH,** **Certificate of Registration No. 19462, and** **SHERMAN WASHINGTON, MD,** **Certificate of Registration No. CS24310,** **Respondents.**	**CASE NOS. 19-243-PH-S** **19-243-RPH-S** **19-243-CS-S** **STIPULATED FACTS**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Las Vegas Scripts Rx ("LV Scripts"), Pharmacy License No. PH03930, and Nathan Edouard, RPh ("Edouard"), Certificate of Registration No. 19462, by and through counsel, Alexander Chandon, Esq. of Spartacus Law Firm, and Sherman Washington, MD ("Washington"), by and through counsel Michael Mee, Esq., **HEREBY STIPULATE AND AGREE TO THE FOLLOWING FACTS**:

1. The Board has jurisdiction over Respondents and this matter.

2. Respondent Las Vegas Scripts Rx is a pharmacy located 2920 N. Green Valley Parkway, #814, in Henderson, Nevada.

3. Respondent Edouard was/is the owner of LV Scripts and was/is employed as the managing pharmacist during the alleged and relevant timeframes.

4. Respondent Washington was/is a physician who wrote prescriptions with copied signatures filled by LV Scripts during the relevant timeframes.

5. On or about June 10, 2019, LV Scripts received a prescription written by Dr. M.B. for patient M.W. for "Cold Cough & Chest rub 240 grams". The prescription was designated prescription #4000099 and was compounded with Dimethyl Sulfoxide Liquid and Promethazine-Codeine Syrup, which were not written on the prescription.

6. On or about September 25, 2019, Board inspectors completed their annual inspection at LV Scripts. At the inspection, the following violations were discovered:

a. LV Scripts was shipping prescriptions to California and Arizona where LV Scripts is not licensed.

b. LV Scripts appeared to be filling faxed prescriptions that were not signed by practitioners, but contained copied signatures.

c. LV Scripts did not include the required documentation on prescriptions received by telephone from practitioners. The prescriptions also lacked the name(s) of the person(s) who telephoned the prescription, the date(s) the prescription(s) were received and/or the name(s) of the pharmacist(s) who received the order(s).

d. LV Scripts is providing pre-printed prescription forms.

e. Respondent Eduoard was improperly documenting prescriptions received by telephone orders on transferred prescriptions.

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AGREED:

APPROVED AS TO FORM AND CONTENT

this 24th day of August, 2022

ALEXANDER CHANDON, ESQ.
Counsel for Respondents Las Vegas Scripts Rx and Nathan Edouard, RPh

Signed this ___ day of August, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

AGREED:

APPROVED AS TO FORM
AND CONTENT

this 24th day of August, 2022

ALEXANDER CHANDON, ESQ.
Counsel for Respondents Las Vegas
Scripts Rx and Nathan Edouard, RPh

Signed this 24th day of August, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

FILED
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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LAS VEGAS SCRIPTS RX,** **Pharmacy License No. PH03930,** **NATHAN EDOUARD, RPH,** **Certificate of Registration No. 19462, and** **SHERMAN WASHINGTON, MD,** **Certificate of Registration No. CS24310,** **Respondents.**	**CASE NOS. 19-243-PH-S** **19-243-RPH-S** **19-243-CS-S** **FINDINGS OF FACTS, CONCLUSIONS OF LAW, AND ORDER FOR RESPONDENTS LAS VEGAS SCRIPTS RX, AND NATHAN EDOUARD, RPH ONLY**

This matter came before the Nevada State Board of Pharmacy ("Board") at its regularly scheduled meeting on Thursday, September 8, 2022, in Las Vegas, Nevada. Courtney K. Lee, Esq., appeared on behalf of Petitioner Board. Respondent Las Vegas Scripts, Rx ("LV Scripts"), Pharmacy License No. PH03930, and Nathan Edouard, RPH ("Edouard"), appeared jointly through counsel Chandon Alexander, Esq. of Spartacus Law Firm. Respondent Sherman Washington, MD ("Washington"), appeared through counsel Michael Mee, Esq., and agreed to a separately executed Stipulation and Order. Upon hearing the case, and based upon the evidence presented, the Board determined the following Findings of Facts, Conclusions of Law, and Order ("Order").

FINDINGS OF FACTS

The allegations against Respondents, as stated in the Notice of Intended Action and Accusation ("Accusation") on file herein, and upon which the Board determined findings of facts, incorporated along with the parties' stipulated facts, are as follows:

1. The Board has jurisdiction over Respondents because at the time of the events alleged herein, Respondent LV Scripts held Pharmacy License No. PH03930 with the Board, and

Respondent Edouard held a pharmacist registration, Certificate of Registration No. 19462 with the Board.

2. Respondent LV Scripts Rx is a pharmacy located 2920 N. Green Valley Parkway, #814, in Henderson, Nevada.

3. Respondent Edouard was/is the owner of LV Scripts and was/is employed as the managing pharmacist during the alleged and relevant timeframes.

4. Respondent Washington was/is a physician who wrote prescriptions with copied signatures filled by LV Scripts during the relevant timeframes.

5. On or about June 10, 2019, LV Scripts received a prescription written by Dr. M.B. for patient M.W. for "Cold Cough & Chest rub 240 grams". The prescription was designated prescription #4000099 and was compounded with Dimethyl Sulfoxide Liquid and Promethazine-Codeine Syrup, which were not written on the prescription.

6. On or about September 25, 2019, Board inspectors completed their annual inspection at LV Scripts. At the inspection, the following violations were discovered:

a. LV Scripts appeared to be filling faxed, hand-delivered, or picked up prescriptions that were not signed by practitioners, but contained copied signatures.

b. LV Scripts is providing pre-printed prescription forms.

c. Respondent Edouard failed to provide proper documentation of telephoned orders.

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/ / /

CONCLUSIONS OF LAW

Based upon the foregoing findings of facts, the Board concludes as a matter of law:

7. Respondent Edouard engaged in unprofessional conduct when he failed to strictly follow the directions of the prescribing practitioner when compounding prescription #4000099 for patient M.W., which were compounded with Dimethyl Sulfoxide Liquid, a substance not to be used for medicinal purposes on humans, and Promethazine-Codeine Syrup; the ingredients were not written on the prescription in violation of NRS 585.485(2)(b)(1), NAC 639.6703(1)(a), and NAC 639.945(1)(c)(d), and (i), and Respondent Edouard is therefore subject to discipline pursuant to NRS 639.210(4), (12), and/or NRS 639.255.

8. Respondent Edouard engaged in unprofessional conduct and conduct contrary to the public interest, and performed his duties in an incompetent, unskillful or negligent manner when he processed copied signatures on prescriptions for Respondent Washington in violation of NAC 453.440(2), NAC 454.060, and is therefore subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210, and/or NRS 639.255.

9. Respondent Edouard failed to provide proper documentation of telephoned orders in violation of NAC 639.712, and is therefore subject to discipline pursuant to NRS 639.210(12), (15), and/or NRS 639.255.

10. As a pharmacy owner/pharmacist registered with the Board, Respondent Edouard engaged in unprofessional conduct and conduct contrary to the public interest when he utilized pre-printed forms as unearned rebates in marketing his business in violation of NRS 639.264, NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

11. As the pharmacy at which the violations of law alleged herein occurred, Respondent LV Scripts is responsible for those violations, including those of the pharmacy's employees, pursuant to NAC 639.702, NAC 639.945(2) and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

/ / /

ORDER

THEREFORE, BASED UPON THE FINDINGS OF FACTS, AND CONCLUSIONS OF LAW, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. Respondent LV Scripts' Pharmacy License No. PH03930 is revoked; however, the revocation is immediately stayed. Respondent LV Scripts shall be placed on probation for two (2) years from the date of entry of the Order. During the 2-year probationary period, Respondent LV Scripts shall not violate any federal or state law pertaining to the dispensing of controlled substances and/or dangerous drugs. If Respondent LV Scripts successfully completes the conditions of the probationary period, then after 2 years, Respondent's Pharmacy License No. PH03930 shall be fully restored.

2. Respondent LV Scripts shall pay fines of Ten Thousand Dollars ($10,000) for the violations by *personal check, business check*, *cashier's check* or *certified check* or *money order* made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, on the following payment schedule:

Due Date	Amount
10/1/2022	$1,000
11/1/2022	$1,000
12/1/2022	$1,000
1/1/2023	$1,000
2/1/2023	$1,000
3/1/2023	$1,000
4/1/2023	$1,000
5/1/2023	$1,000
6/1/2023	$1,000

7/1/2023	$1,000
***TOTAL**	**$10,000**

*Respondent LV Scripts may pre-pay a portion or all of the fines without penalty.

3. Respondent LV Scripts shall pay attorney's fees and investigative costs of Nine Hundred-Forty Dollars and Fifty Cents ($940.50) by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "**Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days upon entry of Order.

4. Respondent LV Scripts shall be subject to quarterly inspections by Board's staff for a period of two (2) years from entry of Order at Respondent LV Scripts' cost, not to exceed Five Hundred Dollars ($500) for each quarterly inspection.

5. Respondent LV Scripts shall ensure that all pharmacist staff who will engage in compounding have completed compounding training approved by Board staff pursuant to NAC 639.67013 within six (6) months of entry of Order.

6. Respondent Edouard's pharmacist registration, Certification of Registration No. 19462 is revoked; however, the revocation is immediately stayed. Respondent Edouard shall be placed on probation for five (5) years from the date of entry of the Order. During the 5-year probationary period, Respondent Edouard shall not violate any federal or state law pertaining to the dispensing of controlled substances and/or dangerous drugs. If Respondent Edouard successfully completes the conditions of the probationary period, then after 5 years, Respondent's Certificate of Registration No. 19462 shall be fully restored.

7. Respondent Edouard shall not be a managing pharmacist for any pharmacy for a period of two (2) years from entry of Order.

8. Respondent Edouard shall pay fines of Five Thousand Dollars ($5,000) for the violations by *personal check, business check*, *cashier's check* or *certified check* or *money order* made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's

Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, on the following payment schedule:

Due Date	Amount
10/1/2022	$1,000
11/1/2022	$1,000
12/1/2022	$1,000
1/1/2023	$1,000
2/1/2023	$1,000
***TOTAL**	**$5,000**

*Respondent Edouard may pre-pay a portion or all of the fines without penalty.

9. Respondent Edouard shall pay attorney's fees and investigative costs of Nine Hundred Dollars ($900) by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "**Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days upon entry of Order.

10. Respondent Edouard must complete two (2) additional hours of continuing education by attending two (2) discipline days of Board meetings within one (1) year upon entry of Order.

11. This Order shall be a public record pursuant to NRS 622.330, and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r-2 and 45 CFR Part 60.

12. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next scheduled Board meeting for hearing. If the show cause hearing results in a finding of a violation of this Order by any

Respondent, then the Board may impose additional discipline upon any Respondent consistent with NRS Chapter 639

13. This Order is effective immediately.

IT IS SO ORDERED.

Entered this 8th day of September, 2022.

Helen Park, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 23nd day of September 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Las Vegas Scripts Rx
2920 N. Green Valley Pkwy Ste 814
Henderson, NV 89014

9171 9690 0935 0270 0152 51

Nathan Edouard
2920 N. Green Valley Pkwy Ste 814
Henderson, NV 89014

9171 9690 0935 0270 0152 44

Chandon Alexander
2777 Paradise Rd, Suite 3006
Las Vegas, NV 89109

9171 9690 0935 0270 0152 37

KRISTOPHER MANGOSING

Kristopher Mangosing

To: Courtney K. Lee
Subject: RE: Dr. Nathan Edouard

From: David Wuest <dwuest@pharmacy.nv.gov>
Sent: Monday, September 26, 2022 11:55 AM
To: Courtney K. Lee <c.lee@pharmacy.nv.gov>; Chandon Alexander <chandon@spartacuslawfirm.com>; Brett Kandt <bkandt@pharmacy.nv.gov>
Cc: Yenh Long <ylong@pharmacy.nv.gov>
Subject: RE: Dr. Nathan Edouard

Mr. Alexander.

Per our conversation, I will grant an extension until October 24th for your petition for reconsideration on this case.

Respectfully,

Dave

J. David Wuest
Executive Secretary
Nevada State Board of Pharmacy

Kristopher Mangosing

To: Courtney K. Lee
Subject: RE: Official request for Reconsideration - Las Vegas Scripts/ Nathan Edouard

From: Dr. Nathan Edouard <dredouard@lvscripts.com>
Sent: Monday, October 24, 2022 3:38 PM
To: David Wuest <dwuest@pharmacy.nv.gov>
Subject: Official request for Reconsideration - Las Vegas Scripts/ Nathan Edouard

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Mr. Wuest,

I'm circling back as per prior communication to officially request a reconsideration of my case. Also to ask when will the reconsideration hearing take place? When is my supporting documentation/exhibits required to be submitted? I'm still working on compiling everything, but wanted to make sure I submit everything to you by any required deadline.

Thank you kindly,
Nathan

Get Outlook for iOS

FILED
NOV 10 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

LAS VEGAS SCRIPTS RX,
Pharmacy License No. PH03930,

NATHAN EDOUARD, RPH,
Certificate of Registration No. 19462, and

SHERMAN WASHINGTON, MD,
Certificate of Registration No. CS24310,

Respondents.

CASE NOS. 19-243-PH-S
19-243-RPH-S
19-243-CS-S

ORDER GRANTING RESPONDENTS' LAS VEGAS SCRIPTS RX, AND NATHAN EDOUARD, RPH PETITION/MOTION FOR PARTIAL RECONSIDERATION

This matter came before the Nevada State Board of Pharmacy ("Board") at its meeting on Thursday, September 8, 2022, in Las Vegas, Nevada. Courtney K. Lee, Esq., appeared on behalf of Petitioner Board. Respondent Las Vegas Scripts, Rx ("LV Scripts"), Pharmacy License No. PH03930, and Nathan Edouard, RPH ("Edouard"), appeared jointly through counsel Chandon Alexander, Esq. ("Alexander") of Spartacus Law Firm. Mr. Alexander has subsequently withdrawn as counsel of record, and both Respondents, LV Scripts and Edouard, are representing themselves, *in proper person*. An extension of time was granted for Respondents to serve and file a petition/motion for reconsideration to October 24, 2022, which request was received by email on or about October 24, 2022. The presiding officer of the Board, pursuant to NRS 233B.130(4) and NRS 622A.390(5)(c) has granted the petition/motion to partially reconsider the Findings of Facts, Conclusions of Law, and Order ("Order") entered on or about September 8, 2022 ONLY as it pertains to paragraphs 7 and 10 of the Conclusions of Law of the Order.

IT IS SO ORDERED.

Entered this 10th day of November, 2022.

Helen Park, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 15th day of November 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Las Vegas Scripts Rx
2920 N. Green Valley Pkwy Ste 814
Henderson, NV 89014

9171 9690 0935 0279 3112 93

Nathan Edouard
2920 N. Green Valley Pkwy Ste 814
Henderson, NV 89014

9171 9690 0935 0279 3113 09

KRISTOPHER MANGOSING

9

9A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ■ Nevada
- ☐ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	■ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Always Your Pharmacy LLC

Physical Address: 821 N Lamb Blvd Suite #5

City: Las Vegas State: NV Zip: 89110

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702) 439 0867 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: (702) 915 7483 Contact Email: alwaysyourpharmacy@gmaill.com

Website: _____

Nevada Business License # (if applicable) NV20222416128

Supervising/Managing Pharmacist Name (NRS 639.220): Joshua Jou ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 20452 ✓

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Retail/Community ✓	■ Retail/Community ✓
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Joshua Jou	NV Pharmacist Registration #: 20452
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: Always Your Pharmacy LLC

Mailing Address: 821 N Lamb Blvd Suite #5

City: Las Vegas State: NV Zip: 89110

Telephone: (702) 439 0867 Email: alwaysyourpharmacy@gmail.com

Contact Person Name: Sandra Martin-Sanchez

Please check type of partnership (NAC 639.214) ■ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ■ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Owner (title) for Always Your Pharmacy LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Sandra Martin-Sanchez

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

04/22/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Saudra Rabio-Sanchez hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the owner (title) for ACOA Syosset Pharmacy LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 26 day of April, 2022.

Notary Public

MARIA E ESPINOSA
NOTARY PUBLIC
STATE OF NEVADA
COUNTY OF CLARK
No. 14-15124-1 MY APPT. EXPIRES OCT. 20, 2022

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Joshua Joy Pharmacist Registration #: 20452

Pharmacy Name: Always Your Pharmacy LLC

Initial each statement below to indicate you have read and agree with the following:

JJ — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

JJ — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

JJ — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

JJ — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

JJ — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

04/22/2022
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sandra Martin-Sanchez

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

04/22/2022

Date

Board Use Only	Date Received: _____	Amount: 500 CHECK# 2366

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE MANAGING MEMBER:

Name	Country
Raidel Echavarria Perez	USA

Address	City	State	Zip/Postal Code
821 N. Lamb Blvd Ste 5	Las Vegas	NV	89110

CORPORATION, INDICATE THE MANAGING MEMBER:

Name	Country
Sandra G Brown	USA

Address	City	State	Zip/Postal Code
821 N. Lamb Blvd Ste 5	Las Vegas	NV	89110

CORPORATION, INDICATE THE MANAGING MEMBER:

Name	Country
Sandra Martin Sanchez	USA

Address	City	State	Zip/Postal Code
821 N. Lamb Blvd Ste 5	Las Vegas	NV	89110

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Sandra Brown
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Subscriber, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Managing Member
Title

04/15/2022
Date

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ALWAYS YOUR PHARMACY LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 04/05/2022, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/22/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202204222605641
You may verify this certificate online at http://www.nvsos.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Always Your Pharmacy LLC

Physical Address: 821 N Lamb Blvd Suite #5

City: Las Vegas State: NV Zip: 89110

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: (702) 439-0867 Website:

Licensing Company Email: alwaysyourpharmacy@gmail.com

Section 2: Personal Information

First: Sandra Middle: Last: Martin-Sanchez

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] Peaceful Pine St

City: Henderson State: NV Zip: 89052

Telephone: (702) 439 0867 Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: to:

Military Occupation/Specialty

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	N/A

Applicant's Initials: SQ

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Everest Institute		06/08-06/09	
Address	**City**	**State**	**Zip**
9020 sw 137 ave	Miami	FL	33186
Diploma/Degree obtained, if any			
Certified Pharmacy Technitian			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/10 -11/14	[redacted] sw 8 ter	Miami	FL	33184
11/14 - 08/21	[redacted] Dove Eagle ct	Las Vegas	NV	89183
08/21 - Today	[redacted] Peaceful Pine st	Henderson	NV	89052
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
First Class RX Pharmacy LLC			09/15 - 10/21	
Business Address		**City**	**State**	**Zip**
3783 E Desert Inn Rd		Las Vegas	NV	89121
Phone	**Title**		**Number of Employed Hours**	
(702) 534 0325	Pharmacy Tech/Owner		12,480	
Description of Duties				
Sorting, stocking and labeling medication, monitoring inventory,processing prescriptions electronically, etc				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials SL

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

04/22/2022
Date

Applicant's initials SP

I, Sandra Martin-Sanchez, **certify that as the designated representative for** Always Your Pharmacy LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Sandra Martin-Sanchez

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/22/2022

Date

Applicant's initials SM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sandra Martin-Sanchez

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/22/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Sandra Martin Sanchez, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/26/2022

Date

Subscribed and Sworn to before me this 26 day of April, 2022.

Notary Public Signature

MARIA E ESPINOSA
NOTARY PUBLIC
STATE OF NEVADA
COUNTY OF CLARK
No. 14-15124-1 MY APPT. EXPIRES OCT. 20, 2022 (Seal)

Applicant's initials SL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Always Your Pharmacy LLC

Physical Address: 821 N Lamb Blvd Suite #5

City: Las Vegas State: NV Zip: 89110

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: Website:

Licensing Company Email:

Section 2: Personal Information

First: Sandra Middle: Last: Martin-Sanchez

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] Peaceful Pine St

City: Henderson State: NV Zip: 89052

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: to:

Military Occupation/Specialty:

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's Initials: S.L

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Everest Institute		06/08-06/09	
Address	**City**	**State**	**Zip**
9020 SW 137 AVE	Miami	FL	33186
Diploma/Degree obtained, if any			
Certified Pharmacy Tech			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials SR

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
First Class RX Pharmacy			09/15-10/21	
Business Address		**City**	**State**	**Zip**
3783 E Desert Inn Rd		Las Vegas	NV	89121
Phone	**Title**			
(702) 534 0325	Pharmacy Tech/Owner			
Description of Duties				
Sorting, Stocking and Labelng medications, Monitoring inventory, Process prescriptions electronically, etc				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials S-P

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

04/22/2022
Date

Applicant's initials S.L.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sandra Martin-Sanchez
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/25/2022
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Sandra Martin Sanchez, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/26/2022
Date

Subscribed and Sworn to before me this 26 day of April, 2022.

Notary Public Signature

MARIA E ESPINOSA
NOTARY PUBLIC
STATE OF NEVADA
COUNTY OF CLARK
No. 14-15124-1 MY APPT. EXPIRES OCT. 20, 2022

(Seal)

Applicant's Initials SM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Always Your Pharmacy LLC

Physical Address: 821 N Lamb Blvd Suite 5

City: Las Vegas State: NV Zip: 89110

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: (702) 439-0867 Website:

Licensing Company Email: alwaysyourpharmacy@gmail.com

Section 2: Personal Information

First: Raidel Middle: Last: Echavarria Perez

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 821 N Lamb Blvd Suite 5

City: Las Vegas State: NV Zip: 89110

Telephone: [redacted] Email: raidel.echavarria@alwaysforyouhomecareservices.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials RE

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
CSN			05/2012 - 12/2015	
Address		City	State	Zip
6375 W Charleston Blvd		Las Vegas	NV	89146
Diploma/Degree obtained, if any				
N/A				
School Name			From - To (MM/YY – MM/YY)	
CUJAE			09/2004 - 06/2009	
Address		City	State	Zip
Street 114 # 11901 / Ciclovia and Rotonda		La Habana / Cuba		19390
Diploma/Degree obtained, if any				
Civil Engineering				
School Name			From - To (MM/YY – MM/YY)	
Carlos Marighella			09/2000 - 07/2004	
Address		City	State	Zip
		Pinar Del Rio / Cuba		
Diploma/Degree obtained, if any				
High School				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2018 - Current	[redacted] Plata Del Sol Dr	Las Vegas	NV	89121
06/2017 - 06/2018	[redacted] Sunny Orchard Ln	Las Vegas	NV	89110
08/2010 -06/2017	[redacted] Plata Del Sol Dr	Las Vegas	NV	89121
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials RE

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Always For You Home Care Services			08/2019 - Current
Business Address	**City**	**State**	**Zip**
4525 S Sandhill Rd Suite 112	Las Vegas	NV	89121
Phone	**Title**		
(702) 305-1415	Owner/Administrator		
Description of Duties			
This is a Personal Care Agency and I am in charge of The daily business operations. HR, Payroll and scheduling.			

Business Name			From - To (MM/YY – MM/YY)
Abiding Home Care Services			03/2012 - 08/2019
Business Address	**City**	**State**	**Zip**
1951 Stella Lake St Suite 20	Las Vegas	NV	89107
Phone	**Title**		
(702) 647-0927	Administrator		
Description of Duties			
HR, Payroll and scheduling.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials RE

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials RE

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

04/26/2022
Date

Applicant's initials RE

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Raidel Echavarria Perez

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/26/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Raidel Echavarria Perez, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/26/2022

Date

Subscribed and Sworn to before me this 26 day of April 2022.

Notary Public Signature

MARIA E ESPINOSA
NOTARY PUBLIC
STATE OF NEVADA
COUNTY OF CLARK
No. 14-15124-1 MY APPT. EXPIRES OCT. 20, 2022 (Seal)

Applicant's initials RE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Always Your Pharmacy LLC

Physical Address: 821 N Lamb Blvd Suite 5

City: Las Vegas State: NV Zip: 89110

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: (702) 439-0867 Website:

Licensing Company Email: alwaysyourpharmacy@gmail.com

Section 2: Personal Information

First: Sandra Middle: G Last: Brown

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: 821 N Lamb Blvd Suite 5

City: Las Vegas State: NV Zip: 89110

Telephone: [redacted] Email: sandrabrown@alwaysforyouhomecareservices.com

Are you a citizen of the United States? ☐ Yes ■ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty:

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials S B

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Universidad Autonoma Nuevo Leon		2014 - 11/2018	
Address	**City**	**State**	**Zip**
San Nicolas De Los Garza	Nuevo León / Mexico		66451
Diploma/Degree obtained, if any			
Spycology			

School Name		From - To (MM/YY – MM/YY)	
Centro De Estudios Superiores Del Sureste A.C		1993 / 1996	
Address	**City**	**State**	**Zip**
51 No 506 Merida Centro	Yucatan / Mexico		97000
Diploma/Degree obtained, if any			
Conduct Therapist			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2021- Current	[redacted] Koval Ln Apt [redacted]	Las Vegas	NV	89109
03/2018 - 04/2021	[redacted] Strada Di Villagio #[redacted]	Henderson	NV	89011
03/2016 - 03/2018	[redacted] Whistling Vines Ave	Las Vegas	NV	89106
02/2010 - 03/2016	[redacted] Rhyolite Terrace	Henderson	NV	89011
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials S B

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Always For You Home Care Services			08/2019 - Current
Business Address	**City**	**State**	**Zip**
4525 S Sandhill Rd Suite 112	Las Vegas	NV	89121
Phone	**Title**		
(702) 305-1415	Owner/CEO		
Description of Duties			
This is a Personal Care Agency and I am in charge of the Marketing Department.			

Business Name			From - To (MM/YY – MM/YY)
Abiding Home Care Services			- 08/2019
Business Address	**City**	**State**	**Zip**
1951 Stella Lake St Suite 20	Las Vegas	NV	89107
Phone	**Title**		
(702) 647-0927	Owner/CEO		
Description of Duties			
This is a Personal Care Agency and I am in charge of the Marketing Department.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4/25/22
Date

Applicant's initials SB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sandra G Brown

Print Name (First, Last)

SBrown

Original Signature (electronic, copies or stamps not accepted)

04/26/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Sandra G. Brown, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

SBrown

Original Signature

04/26/2022

Date

Subscribed and Sworn to before me this 26 day of April 2022.

Notary Public Signature

MARIA E ESPINOSA
NOTARY PUBLIC
STATE OF NEVADA
COUNTY OF CLARK
No. 14-15124-1 MY APPT. EXPIRES OCT. 20, 2022

(Seal)

Applicant's initials SB

9B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- [x] Nevada
- [ ] Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
[ ] New Pharmacy	* If making a change, provide current license number:	[ ] Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
[x] Ownership Change*		[ ] Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
[ ] Location Change *	PH 03705	[ ] Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
[x] Name Change*		[x] Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Remedies pharmacy INC. / DBA: Saint mary pharmacy

Physical Address: 4180 S. Rainbow blvd, Suite #808

City: Las Vegas State: NV Zip: 89103

Mailing Address (if different from physical address): 1032 big oak Flat ct

City: Las Vegas State: NV Zip: 89138

Telephone: 702-722-3707 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: 702-754-2548 Contact Email: sarah.mashreky@hotmail.com

Website: N/A

Nevada Business License # (if applicable) 2003217-044-101

Supervising/Managing Pharmacist Name (NRS 639.220): Sarah Mashreky

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22791

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
[x] Retail/Community	[x] Retail/Community
[ ] Hospital (# beds _____)	[ ] Non-sterile Compounding
[ ] Internet	[ ] Sterile Compounding
[ ] Nuclear	[ ] Mail-Order Service
[ ] Other: _____	[ ] Off-site Cognitive Services
	[x] Long Term Care
	[ ] Hospital
	[ ] Other:

Days of Operation

[x] Monday [x] Tuesday [x] Wednesday [x] Thursday [x] Friday [x] Saturday [ ] Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name:	NV Pharmacist Registration #:
Sarah Mashrecky	22791
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): N/A

Corporation Name: N/A

Mailing Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Contact Person Name: N/A

Date of SEC Registration: N/A | SEC Registration Number: N/A | Stock Exchange Symbol: N/A

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A

Parent Company (if any): N/A

Corporation/Organization Name: N/A

Mailing Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Contact Person Name: N/A

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Contact Person Name: N/A

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: Sarah Mashreky

Business Name: Remedies pharmacy INC. / DBA: Saint mary pharmacy

Business Address: 4180 S. Rainbow blvd

City: Las Vegas State: NV Zip: 89103

Telephone: 949-991-0596 Email: Sarah.mashreky@hotmail.com

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the owner (title) for Saint mary pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Sarah Mashreky

Print Name of Authorized Person

Sarah Mashreky — 05/09/2022

Original signature of Authorized Person (copies or stamps not accepted) — Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Sarah Mashreky hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the owner (title) for Saint mary pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Sarah Mashreky SM

Signature Sarah Mashreky

SUBSCRIBED AND SWORN TO
Before me, a notary public this 9th day of May, 2022

Notary Public

PIERRE M. PEREZ
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 02-26-2023
Certificate No: 11-4125-1

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Sarah Mashreky Pharmacist Registration #: 22791

Pharmacy Name: Saint mary pharmacy

Initial each statement below to indicate you have read and agree with the following:

SM I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

SM I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

SM I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

SM I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

SM I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		X

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:
N/A	N/A	N/A	N/A

Criminal Action:	State:	Date:	Case #:	County:	Court:
N/A	N/A	N/A	N/A	N/A	N/A

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sarah Mashreky
Original signature of Managing Pharmacist (copies or stamps not accepted)

05/09/2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sarah Mashreky

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Sarah Mashreky

Original signature of Authorized Person (copies or stamps not accepted)

05/09/2022

Date

Board Use Only	Date Received: _____	Amount: 500 Check # 143

FFN - #: 202204141005280 - Fees: $25.00 - 04/14/2022 11:35:12 AM - Receipt #: 1448030 - Filed By: JOHNSONRA - Pgs: 1 - LYNN MARIE GOYA, CLARK COUNTY CLERK

Office of the Clark County Clerk
Lynn Marie Goya

Please Select One:
☐ New Application
☐ Renewal of existing Fictitious Firm Name

Certificate of Business: Fictitious Firm Name

Please Print or Type

The expiration date for such certificates shall expire after five years from the date of filing.

The undersigned do/does hereby certify that they are conducting business in Clark County, Nevada, under the

Fictitious Firm Name: Saint Mary pharmacy

Mailing Address: 1032 big oak Flat ct, lasVegas, NV 89138
(Mailing Address for notification of renewal) Mailing Address City, State, Zip

Owner (Sole Proprietor or Registered Legal Entity): Remedies pharmacy INC.
(Must print name exactly as it is registered with the Nevada Secretary of State)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:

Signed By: Sarah Nashreky — Sarah M — 04/14/2022
Full Name of Authorized Signer — Signature — Date

Street Address of Business or Residence — City, State, Zip

Signed By: (Use if needed) — Full Name of Authorized Signer — Signature — Date

Street Address of Business or Residence — City, State, Zip

By signing above, I declare (or affirm), under penalty of perjury, that all statements made in this document are true, and that I have authority to sign on behalf of and to bind the above named business/legal entity to a contract.

For additional signatures, please use additional pages

STATE OF Nevada }
COUNTY OF Clark } SS:

This instrument was acknowledged before me on 4/14/22 (Date)

by Sarah Nabil Ramzy Nashreky
(Name of individual(s) whose signature(s) is/are being notarized)

UNITED STATES OF AMERICA OF THE SEAL COUNTY OF CLARK STATE OF NEVADA

R Johnson
Signature of Notary Public/Deputy Clerk

Randi Johnson
Deputy Clerk

1734161

Mail to: Clark County Clerk's Office, Attn. FFN, Box 551604, Las Vegas NV 89155-1604
Include: Filing Fee of $25.00 payable to County Clerk, completed certificate and a self-addressed stamped envelope.

Rev 01/2021

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for
Commercial Recordings

STATE OF NEVADA

OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Certified Copy

02/09/2022 15:56:24 PM

Work Order Number:	W2022020902844 - 1906282
Reference Number:	20222091138
Through Date:	02/09/2022 15:56:24 PM
Corporate Name:	Remedies pharmacy Inc.

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

Document Number	Description	Number of Pages
20222072990	Articles of Incorporation-For-Profit - 02/02/2022	2

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Nevada Secretary of State

Certified By: Electronically Certified
Certificate Number: B202202092394180
You may verify this certificate
online at **http://www.nvsos.gov**

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Filed in the Office of	Business Number
Barbara K. Cegavske	E20729912022-4 2386
Secretary of State	Filing Number
State Of Nevada	20222072990
	Filed On
	02/02/2022 10:55:01 AM
	Number of Pages
	2

Formation - Profit Corporation

☑ NRS 78 - Articles of Incorporation Profit Corporation ☐ NRS 80 - Foreign Corporation ☐ NRS 89 - Articles of Incorporation Professional Corporation

☐ 78A Formation - Close Corporation

(Name of closed corporation MUST appear in the below heading)

Articles of Formation of _____ **a close corporation (NRS 78A)**

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGH LIGHT

1. Name of Entity: (If foreign, name in home jurisdiction)

Remedies pharmacy Inc.

2. Registered Agent for Service of Process: (Check only one box)

☑ Commercial Registered Agent (name only below) ☐ Noncommercial Registered Agent (name and address below) ☐ Office or position with Entity (title and address below)

BUSINESS FILINGS INCORPORATED
Name of Registered Agent OR Title of Office or Position with Entity

701 S CARSON ST STE 200 | Carson City | Nevada | 89701
Street Address | City | Zip Code

Mailing Address (If different from street address) | City | Nevada | Zip Code

2a. Certificate of Acceptance of Appointment of Registered Agent:

I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.

X Mark Williams, AVP; Business Filings Incorporated — 02/02/2022
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity — Date

3. Governing Board: (NRS 78A, close corporation only, check one box; if yes, complete article 4 below)

This corporation is a close corporation operating with a board of directors ☐ Yes OR ☑ No

4. Names and Addresses of the Board of Directors/ Trustees or Stockholders

(NRS 78: Board of Directors/ Trustees is required.

NRS 78a: Required if the Close Corporation is governed by a board of directors.

NRS 89: Required to have the Original stockholders and directors. A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing. See instructions)

1) Sarah Mashreky
Name

105 Midland Way | Danville | CA | 94526
Address | City | State | Zip Code

5. Jurisdiction of Incorporation: (NRS 80 only)

5a. Jurisdiction of Incorporation:

5b. I declare this entity is in good standing in the jurisdiction of its incorporation. ☐

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Formation - profit Corporation

Continued, Page 2

6. Benefit Corporation:
(For NRS 78, NRS 78A, and NRS 89, optional. See instructions.)

By selecting "Yes" you are indicating that the corporation is organized as a benefit corporation pursuant to NRS Chapter 78B with a purpose of creating a general or specific public benefit. The purpose for which the benefit corporation is created must be disclosed in the below purpose field.

Yes ☐

7. Purpose/Profession to be practiced:
(Required for NRS 80, NRS 89 and any entity selecting Benefit Corporation. See instructions.)

All Lawful Business

8. Authorized Shares:
(Number of shares corporation is authorized to issue)

Number of common shares with Par value: 2000.0 Par value: $ 0.01

Number of preferred shares with Par value: 0 Par value: $ 0

Number of shares with no par value: 0

If more than one class or series of stock is authorized, please attach the information on an additional sheet of paper.

9. Name and Signature of: Officer making the statement or Authorized Signer for NRS 80.
Name, Address and Signature of the Incorporator for NRS 78, 78A, and 89. NRS 89 - Each Organizer/ Incorporator must be a licensed professional.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

Name	Country
Sarah Mashreky	United States

Address	City	State	Zip/Postal Code
105 Midland Way	Danville	CA	94526

X Sarah Mashreky (attach additional page if necessary)

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:
(attach additional page(s) if necessary)

Nevada PRESCRIPTION MONITORING PROGRAM

NEVADA STATE BOARD OF PHARMACY
NEVADA PRESCRIPTION MONITORING PROGRAM
985 DAMONTE RANCH PARKWAY - SUITE 206 • RENO • NEVADA • 89521
(775) 687-5694 (PH) • (775) 687-5161 (F) • PMP@PHARMACY.NV.GOV

Healthcare Professional Agreement for Internet Access

For Use By Practitioners and Pharmacists

1. I declare under penalty of perjury that all information I have provided in my application for internet access to the PMP database is true and accurate.
2. I certify that I have completed the course of training required pursuant to NRS 453.164(6) and understand the requirements for accessing the PMP database.
3. I certify that I will access the PMP database as a clinical tool to coordinate patient care when prescribing or dispensing controlled substances and for no other purpose.
4. I understand that data in the PMP is Protected Health Information (PHI) as defined in 45 C.F.R. § 160.103 and protected from unauthorized use or disclosure under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule. 45 CFR Part 160 and Part 164, Subparts A and E. Data in the PMP is also confidential and protected from unauthorized use or disclosure under state law. NRS 453.164(8). The unauthorized use or disclosure of PHI carries civil and criminal penalties under federal law. Pub.L. 104–191, 42 U.S.C. §1320d-5 and 6. The unauthorized use or disclosure of information in the PMP database also constitutes a crime under state law. NRS 453.552(2).
5. I understand that my Internet access to the PMP database is governed by NRS 453.162-.164, *inclusive*, NRS 453.226, NRS 453.236, NRS 639.23507, NRS 639.23915, and NAC 453.065-.084, *inclusive*.
6. I understand that my Internet access to the PMP database is a revocable privilege and the Board may suspend or terminate my Internet access if my account is used to access the PMP database for any purpose not authorized by law.
7. I understand that I am responsible for all data transmitted through the email address registered with the PMP and must maintain the security of my login information/password and may not share them.

Sarah Mashreky	Sarah Mashreky
Name (print)	Original Signature (Electronic Not Accepted)
22791	N/A
Primary Board License Number	DEA Number (Practitioners Only)
Sarah.mashreky@hotmail.com	05/16/2022
Email Address Registered with PMP	Date:

Submit this completed form to the PMP Administrator by uploading it to your PMP account registration, faxing it to (775) 687-5161, or emailing it to pmp@pharmacy.nv.gov. Submission of this form does not ensure access.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Remedies pharmacy INC. /DBA: Saint mary pharmacy

Physical Address 4180 S. Rainbow blvd. Suite #808

City Las Vegas State NV Zip 89103

Mailing Address (if different from physical address) 1032 big oak Flat ct.

City Las Vegas State NV Zip 89138

Telephone 702-754-2548 Website N/A

Licensing Company Email N/A

Section 2: Personal Information

First Sarah Middle Nabil Ramzy Last mashreky

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] big oak Flat ct.

City Las Vegas State NV Zip 89138

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ☒ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: N/A to: N/A

Military Occupation/Specialty N/A

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Applicant's initials SM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)
Pharmacy School (Alexandria University)	09/2006 – 06/2011
Address	**City** / **State** / **Zip**
1 Ahmed Abd El-Salam, Al mesallah sharq	Al Attarin, Alexandria, Egypt
Diploma/Degree obtained, if any	
Bachelor.	

School Name	From - To (MM/YY – MM/YY)
College de la Mere de Dieu	09/1993 – 06/2006
Address	**City** / **State** / **Zip**
5WXC+WF2 EL Shahid galal desouki, bab shargi wabour Almeyah,	Alexandria, Egypt
Diploma/Degree obtained, if any	
High School	

School Name	From - To (MM/YY – MM/YY)
N/A	N/A
Address	**City** / **State** / **Zip**
N/A	N/A / NA / NA
Diploma/Degree obtained, if any	
N/A	

School Name	From - To (MM/YY – MM/YY)
N/A	N/A
Address	**City** / **State** / **Zip**
N/A	N/A / NA / NA
Diploma/Degree obtained, if any	
N/A	

School Name	From - To (MM/YY – MM/YY)
N/A	N/A
Address	**City** / **State** / **Zip**
N/A	N/A / NA / NA
Diploma/Degree obtained, if any	
N/A	

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2022 – Current	[redacted] big oak Flat ct	Las Vegas	NV	89138
12/2021 – 04/2022	[redacted] midland way	Danville	CA	94526
05/2020 – 12/2021	[redacted] Valley Creek ln, Unit B	Danville	CA	94526
04/2019 – 05/2020	[redacted] Sherington pl	Newport beach	CA	92660
08/2017 – 04/2019	[redacted] brookhurst st	westminster	CA	92683
05/2017 – 08/2017	[redacted] Rose ln	westminster	CA	92683
08/1988 – 05/2017	[redacted] shehab abo Elsenoon st, Cleopatra,	Alexandria,	Egypt	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials SM

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: CVS pharmacy			From - To (MM/YY – MM/YY): 05/2020 – 04/2022
Business Address: 10650 San pablo ave	City: El Cerrito	State: CA	Zip: 94530
Phone: 510-527-3260	Title: Pharmacy manager		
Description of Duties: Pharmacist + managing.			

Business Name: Santa maria pharmacy			From - To (MM/YY – MM/YY): 07/2018 – 05/2020
Business Address: 1224 S Brookhurst St	City: Anaheim	State: CA	Zip: 92804
Phone: 714-556-7788	Title: Pharmacist		
Description of Duties: pharmacist.			

Business Name: ministry of health of Egypt.			From - To (MM/YY – MM/YY): 01/2007 – 05/2017
Business Address: VHQj+8PH, Hod Sakyab wa Abu Hamad	City: borg EL Arab,	State: Alexandria, Egypt	Zip:
Phone: +2 4592239.	Title: Pharmacist		
Description of Duties: pharmacist.			

Business Name: N/A			From - To (MM/YY – MM/YY): N/A
Business Address: N/A	City: N/A	State: N/A	Zip: N/A
Phone: N/A	Title: N/A		
Description of Duties: N/A			

Business Name: N/A			From - To (MM/YY – MM/YY): N/A
Business Address: N/A	City: N/A	State: N/A	Zip: N/A
Phone: N/A	Title: N/A		
Description of Duties:			

Continue on next page if additional space is needed.

Business Name N/A			From - To (MM/YY – MM/YY)
Business Address N/A	City N/A		State Zip N/A
Phone	Title N/A		
Description of Duties N/A			

Business Name N/A			From - To (MM/YY – MM/YY)
Business Address N/A	City N/A		State Zip N/A
Phone	Title N/A		
Description of Duties N/A			

Business Name N/A			From - To (MM/YY – MM/YY)
Business Address N/A	City N/A		State Zip N/A
Phone	Title N/A		
Description of Duties N/A			

Business Name N/A			From - To (MM/YY – MM/YY)
Business Address N/A	City N/A		State N Zip /A
Phone N/A	Title N/A		
Description of Duties			

Business Name N/A			From - To (MM/YY – MM/YY)
Business Address N/A	City N/A		State Zip N/A
Phone	Title N/A		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials SH

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
N/A	N/A	N/A	N/A	N/A
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
N/A		N/A		
Reason/Charge				
N/A				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
N/A			N/A	
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

Sarah Mashreky
Original Signature (electronic, copies or stamps not accepted)

05/16/2022
Date

Applicant's initials SM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sarah Mashreky

Print Name (First, Last)

Sarah Mashreky — 05/16/2022

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Sarah Mashreky, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Sarah Mashreky — 05/16/2022

Original Signature — **Date**

Subscribed and Sworn to before me this 16th day of May /2022.

A Shashoova

Notary Public Signature

ALBERTO SERIOCHA PEREZ SHASHCOVA
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 09-28-24
Certificate No: 21-6670-01

(Seal)

Applicant's initials SM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

An application for a license, or a licensee with a license, to conduct a pharmacy or to operate as a wholesaler shall designate at least one natural person to serve as the representative of the pharmacy or wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a pharmacy or wholesaler unless the Board determines that the designated natural person meets the following qualifications per NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler):

1. Is at least 21 years of age;
2. Has been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.

The designated representative of a pharmacy or a wholesaler:

1. Must be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
2. Must be employed full-time in a managerial level position with the pharmacy or wholesaler;
3. Must be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
4. May serve in this representative capacity for only one pharmacy or wholesaler at a time

A pharmacy or wholesaler that is required to designate a natural person as its representative shall not open or operate the pharmacy or wholesaler unless that representative is actually employed full-time in the operation of the pharmacy or wholesaler and is physically present at the site of the pharmacy or wholesaler during regular working hours, not including sick leave, vacation leave and other authorized absences from work. If the natural person designated as the representative of a pharmacy leaves the employ of the pharmacy or wholesaler, thus leaving the pharmacy or wholesaler without a representative in violation of this section, the pharmacy or wholesaler shall:

1. Immediately cease conducting business until another qualified natural person is approved by the Board to serve as the representative of the pharmacy or wholesaler; and
2. Not later than 48 hours after that person leaves its employ, notify the Board that the person designated as the representative of the pharmacy or wholesaler has left the employ of the pharmacy or wholesaler.

Before a pharmacy or wholesaler, that is in violation of NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler) because the natural person designated as the representative of the pharmacy or wholesaler left the employ of the pharmacy or wholesaler, may continue conducting business:

1. The pharmacy or wholesaler must designate, on a form provided by the Board, a new natural person to serve as the representative of the pharmacy; and
2. The Board must approve the natural person so designated.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Remedies pharmacy INC / DBA: Saint mary pharmacy

Physical Address 11805. Rainbow blvd Suite #808

City Las Vegas State ~~CA~~ NV Zip 89103

Mailing Address (if different from physical address) 1032 big oak Flat ct.

City Las Vegas State NV Zip 89138

Telephone 702-722-3707 Website N/A

Licensing Company Email N/A

Section 2: Personal Information

First Sarah Middle Nabil Ramzy Last Mashreky

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] big oak Flat ct

City Las Vegas State NV Zip 89138

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ☒ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: N/A to: N/A

Military Occupation/Specialty N/A

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Applicant's initials SM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Pharmacy school (Alexandria University)		From - To (MM/YY – MM/YY): 09/2006 - 06/2011	
Address: 1 Ahmed Abd El Salam, Al mesallah	City: sharq, Al Attarin,	State: Alexandria,	Zip: Egypt
Diploma/Degree obtained, if any: Bachelor			
School Name: College de La Mère de dieu		From - To (MM/YY – MM/YY): 09/1993 - 06/2006	
Address: 5WXC+WJ2 22 Shahid galal desouki	City: Bab Sharqi wabour Almeyah,	State: Alexandria,	Zip: Egypt
Diploma/Degree obtained, if any: High School			
School Name: N/A		From - To (MM/YY – MM/YY): N/A	
Address: N/A	City: N/A	State: N/A	Zip: N/A
Diploma/Degree obtained, if any: N/A			
School Name: N/A		From - To (MM/YY – MM/YY): N/A	
Address: N/A	City: N/A	State: N/A	Zip: N/A
Diploma/Degree obtained, if any: N/A			
School Name: N/A		From - To (MM/YY – MM/YY): N/A	
Address: N/A	City: N/A	State: N/A	Zip: N/A
Diploma/Degree obtained, if any: N/A			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/22 - Current	[redacted] big oak Flatch	Las Vegas	NV	89138
12/21 - 04/22	[redacted] midland way	Danville	CA	94526
05/20 - 12/21	[redacted] Valley creek ln, Unit B	Danville	CA	94526
04/19 - 05/20	[redacted] sherington pl	Newport beach	CA	92660
08/2017 - 04/19	[redacted] brookhurst st	Westminster	CA	92683
05/17 - 08/17	[redacted] Rose ln	westminster	CA	92683
08/1988 - 05/17	[redacted] Shehab abo El Senoon	St, deopatra,	Alexandria,	Egypt
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: CVS pharmacy			From - To (MM/YY – MM/YY): 05/2020 - 04/2022	
Business Address: 10650 San Pablo ave	City: El cerrito		State: CA	Zip: 94530
Phone: 510-527-3210	Title: pharmacy manager		Number of Employed Hours: 40/week	
Description of Duties: Pharmacist + managing.				

Business Name: Santa maria pharmacy			From - To (MM/YY – MM/YY): 07/2018-05/2020	
Business Address: 1224 S Brookhurst st	City: Anaheim		State: CA	Zip: 92804
Phone: 714-556-7788	Title: Pharmacist		Number of Employed Hours: 40/week	
Description of Duties: pharmacist.				

Business Name: ministry of health of Egypt.			From - To (MM/YY – MM/YY): 01/2007-05/2017	
Business Address: VIIQ j+8PH. Hod Sakrah wA abu Hamad, borg El	City: Arab,		State: Alexandria,	Zip:
Phone: +2 45922 39	Title: Pharmacist		Number of Employed Hours: 40/week. Egypt	
Description of Duties: Pharmaast				

Business Name:			From - To (MM/YY – MM/YY):	
Business Address: N/A	City:		State:	Zip:
Phone:	Title:		Number of Employed Hours:	
Description of Duties:				

Business Name:			From - To (MM/YY – MM/YY):	
Business Address: N/A	City:		State:	Zip:
Phone:	Title:		Number of Employed Hours:	
Description of Duties:				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

N/A

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
N/A				N/A
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
N/A				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
N/A				N/A
Name of Business/Industry/Entity				

Provide explanation below:

Sarah Mashreky.

Original Signature (electronic, copies or stamps not accepted)

05/16/2022

Date

Applicant's initials SM.

I, Sarah Mashreky, **certify that as the designated representative for** Remedies pharmacy INC. / DBA: Saint mary pharmacy **that I am qualified as follows and will comply with the following:**

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Sarah Mashreky
Print Name (First, Last)

Sarah Mashreky
Original Signature (electronic, copies or stamps not accepted)

05/16/2022
Date

Applicant's initials SM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sarah Mashrecky

Print Name (First, Last)

Sarah Mashrecky — 05/16/2022

Original Signature (electronic, copies or stamps not accepted) — Date

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Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Sarah Mashrecky, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Sarah Mashrecky — 05/16/2022

Original Signature — **Date**

Subscribed and Sworn to before me this 16th day of May 2022

Shashoova

Notary Public Signature

ALBERTO SERIOCHA PEREZ SHASHCOVA
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 09-28-24
Certificate No: 21-6670-01

(Seal)

Applicant's initials SM

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Inspection Report
Retail Pharmacy

Section 1: General Information	
Inspection Date:	12/22/2021
Pharmacy Name:	La Pharmacy
Pharmacy Address:	4180 S. Rainbow Blvd. #808
Pharmacy Phone:	702-722-3707
Pharmacy License #:	PH03705
Managing Pharmacist:	Bao Tran
Managing Pharmacist License #:	16284
E-mail to be utilized for inspection f/u:	prescriptions@lapharmacyrx.com
Name of Primary Wholesaler:	Auburn/McKesson
Name of Pharmacist present for Inspection:	Nga Tran
Name of NVBOP Inspector:	L. Curras

Section 2: Inspector Review		Yes	No
1.	Self-Inspection Form complete and accurate Comments: Completed prior to inspection and reviewed.	x	
2.	Pharmacy Personnel List complete and accurate Comments: Pharmacy Information form completed and all licenses verified.	x	
3.	Controlled Substance Biennial inventory complete and accurate Comments: Biennial Inventory dated 04/30/2019 verified and reviewed. Copy of Biennial Inventory obtained. Need to submit new Biennial Inventory to BOP by 01/05/2022.	x	
4.	CSOS receiving documents complete and accurate Comments: CSOS sample records reviewed, all complete. CS sample invoices reviewed, all complete.	x	
5.	Records of Pharmacy Personnel on duty complete and accurate Comments: Personnel on duty log reviewed, current and complete	x	
6.	All records maintained for a minimum of 2 years Comments:	x	
7.	Change in Managing Pharmacist controlled substance inventory complete and accurate (if applicable) Comments: See additional remarks.	N/A	

8.	Security of the pharmacy meets all of Nevada Statutes and Regulations Comments: Full size locked door restricts any unauthorized access to pharmacy	x	
9.	In-Service training records for pharmacy technicians complete and accurate Comments: All CEs reviewed.	x	
10.	Activity logs for technicians in training complete and accurate Comments: No techs in training at this time.	N/A	

Section 3: Controlled Substance Audit Report

Drug Name	Manual count at time of audit	Balance on hand from software system or manual record at time of audit	Discrepancy
Norco 7.5/325mg	852	852	0
Oxycodone 30mg	3044	3044	0
Oxycodone/apap 10/325	755	755	0
Amphetamine IR 30mg	710	710	0

Comments: Random CS audit completed. All on-hand counts match inventory records.

Section 4: Required Follow-Up - The following items were identified as issues which require a response from the managing pharmacist.

Description of Issue	Response due date
RPh will complete new Biennial Inventory and submit results to BOP Inspector by 01/05/2022. Please note inspector contact information below.	**01/05/2022**

If you are required to provide documentation to the inspector via fax or e-mail use the contact information listed below.

Please fax required documents to 1-702-486-7903 for Las Vegas inspectors

Luis Curras – lcurras@pharmacy.nv.gov
Leo Basch – lbasch@pharmacy.nv.gov
Joe Dodge – j.dodge@pharmacy.nv.gov

Please fax required documents to 1-775-850-1444 for Reno inspectors

Mui Lee – m.lee@pharmacy.nv.gov
Jenine Davis – jmdavis@pharmacy.nv.gov
Your location has been inspected by an agent of the Nevada Board of Pharmacy. Any noted unsatisfactory conditions that require action are listed above and they must be corrected within the time frames stated to ensure compliance with laws and regulations governing your business.

Additional Comments:
Current Managing Pharmacist, Bao Tran, has been absent from pharmacy due to medical issues since approximately 11/15/2021. Discussed and RPh on duty and Tech understand pharmacy must have a Managing Pharmacist. If current Managing Pharmacist is not able to return to work, will need to appoint a new Managing Pharmacist, at least until current Managing Pharmacist is able to return to work.
RPh/Tech on duty explained that no CII CS have been ordered since Mr. Tran has been absent due to illness.
Pharmacy Information form obtained, all licenses verified.

Nga Tran, RPh.

Signature of Pharmacist on Duty

Date

9C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Y

Where is the facility located?
■ Nevada
☐ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH N/A	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: TRINITY EXPRESS PHARMACY

Physical Address: 6330 W FLAMINGO RD STE 104

City: LAS VEGAS State: NV Zip: 89103

Mailing Address (if different from physical address): SAME

City: _____ State: _____ Zip: _____

Telephone: 2016999414 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: N/A Contact Email: TRINITY2797@YAHOO.COM

Website: N/A

Nevada Business License # (if applicable) E189625520214

Supervising/Managing Pharmacist Name (NRS 639.220): LAURA D RONGOMAS

Supervising/Managing Pharmacist NV Pharmacist Registration #: 14739

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Retail/Community	■ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ■ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: LAURA D RONGOMAS	NV Pharmacist Registration #: 14739
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	✓	
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NV/TRINITY EXPRESS PHARMACY LLC

Parent Company (if any): TRINITY EXPRESS PHARMACY

Corporation/Organization Name: TRINITY EXPRESS PHARMACY LLC

Mailing Address: 6330 W FLAMINGO RD STE 104

City: LAS VEGAS State: NV Zip: 89103

Telephone: 9735732687 Email: ADMIN@JSBGROUPOFPHARMACIES.COM

Contact Person Name: JOANN BHATIA

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the MARK YU - PHARMACY ADMIN M (title) for TRINITY EXPRESS PHARMACY (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

MARK KRISTOFFER YU

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

12/08/2021

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, MARK KRISTOFFER YU hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PHARMACY ADMIN MANAGER (title) for TRINITY EXPRESS PHARMACY (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 8th day of DECEMBER, 2021

Notary Public

Cristina Tuazon Arias
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 20-8284-01
My Appt. Expires December 1, 2023

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: LAURA D RONGOMAS Pharmacist Registration #: 14739

Pharmacy Name: TRINITY EXPRESS PHARMACY

Initial each statement below to indicate you have read and agree with the following:

LDR I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

LDR I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

LDR I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

LDR I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

LDR I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Laura Rongomas
Original signature of Managing Pharmacist (copies or stamps not accepted)

12/11/2021
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JOANN S BHATIA

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

JBhatia

Original signature of Authorized Person (copies or stamps not accepted)

1/7/2022

Date

Board Use Only	Date Received: _____	Amount: 500 CC	Processed 2/22/22

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Filed in the Office of	Business Number
Barbara K. Cegavske	E18962552021-4
Secretary of State	Filing Number
State Of Nevada	20211896254
	Filed On
	11/16/2021 11:57:02 AM
	Number of Pages
	2

Formation - Limited-Liability Company

- [x] NRS 86 - Articles of Organization Limited-Liability Company
- [ ] NRS 86.544 - Registration of Foreign Limited-Liability Company
- [ ] NRS 89 - Articles of Organization Professional Limited-Liability Company
- [ ] NRS 86.555 - Registration of Professional Foreign Limited-Liability Company

1. Name Being Registered in Nevada: (See instructions)
TRINITY EXPRESS PHARMACY LLC

2. Foreign Entity Name: (Name in home jurisdiction)

3. Jurisdiction of Formation: (Foreign Limited-Liability Companies)
3a) Jurisdiction of formation: **3b)** Date formed:
3c) I declare this entity is in good standing in the jurisdiction of its formation. ☐

4. Registered Agent for Service of Process*: (check only one box)
☐ Commercial Registered Agent (name only below) ☑ Noncommercial Registered Agent (name and address below) ☐ Office or position with Entity (title and address below)

JOANN S BHATIA
Name of Registered Agent **OR** Title of Office or Position with Entity

10873 GALBRAITH ST	**Las Vegas**	Nevada **89141**
Street Address	City	Zip Code
		Nevada
Mailing Address (If different from street address)	City	Zip Code

4a. Certificate of Acceptance of Appointment of Registered Agent:
I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.

X **JOANN S BHATIA** **11/16/2021**
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date

5. Management: (Domestic Limited-Liability Companies only)
Company shall be managed by: (check one box) ☐ Manager(s) **OR** ☑ Member(s)

6. Name and Address of each Manager(s) or Managing Member(s): (NRS 86 and NRS 86.544, see instructions)
Name and Address of the Original Manager(s) and Member(s): (NRS 89, see instructions)
IMPORTANT:
A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing.

1) **JOANN S BHATIA**
Name

55 EBERHARDT ROAD	**East Hanover**	**NJ**	**07936**
Address	City	State	Zip Code

7. Dissolution Date: (Domestic only)
Latest date upon which the company is to dissolve (if existence is not perpetual):

This form must be accompanied by appropriate fees.

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Formation - Limited-Liability Company

Continued, Page 2

8. Profession to be Practiced: (NRS 89 only)

9. Series and/or Restricted Limited-Liability Company: (Optional)

Check box if a Series Limited-Liability Company ☐

Domestic Limited-Liability Company's only: The Limited-Liability Company is a Restricted Limited-Liability Company ☐

10. Records Office: (Foreign Limited-Liability Companies)

Address | City | State | Zip code

Country

11. Street Address of Principal Office: (Foreign Limited-Liability Companies)

Address | City | State | Zip code

Country

12. Name, Address and Signature of the Organizer: (NRS 86. NRS 89 -Each Organizer must be a licensed professional.)

*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

Name and Signature of Manager or Member: (NRS 86.544 only)

See instructions

JOANN S BHATIA			United States
Name			Country
55 EBERHARDT ROAD	EAST HANOVER	NJ	07936
Address	City	State	Zip/Postal Code

X JOANN S BHATIA (attach additional page if necessary)

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:
(attach additional page(s) if necessary)

This form must be accompanied by appropriate fees.

SECRETARY OF STATE

STATE OF NEVADA

DOMESTIC LIMITED-LIABILITY COMPANY (86) CHARTER

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **TRINITY EXPRESS PHARMACY LLC** did, on 11/16/2021, file in this office the original Articles of Organization that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/16/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate
Number: B202111162155771
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

TRINITY EXPRESS PHARMACY LLC

Nevada Business Identification # NV20212281165
Expiration Date: 11/30/2022

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/16/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202111162155773
You may verify this certificate online at http://www.nvsos.gov

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 11-16-2021

Employer Identification Number:
87-3583591

Form: SS-4

Number of this notice: CP 575 A

TRINITY EXPRESS PHARMACY LLC
JOANN S BHATIA SOLE MBR
6330 W FLAMINGO RD STE 104
LAS VEGAS, NV 89103

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 87-3583591. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	04/30/2022
Form 940	01/31/2023

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

(IRS USE ONLY) 575A 11-16-2021 TRIN B 9999999999 SS-4

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is TRIN. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records. CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

9999999999

Your Telephone Number
( ) -
_____

Best Time to Call
_____

DATE OF THIS NOTICE: 11-16-2021
EMPLOYER IDENTIFICATION NUMBER: 87-3583591
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

TRINITY EXPRESS PHARMACY LLC
JOANN S BHATIA SOLE MBR
6330 W FLAMINGO RD STE 104
LAS VEGAS, NV 89103

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler TRINITY EXPRESS PHARMACY

Physical Address 6330 W FLAMINGO RD STE 104

City LAS VEGAS State NV Zip 89103

Mailing Address (if different from physical address) SAME

City _____ State _____ Zip _____

Telephone 2016999414 Website N/A

Licensing Company Email TRINITY2797@YAHOO.COM

Section 2: Personal Information

First MARK KRISTOFFER Middle _____ Last YU

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]FRINGE RUFF DR

City LAS VEGAS State NV Zip 89148

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ■ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: N/A to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials MKY

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
SAN BEDA COLLEGE			
Address	**City**	**State**	**Zip**
638 MENDIOLA ST	MANILA	NCR	1005
Diploma/Degree obtained, if any			
BACHELOR OF SCIENCE - MANAGEMENT INFORMATION SCIENCE			
School Name		**From - To (MM/YY – MM/YY)**	
AQUINAS SCHOOL			
Address	**City**	**State**	**Zip**
183 BLUMENTRITT ST	SAN JUAN	NCR	1500
Diploma/Degree obtained, if any			
HIGH SCHOOL			
School Name		**From - To (MM/YY – MM/YY)**	
HOLYY ANGEL MONTESSORI SCHOOL			
Address	**City**	**State**	**Zip**
A. DE LEGASPI ST	QUEZON CITY	NCR	1109
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/21-PRESENT	[redacted]FRINGE RUFF DR	LAS VEGAS	NV	89148
04/20-06/21	[redacted]BETTORS LUCK CT	LAS VEGAS	NV	89122
01/18-04/20	[redacted]S NELLIS BLVD	LAS VEGAS	NV	89121
9/17-12/17	[redacted]FULTON AVE	JERSEY CITY	NJ	07305
03/17-09/17	[redacted]LIBERTY AVE	JERSEY CITY	NJ	07306
01/15-03/17	[redacted]OXFORD AVE	JERSEY CITY	NJ	07304
04/13-01/15	[redacted]FRENCH LANE,MORNINGSIDE	JOHANNESBURG	GAUTENC	2198
03/08-4/13	AL BARSHA RD	DUBAI	DUBAI	

Applicant's initials MKY

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
TRINITY PHARMACY			01/18-PRESENT
Business Address	**City**	**State**	**Zip**
2797 S MARYLAND PKWY STE 28	LAS VEGAS	NV	89109
Phone	**Title**		**Number of Employed Hours**
7027768210	PHARMACY ADMIN MANAGER		5440
Description of Duties			
INCHARGE OF COORDINATING AN ORGANIZATION ADMINISTRATION SYSTEM AND GENERAL WORKFLOWS			

Business Name			From - To (MM/YY – MM/YY)
THE PRESCRIPTION SHOPPE			
Business Address	**City**	**State**	**Zip**
550 NEWARK AVE STE 28	JERSEY CITY	NJ	07306
Phone	**Title**		**Number of Employed Hours**
2013600600	PHARMACY ADMIN MANAGER		2560
Description of Duties			
INCHARGE OF COORDINATING AN ORGANIZATION ADMINISTRATION SYSTEM AND GENERAL WORKFLOWS			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials MKY

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	**Publicly Traded**	**Non-publicly Traded**	**Partner-ship**	**Sole Owner**
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I, MARK KRISTOFFER YU, **certify that as the designated representative for**

TRINITY EXPRESS PHARMACY,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

MARK KRISTOFFER YU

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/08/2024

Date

Applicant's initials MKY

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MARK KRISTOFFER YU

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/08/2021

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, MARK KRISTOFFER YU, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/08/2021

Date

Subscribed and Sworn to before me this 8th day of DECEMBER, 2021

Notary Public Signature

Cristina Tuazon Arias
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 20-8284-01
My Appt. Expires December 1, 2023

(Seal)

Applicant's initials MKY

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/08/2021
Date

Applicant's initials MKY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Y

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler TRINITY EXPRESS PHARMACY

Physical Address 6330 W FLAMINGO RD STE 104

City LAS VEGAS State NV Zip 89103

Mailing Address (if different from physical address) SAME

City _____ State _____ Zip _____

Telephone 2016999414 Website N/A

Licensing Company Email TRINITY2797@YAHOO.COM

Section 2: Personal Information

First JOANN Middle SY Last BHATIA

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted]EBERHARDT RD

City EAST HANOVER State NJ Zip 07936

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials JSB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
CENTRO ESCOLAR UNIVERSITY PHILIPPINES			
Address	**City**	**State**	**Zip**
MENDIOLA ST	MANILA	NCR	
Diploma/Degree obtained, if any			
BACHELOR OF SCIENCE IN PHARMACY			
School Name		**From - To (MM/YY – MM/YY)**	
SAINT JOSEPH COLLEGE PHILIPPINES			
Address	**City**	**State**	**Zip**
POBLACION	SINDANGAN	ZAMBO	
Diploma/Degree obtained, if any			
HIGH SCHOOL			
School Name		**From - To (MM/YY – MM/YY)**	
SINDANGAN PILOT DEMONSTRATION SCHOOL			
Address	**City**	**State**	**Zip**
POBLACION	SINDANGAN	ZAMBO	
Diploma/Degree obtained, if any			
ELEMENTARY			
School Name		**From - To (MM/YY – MM/YY)**	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2000-PRESENT	[redacted]EBERHARDT RD	EAST HANOVER	NJ	07936
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials JSB

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
TRINITY PHARMACY			NOV 2014-PRESENT
Business Address	**City**	**State**	**Zip**
2797 S MARYLAND PKWY STE 28	LAS VEGAS	NV	89109
Phone	**Title**		
7027768210	OWNER		
Description of Duties			
OVERSEE GENERAL OPERATIONS			

Business Name			From - To (MM/YY – MM/YY)
THE PRESCRIPTION SHOPPE			2/2012-PRESENT
Business Address	**City**	**State**	**Zip**
550 NEWARK AVE STE 101	JERSEY CITY	NJ	07306
Phone	**Title**		
2013600600	RPH/OWNER		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
EXCEL PHARMACY			05/11-PRESENT
Business Address	**City**	**State**	**Zip**
612 PAVONIA AVE	JERSEY CITY	NJ	07306
Phone	**Title**		
2012895800	RPH/OWNER		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NV/TRINITY EXPRESS PHARMACY LLC

Parent Company (if any): TRINITY EXPRESS PHARMACY

Corporation/Organization Name: TRINITY EXPRESS PHARMACY LLC

Mailing Address: 6330 W FLAMINGO RD STE 104

City: LAS VEGAS State: NV Zip: 89103

Telephone: 9735732687 Email: ADMIN@JSBGROUPOFPHARMACIES.COM

Contact Person Name: JOANN BHATIA

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date 1/7/2022

Applicant's initials JSB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JOANN S BHATIA

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/7/2021

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, JOANN S. BHATIA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/7/2021

Date

Subscribed and Sworn to before me this 7th day of DECEMBER, 2021

Notary Public Signature

NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 20-8284-01
My Appt. Expires December 1, 2023

(Seal)

Applicant's initials JSB

Explanatory Answer to Section 3, Question 3

On October 13, 2021, the Nevada State Board of Pharmacy approved a Stipulation and Order resolving a formal Accusation which was filed against Trinity Pharmacy, license no. PH03287, which is under the same ownership as Trinity Express Pharmacy, LLC. The allegations involved the failure of Trinity's managing pharmacist to secure handwritten signatures for faxed emergency prescriptions for schedule II-controlled substances for hospice patients for a period in 2020. Pursuant to the terms of the Stipulation, Trinity was placed on probation for one year, issued a public reprimand, assessed fines and costs (both of which have been paid), must pass quarterly inspections for one year and must establish policies and procedures related emergency prescriptions (which has been completed). A copy of the Stipulation is attached.

JOANN BHATIA
TRINITY PHARMACY, MANAGING MEMBER
1/7/2022

FILED
OCT 15 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. TRINITY PHARMACY, Pharmacy License No. PH03287, MA LOURDES JAUREGUI, RPH, Certificate of Registration No. 17035, Respondents.	CASE NOS. 19-240-PH-S 19-240-RPH-S STIPULATION AND ORDER FOR RESPONDENT TRINITY PHARMACY ONLY

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Trinity Pharmacy ("Trinity"), Pharmacy License No. PH03287, by and through counsel, Lyn Beggs, Esq., **HEREBY STIPULATE AND AGREE THAT**

1. The Board has jurisdiction over Respondent Trinity and this matter.

2. On or about August 13, 2021, Board Staff served Respondent Trinity with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about September 22, 2021, Respondent Trinity filed its Answer and Notice of Defense through retained counsel, Lyn Beggs, Esq.

4. Respondent is aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, its right to reconsideration, its right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waive its rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that:

A. Respondent Jauregui was the managing pharmacist of Trinity Pharmacy during all alleged and relevant timeframes. During an annual Board inspection of Trinity Pharmacy on or about September 4, 2019, a Board inspector discovered unsigned faxed prescriptions for schedule II controlled substances.

B. Upon further Board investigation, it was discovered from June 10, 2020 to September 28, 2020, forty-two (42) controlled substance schedule II ("CII") prescriptions ("Prescriptions") were dispensed and/or delivered to hospice patients without valid practitioners' handwritten signatures ("Practitioners"). Jauregui's failure to obtain handwritten signatures of Practitioners, and/or verifying the accuracy and completeness of CII Prescriptions violated NRS 453.381(8); NAC 453.420; NAC 453.440; NAC 453.450; NAC 639.945(1); 21 CFR § 1306.11, which also constituted unprofessional conduct.

C. The 42 CII Prescriptions appeared to have been received and notated by Respondent Jauregui as oral orders. However, none of the Prescriptions stated "Authorization for Emergency Dispensing" nor did any of the prescriptions meet legal

requirements to qualify as dispensing CIIs by oral authorization in an emergency. Jauregui's failure to notate the prescriptions, satisfy the requirements of an oral emergency prescription, including verifying that the telephoned prescription was from the prescribing practitioner, violated NAC 453.420, and NAC 453.440.

D. As the owner/operator of a pharmacy, Trinity is responsible for the violations of its employees, including its managing pharmacist, pursuant to NAC 639.702, and/or NAC 639.945(2).

8. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 639.210(11), (12), and/or NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Trinity stipulate to the following. Trinity is placed on probation for a period of one (1) year subject to the following conditions and penalties:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding its duties and responsibilities as a licensed pharmacy;

B. Respondent shall pay a fine of Eight-Thousand Four-Hundred Dollars ($8,400.00) for the violations;

C. Respondent shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

D. Respondent shall successfully pass quarterly inspections to be completed by Board's staff at Trinity's expense~~for~~ one (1) year (CIC);

E. Respondent shall establish policies and procedures regarding emergency oral controlled substance prescriptions in compliance with federal and state law, establish

policies and procedures regarding faxed controlled substance prescriptions, and present to Board's staff for approval within thirty (30) days of entry of this Order; and

Upon successful completion of probation, Respondent Trinity's Pharmacy License No. PH03287, will be fully restored.

10. Any failure by Respondent Trinity to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon the non-compliant Respondent consistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 13, 2021. Respondent will appear telephonically or *via* Zoom at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r-2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board on the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of

Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

15. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 23rd day of September, 2021

TRINITY PHARMACY,
Pharmacy License No. PH03287

APPROVED AS TO FORM AND CONTENT
this 23rd day of September, 2021

LYN BEGGS, ESQ.
Counsel for Respondent
Trinity Pharmacy

Signed this 13th day of October, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Trinity Pharmacy, Pharmacy License No. PH03287 in Case No. 19-240-PH-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this 13th day of October 2021.

Helen Park, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 19th day of October, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Lyn E. Beggs, Esq.
Law Offices of Lyn E. Beggs, PLLC
316 California Ave. #863
Reno, NV 89509

KRISTOPHER MANGOSING

RECEIVED
FEB 1 2022
NEVADA STATE BOARD
OF PHARMACY

January 6, 2022

JoAnn Bhatia
6330 W. Flamingo St. Ste 104
Las Vegas, NV 89103

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Ste. 206
Reno, NV 89521

RE: Application for Licensure of Trinity Express Pharmacy, LLC

Dear Sirs and Madams:

Please accept this letter as authorization in accordance with NAC 639.215 to allow Mr. Mark Yu to appear as a designated representative on behalf of Trinity Express Pharmacy, LLC, upon consideration of its application for a new pharmacy license. Mr. Yu, the Administrative Manager for the pharmacy, appears with my full authority as managing member of the limited liability company. I have attached documentation of my position with Trinity Express Pharmacy, LLC as required.

Should you require any further information regarding Mr. Yu, please do not hesitate to contact me.

Sincerely,

JoAnn Bhatia, Managing Member
Trinity Express Pharmacy, LLC

10

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		■ Nevada ☐ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: B2B DELIVERY, LLC

Physical Address: 3140 POLARIS AVENUE SUITE 22

City: LAS VEGAS State: NV Zip: 89102

Mailing Address (if different from physical address): 2125 E 5TH STREET SUITE 105

City: TEMPE State: AZ Zip: 85281

Telephone: 480-446-2899 Website: WWW.B2BDELIVERS.COM

Name of Designated Representative (DR): DOUGLAS GREENE

Licensing Company Email: RIA@B2BDELIVERS.COM DR Email: DOUG@B2BDELIVERS.COM

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Ray Lasen V. P.

Original Signature (electronic, copies or stamps not accepted)

8/15/2022

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: AVELLA PHARMACY
Address: 4040 N. M.L.K. BLVD. City: NORTH LAS VEGAS State: NV Zip: 89032

Name: PHOENIX CHILDREN'S HOSPITAL PHARMACY
Address: 1919 E. THOMAS RD. City: PHOENIX State: AZ Zip: 85016

Name: ASP PHARMACY
Address: 501 S. RANCHO DRIVE City: LAS VEGAS State: NV Zip: 89106

Name: KCI
Address: 3175 W. ALI BABA LANE City: LAS VEGAS State: NV Zip: 89118

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: ARIZONA
Parent Company (if any): N/A
Corporation/Organization Name: B2B DELIVERY, LLC
Mailing Address: 2125 E 5TH STREET SUITE 105
City: TEMPE State: AZ Zip: 85281
Telephone: 480-446-2899 Email: RIA@B2BDELIVERS.COM
Contact Person Name: RIA LASCIO, VICE PRESIDENT

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✗	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

B2B DELIVERY, LLC

Facility Name

RIA LASCIO, VICE PRESIDENT

Print Name of Authorized Person Submitting Application

Ria Lascio, V.P.

Original signature of Authorized Person (copies or stamps not accepted)

7/1/2022

Date

Board Use Only	Date Received: 8-23-22	Amount: 1000.00 CK - 16600 9/13/22

B2B DELIVERY, LLC

LIST OF OFFICERS / SHAREHOLDERS

James J. Lascio

[redacted] E. Yucca Drive

Fountain Hills, AZ 85268

Percent Ownership: 50%

Ria L. Lascio

[redacted] E. Yucca Drive

Fountain Hills, AZ 85268

Percent Ownership: 50%

STATE OF ARIZONA

Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

B2B DELIVERY, LLC

ACC file number: L15326271

was incorporated under the laws of the State of Arizona on 06/15/2009, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **07/07/2022**

Matthew Neubert, Executive Director

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

B2B DELIVERY, LLC

Nevada Business Identification # NV20111451161

Expiration Date: 07/31/2023

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/08/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202207082812027
You may verify this certificate online at http://www.nvsos.gov

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/8/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Risk Strategies Company P.O. Box 360017 Cleveland OH 44136	**CONTACT NAME:** Lou Watson **PHONE (A/C, No, Ext):** 440-260-1044 **FAX (A/C, No):** 440-260-0218 **E-MAIL ADDRESS:** lwatson@risk-strategies.com
INSURED B2BDELI-01 B2B Delivery, LLC. 2125 E 5th St., #105 Tempe AZ 85281	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Berkley Specialty Insurance Company 31295 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 622908755 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [ ] PRO-JECT [X] LOC OTHER:			QTP000013011	7/9/2021	7/9/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY [X] SCHEDULED AUTOS NON-OWNED AUTOS ONLY			QTA4AK000015211	7/9/2021	7/9/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
A	UMBRELLA LIAB [X] OCCUR X EXCESS LIAB CLAIMS-MADE DED [X] RETENTION $ 10,000			TBD	7/9/2021	7/9/2022	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A A A	Crime Cargo Physical Damage			QTP000013011 QTP000013011 QTP000013011	7/9/2021 7/9/2021 7/9/2021	7/9/2022 7/9/2022 7/9/2022	Limit Limit Comp/Coll Deductible	$100,000 $50,000 $1,000 ea.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
*** The auto policies listed on this certificate do not provide coverage for unscheduled short-term rental vehicles***
Evidence of Insurance Only

CERTIFICATE HOLDER

For Informational Purposes Only

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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B2B Delivery Employees and Independent Contractors

As of August 2022

Independent Contractors	Employees
Thongchai Nillert	Douglas Greene
Mirela Ionescu	Katrinia Carey
Kevin Delmore	
Brenda Hays	
Donna Pagano	
David Preston	
Teja Munanga	
Brandi Clark	
Scott Bader	
Byron Spears	
David Robinson	
Anthony Flippo	
Steve Prieto	
James Arbacauskas	
Jose Rubio Gonzalez	
Adriana Salcedo	
Kyle Denson	
Wilmore Malone	
Deanna Hillman	
Luis Burgueno	
Kurt Huettman	
Jamie Nunez	
Bob Spikes	
Sean Banks	
Lorenzo Haidl	

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 62511583

Application/License No. _____

B2B DELIVERY, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 3140 POLARIS AVE SUITE 22, LAS VEGAS, NV 89102 (Address of Applicant/Principal), as PRINCIPAL, and LEXINGTON NATIONAL INSURANCE CORPORATION (Surety Company), a corporation organized under the laws of the state of FLORIDA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is P.O. BOX 6098, LUTHERVILLE, MD 21094 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on AUGUST 18, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 18 day of AUGUST, 2022.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Surety Company's Representative

LEXINGTON NATIONAL INSURANCE CORP. INCORPORATED 1989 FLORIDA

LAURA SCHOLZE, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

NOT REQUIRED
Nevada Resident Agent

IMPORTANT NOTICE – THIS POWER OF ATTORNEY IS VOID IF "LNIC Original" WATERMARK IS NOT PRESENT

POWER OF ATTORNEY
Lexington National Insurance Corporation

Lexington National Insurance Corporation, a corporation duly organized under the laws of the State of Florida and having its principal administrative office in Baltimore County, Maryland, does hereby make, constitute and appoint:

Laura Scholze, Courtney Judge, Mai-Ling Rodriguez, Brian Whipple, Justin J. Silva, Lauren Burkhart

as its true and lawful attorney-in-fact, each in their separate capacity, with full power and authority to execute, acknowledge, seal and deliver on its behalf as surety any bond or undertaking of $6,000,000 or less. This Power of Attorney is void if used for any bond over that amount.

This Power of Attorney is granted under and by authority of the following resolutions adopted by the Board of Directors of the Company on February 15, 2018:

Be it Resolved, that the President or any Vice-President shall be and is hereby vested with full power and authority to appoint suitable persons as Attorney-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and on the behalf of the Company, to execute, acknowledge and deliver any and all bonds, contracts, or indemnity and other conditional or obligatory undertakings, including any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts, and any all notices and documents cancelling or terminating the Company's liability thereunder and any such instruments so executed by any Attorney-in Fact shall be binding upon the Company as if signed by the President and sealed by the Corporate Secretary.

RESOLVED further, that the signature of the President or any Vice-President of LEXINGTON NATIONAL INSURANCE CORPORATION may be affixed by facsimile to any power of attorney, and the signature of the Secretary or any Assistant Secretary and the seal of the Company may be affixed by facsimile to any certificate of such power, or any such power or certificate bearing such facsimile signature or seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed with respect to any bond to which it is attached continue to be valid and binding upon the Company.

IN WITNESS WHEREOF, the Company have caused this instrument to be signed and their corporate seal to be hereto affixed.

LEXINGTON NATIONAL INSURANCE CORP. INCORPORATED 1989 FLORIDA

Ronald A. Frank, President

State of Maryland
County of Harford County, SS:

Before me, a notary public, personally appeared, Ronald A. Frank, President of Lexington National Insurance Corporation, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under the PENALTY of PERJURY under the laws of the State of Maryland that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Commission Expires: 05/23/24

ALYSSA BARNES NOTARY PUBLIC HARFORD COUNTY, MD

Notary

I, Lisa R. Slater, Secretary of Lexington National Insurance Corporation, do hereby certify that the above and foregoing is true and correct copy of a Power of Attorney, executed by said company, which is still in full force and effect; furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seal of said Company at Baltimore, Maryland this 1st day of July, 2022.

Lisa R. Slater, Secretary

Attached to bond signed this 18 day of August, 2022

F:\lnic\Power of Attorney form CS 2021 with Watermark Seal

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: B2B Delivery, LLC

Physical Address: 3140 Polaris Ave Suite 22

City: Las Vegas State: NV Zip: 89102

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-541-6260 Website: www.b2bdelivers.com

Licensing Company Email: Doug@b2bdelivers.com

Section 2: Personal Information

First: Douglas Middle: M Last: Greene

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Sky Pointe Dr. Apartment [redacted]

City: Las Vegas State: NV Zip: 89130

Telephone: [redacted] Email: Doug@b2bdelivers.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: 4/4/1991 to: 5/22/1992

Military Occupation/Specialty: Disbursing Clerk

Branch: ☐ Army/Reserves ■ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✓	

Applicant's initials: DMG

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Grand Canyon University		05/2021 - Present	
Address	City	State	Zip
3300 West Camelback Rd	Phoenix	AZ	85017
Diploma/Degree obtained, if any			
Bridge program of 8 accounting classes for acceptance into the Accounting Master's Program			
School Name		From - To (MM/YY – MM/YY)	
Roberts Weslyan College		01/2004 - 05/2005	
Address	City	State	Zip
2301 Westside Dr.	Rochester	NY	14624
Diploma/Degree obtained, if any			
Bachelors Of Science (Organization Management)			
School Name		From - To (MM/YY – MM/YY)	
Monroe Community College		01/2003 - 1/2004	
Address	City	State	Zip
1000 East Henrietta Rd	Rochester	NY	14623
Diploma/Degree obtained, if any			
Associates in Marketing			
School Name		From - To (MM/YY – MM/YY)	
Holley Jr/Sr High School		09/1981 - 06/1985	
Address	City	State	Zip
16848 Lynch Rd	Holley	NY	14470
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2022 - present	[redacted]Sky Pointe Dr	Las Vegas	NV	89130
11/2010 - 05/2022	[redacted] Lava Rock Ave	N. Las Vegas	NV	89031
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
B2B Delivery, LLC			07/2013 - present	
Business Address		**City**	**State**	**Zip**
3140 Polaris Ave		Las Vegas	NV	89102
Phone	**Title**		**Number of Employed Hours**	
702-541-6260	Branch/Sales Manager		18720	
Description of Duties				
Manage all sales for the branch in addition to managing the day-to-day activities of all deliveries for the branch. We specialize in pharma deliveries to residents homes for various pharmacies in the Las Vegas market.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

6/23/2022
Date

Applicant's initials DMG

I, Douglas M. Greene, **certify that as the designated representative for**

B2B Delivery, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Douglas Greene

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/23/2022

Date

Applicant's initials DMG

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Douglas Greene

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/23/2022

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, DOUGLAS M GREENE, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/23/2022

Date

Subscribed and Sworn to before me this 5 day of August 2022.

Notary Public Signature

EBONY A. DANFORD
Notary Public, State of Nevada
Appointment No. 11-5289-1
My Appt. Expires Aug 3, 2023

(Seal)

8/5/22

Applicant's initials DMG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG B2B DELIVERY LLC MDEG License # (if applicable) _____

Physical Address 3140 POLARIS AVE SUITE 22

City LAS VEGAS State NV Zip 89102

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-541-6260 Website WWW.B2BDELIVERS.COM

Licensing Company Email Doug@b2bdelivers.com

Section 2: Personal Information

First Douglas Middle M Last Greene

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Sky Pointe Dr Apt. [redacted]

City Las Vegas State NV Zip 89130

Telephone [redacted] Email Doug@b2bdelivers.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✔	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✔	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Grand Canyon University		02/2021 - Present	
Address	City	State	Zip
3300 West Camelback Rd	Phoenix	AZ	85017
Diploma/Degree obtained, if any			
Currently the Accounting Master's Program			

School Name		From - To (MM/YY – MM/YY)	
Roberts Weslyan Collegs		01/2024-05/2005	
Address	City	State	Zip
2301 Westside Driver	Rochester	NY	14624
Diploma/Degree obtained, if any			
Bachelors of Science (Organization management)			

School Name		From - To (MM/YY – MM/YY)	
Monroe Community College		01/2003/ - 01/2004	
Address	City	State	Zip
1000 East henrietta Road	Rochester	NY	14623
Diploma/Degree obtained, if any			
Associated in marketing			

School Name		From - To (MM/YY – MM/YY)	
Holley Jr/Sr High School		09/1981 - 06/1985	
Address	City	State	Zip
16848 Lynch Road	Holley	NY	14470
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2022 - Present	[redacted] Sky Pointe Drive Apt [redacted]	Las Vegas	NV	89130
11/2010 - 05/2022	[redacted] Lava Rock Ave	N. Las Vegas	NV	89031
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
B2B Delivery, LLC			07/2013 - Present	
Business Address		**City**	**State**	**Zip**
3140 Polaris Ave		Las Vegas	NV	89102
Phone	**Title**		**Number of Employed Hours**	
702-541-6260	Branch/Sales Manager		18720	
Description of Duties				
Manage all sales for the branch in addition to managing the day-to-day activities of all deliveries for the branch. We specialize in pharma deliveries to residents homes for various pharmacies including deliveries for KCI/MMM.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9/15/2022
Date

I, Douglas M. Greene, **certify that as the MDEG Administrator for**

B2B Delivery LLC.,

that I (initial that you have read and meet the following requirements):

1. DMG Have a high school diploma or its equivalent;
2. DMG Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. DMG Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. DMG Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Douglas Greene
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/2022
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: B2B DELIVERY, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 3140 POLARIS AVE SUITE 22

City: LAS VEGAS State: NV Zip: 89102

Mailing Address (if different from physical address): 2125 E 5TH STREET SUITE 105

City: TEMPE State: AZ Zip: 85288

Telephone: 480-446-2899 Website: WWW.B2BDELIVERS.COM

Licensing Company Email: RIA@B2BDELIVERS.COM

Section 2: Personal Information

First: RIA Middle: LONA Last: LASCIO

Alias(es, nicknames, name changes, etc.): RIA ROBLES, RIA COTTLE

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] E YUCCA DR.

City: FOUNTAIN HILLS State: AZ Zip: 85268

Telephone: [redacted] Email: RIA@B2BDELIVERS.COM

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
ARIZONA STATE UNIVERSITY		09/87 - 05/93	
Address	**City**	**State**	**Zip**
1151 S FOREST AVE.	TEMPE	AZ	85281
Diploma/Degree obtained, if any			
BACHELOR IN FAMILY RESOURCES AND HUMAN DEVELOPMENT			

School Name		From - To (MM/YY – MM/YY)	
MESA COMMUNITY COLLEGE		06/91 - 05/92	
Address	**City**	**State**	**Zip**
1833 W SOUTHERN AVE.	MESA	AZ	85202
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
CENTRAL HIGH SCHOOL		08/83 - 05-87	
Address	**City**	**State**	**Zip**
4525 N CENTRAL AVE	PHOENIX	AZ	85012
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2021-PRESENT	[redacted]E YUCCA DRIVE	FOUNTAIN HILLS	AZ	85268
06/2021 - 06-2018	[redacted]E AVENUE OF THE FOUNTAINS	FOUNTAIN HILLS	AZ	85268
05/2018 - 09/2009	[redacted]N NICKLAUS DR.	FOUNTAIN HILLS	AZ	85268

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
B2B DELIVERY, LLC			08/09/2009-CURRENT
Business Address	**City**	**State**	**Zip**
2125 E 5TH STREET SUITE 105	TEMPE	AZ	85281
Phone	**Title**		
480-446-2899	VICE PRESIDENT		

Description of Duties

OVERSEE OFFICE AND ACCOUNTING DEPARTMENT OF DELIVERY COMPANY.

Business Name			From - To (MM/YY – MM/YY)
PITCH BLACK TACTICAL, LLC			08/2020 - CURRENT
Business Address	**City**	**State**	**Zip**
2150 W ALAMEDA RD. UNIT 1380	PHOENIX	AZ	85085
Phone	**Title**		
480-326-6373	VICE PRESIDENT		

Description of Duties

OVERSEE ONLINE RETAIL STORE FOR SPORTING GOODS ACCESSORIES.

Business Name			From - To (MM/YY – MM/YY)
PATRIOTIC FASHIONS, LLC			08/2017 TO PRESENT
Business Address	**City**	**State**	**Zip**
15620 E YUCCA DR	FOUNTAIN HILLS	AZ	85268
Phone	**Title**		
480-326-6373	PRESIDENT / OWNER		

Description of Duties

NOT AN ACTIVE BUSINESS. ONLINE SALES OF WOMEN'S ACCESSORIES

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
9/22/2008		AZ	SCOTTSDALE	MARICOPA
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
CV2008-053545		SUPERIOR COURT OF ARIZONA		
Reason/Charge				
UNPAID DEBT				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
DEFENDENT		LAWSUIT		
Name of Business/Industry/Entity				
WELLS FARGO BANK				

Provide explanation below:

WENT THROUGH A DIVORCE AND MY EX-HUSBAND DEFAULTED ON THE HOME LOAN. HE KEPT THE HOME BUT MY NAME WAS STILL ON THE MORTGAGE.

Original Signature (electronic, copies or stamps not accepted)

8/15/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

RIA LASCIO

~~Print~~ Name (First, Last)

Ria Lascio — 8/15/2022

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of ARIZONA, ss. County of MARICOPA

I, RIA LASCIO, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Ria Lascio — 8/21/22

Original Signature — **Date**

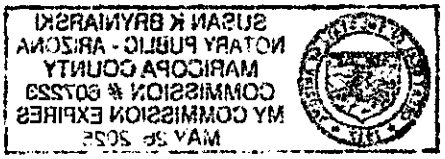
Subscribed and Sworn to before me this 21 day of August.

Susan K. Bryniarski

Notary Public Signature

SUSAN K BRYNIARSKI
NOTARY PUBLIC - ARIZONA
MARICOPA COUNTY
COMMISSION # 607223
MY COMMISSION EXPIRES
MAY 26, 2025

(Seal)


SUSAN K BRYNIARSKI
NOTARY PUBLIC - ARIZONA
MARICOPA COUNTY
COMMISSION # 607229
MY COMMISSION EXPIRES
MAY 26, 2025

This is in response to Question # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11/7/2008		AZ	SCOTTSDALE	MARICOPA

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
CV 2008-028498	SUPERIOR COURT OF ARIZONA

Reason/Charge: UNPAID DEBT

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
DEFENDENT	LAWSUIT

Name of Business/Industry/Entity: COMPASS BANK

Provide explanation below:

WENT THROUGH DIVORCE, EX-HUSBAND DEFAULTED ON 2ND HOME MORTGAGE.

This is in response to Question # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11/2004		AZ	SCOTTSDALE	MARICOPA

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
CV 2004-021833	SUPERIOR COURT OF ARIZONA

Reason/Charge: BUSINESS DISPUTE

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
DEFENDENT	LAWSUIT

Name of Business/Industry/Entity: APSC

Provide explanation below:

EX-HUSBAND WAS INVOLVED IN BUSINESS DISPUTE. HE WAS CFO AND LISTED IN LAWSUIT. I WAS LISTED BECAUSE I WAS HIS SPOUSE.

This is in response to Question # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
3/24/2003		AZ	SCOTTSDALE	MARICOPA

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
CV 2003-005723	SUPERIOR COURT OF ARIZONA

Reason/Charge: NON COMPETE

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
DEFENDENT	LAWSUIT

Name of Business/Industry/Entity: EXHIBITS SOUTHWEST

Provide explanation below:

FORMER EMPLOYER TRIED TO SUE ME FOR NON-COMPETE AGREEMENT. WAS DISMISSED.

Re Lasen 8/15/22

Select Language
Powered by Google Translate

Civil Court Case Information - Case History

Case Information

Case Number:	CV2008-053545	Judge:	Popham, Jr, Gary
File Date:	9/22/2008	Location:	Northeast
Case Type:	Civil		

Party Information

Party Name	Relationship	Sex	Attorney
Wells Fargo Bank N A	Plaintiff		Marty Baker
Hugo J Robles	Defendant	Male	Pro Per
Ria L Robles	Defendant	Female	Pro Per

Case Documents

Filing Date	Description	Docket Date	Filing Party
10/7/2008	JFD - Judgment Forcible Detainer	10/9/2008	
NOTE: Notice of filing and entry provided to the parties			
9/26/2008	AMS - Affidavit Alternative Method of Service	10/8/2008	
NOTE: HUGO J ROBLES AND RIA L ROBLES SERVED 9/23/08			
9/25/2008	SUM - Summons	9/29/2008	
9/25/2008	DCL - Declaration	10/1/2008	
NOTE: OF DELIVERY BY PRIVATE PROCESS SERVER/SERVED HUGO J ROBLES & RIA L ROBLES 09/23/08			
9/22/2008	COM - Complaint	9/23/2008	

Case Calendar

Date	Time	Event
10/7/2008	9:45	Forcible Detainer Hearing

Judgments

Date	(F)or / (A)gainst	Amount	Frequency	Type	Status
10/7/2008	F:Wells Fargo Bank N A A: Hugo J Robles A: Ria L Robles		One Time	Judgment Only	

Select Language
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Civil Court Case Information - Case History

Case Information

Case Number:	CV2008-028498	Judge:	Cronin, Mary
File Date:	11/7/2008	Location:	Downtown
Case Type:	Civil		

Party Information

Party Name	Relationship	Sex	Attorney
Citimortgage Inc	Plaintiff		Joseph Whipple
Ria Robles	Defendant	Female	Pro Per
Hugo Robles	Defendant	Male	Pro Per
Compass Bank	Garnishee Defendant		Pro Per

Case Documents

Filing Date	Description	Docket Date	Filing Party
1/21/2014	ARJ - Affidavit: Renewal Of Judgment	1/21/2014	
NOTE: Judgment Renewal Affidavit/Efile billing $27.00			
7/13/2009	JAG - Judgment Against Garnishee	7/23/2009	
7/7/2009	AFS - Affidavit Of Service	7/13/2009	
7/7/2009	WGS - Writ Of Garnishment and Summons	7/14/2009	
7/2/2009	APL - Application	7/10/2009	
NOTE: AND JUDGMENT AGAINST GARNISHEE ON WRIT OF GARNISHMENT			
6/29/2009	ANG - Answer Of Garnishee	7/8/2009	Garnishee Defendant(4)
6/2/2009	AWG - Application For Writ Of Garnishment	6/8/2009	
4/16/2009	DFJ - Default Judgment	4/22/2009	
NOTE: Copy mailed/provided to non-defl. parties on date of filing			
4/15/2009	311 - ME: 150 Day Minute Entry	4/15/2009	
4/7/2009	MAJ - Mot/Aff Entry Def Jud W/O Hear	4/9/2009	
4/7/2009	SOC - Statement Of Costs	4/13/2009	
NOTE: AND NOTICE OF TAXATION OF COSTS			
3/20/2009	AAE - Application/Affidavit And Entry Of Default	3/24/2009	
NOTE: AND NOTICE OF APPLICATION FOR ENTRY OF DEFAULT			
3/2/2009	AFS - Affidavit Of Service	3/6/2009	
NOTE: HUGO ROBLES SERVED 02/22/09			
2/11/2009	322 - ME: Notice Of Intent To Dismiss	2/11/2009	
2/11/2009	OXS - Order To Extend Time For Service	2/20/2009	
NOTE: UNTIL 04/17/09			
2/6/2009	MXS - Motion To Extend Time For Service	2/11/2009	
12/15/2008	AAS - Affidavit Of Attempted Service	12/17/2008	
11/7/2008	COM - Complaint	11/12/2008	
11/7/2008	CCS - Cerificate Arbitration - Subject To	11/12/2008	

Case Calendar

There are no calendar events on file

Judgments

Date	(F)or / (A)gainst	Amount	Frequency	Type	Status
1/21/2014	F:Citimortgage Inc A: Hugo Robles	$55,584.30	One Time	Affidavit of Renewal of Judgment	Modified
4/16/2009	F:Citimortgage Inc	$512.20	One Time	Costs	Modified

Select Language
Powered by Google Translate

Civil Court Case Information - Case History

Case Information

Case Number: CV2004-021833
File Date: 11/9/2004
Case Type: Civil

Judge: Hannah, John
Location: Downtown
eFile

Party Information

Party Name	Relationship	Sex	Attorney
A P S C/ Spectrum Boulevard L L C	Plaintiff		Edward Comitz
Hugo J Robles	Defendant	Male	Timothy Ducar
Ancona Spectrum Boulevard L L C	Defendant		THOMAS QUIGLEY
Ancona Development L L C	Defendant		THOMAS QUIGLEY
Circle S, L L C	Defendant		Timothy Ducar
Nelson L Strickland	Defendant	Male	Timothy Ducar
Skyman Development L L C	Defendant		THOMAS QUIGLEY
Barry Rosensteel	Defendant	Male	THOMAS QUIGLEY
Vivian Shahrestani	Defendant	Female	John Campbell
Renee K Kwan	Defendant	Female	John Campbell
Kayares International L L C	Defendant		John Campbell
Elizabeth Rosensteel	Defendant	Female	THOMAS QUIGLEY
Ria Robles	Defendant	Female	Timothy Ducar
Elizabeth Strickland	Defendant	Female	Timothy Ducar
Kayares International Inc	Defendant		John Campbell

Case Documents

Filing Date	Description	Docket Date	Filing Party
11/29/2006	ODI - Order Of Dismissal	12/7/2006	
NOTE: WITH PREJUDICE			
11/14/2006	SFD - Stipulation For Dismissal	11/20/2006	
NOTE: WITH PREJUDICE			
11/3/2006	NOF - Notice Of Filing	11/9/2006	
NOTE: PROPOSED ORDER GRANTING PLAINTIFF'S MOTION FOR RULE 37 SANCTIONS			
11/3/2006	019 - ME: Ruling	11/3/2006	
11/2/2006	SJU - Satisfaction Of Judgment	11/6/2006	
NOTE: OF SANCTIONS AWARD			
11/2/2006	NOF - Notice Of Filing	11/8/2006	
NOTE: ORIGINAL DECLARATION OF RENEE K KWAN IN SUPPORT OF RESPONSE TO PLAINTIFF'S MOTION FOR SANCTIONS AND APPLICATION FOR ORDER TO SHOW CAUSE			
11/1/2006	ORD - Order	11/6/2006	
NOTE: ALLOWING MS KWAN TO APPEAR BY TELEPHONE AT THE DATE AND TIME PREVIOUSLY SET FOR HEARING			
11/1/2006	REL - Reply	11/7/2006	
NOTE: IN SUPPORT OF MOTION FOR RULE 37 SANCTIONS AND APPLICATION FOR ORDER TO SHOW CAUSE FOR FAILURE TO APPEAR			
10/31/2006	RES - Response	11/6/2006	
NOTE: TO PLAINTIFF'S MOTION FOR RULE 37 SANCTIONS AND APPLICATION FOR ORDER TO SHOW CAUSE/EXPEDITED MOTION TO QUASH ORDER TO SHOW CAUSE TO CONTINUE HEARING OR IN THE ALTERNATIVE APPEAR BY TELEPHONE			
10/17/2006	MOT - Motion	10/20/2006	
NOTE: PLAINTIFF'S FOR RULE 37 SANCTIONS AND APPLICATION FOR ORDER TO SHOW CAUSE FOR FAILURE TO APPEAR			
10/17/2006	CER - Certificate	10/20/2006	
NOTE: PLAINTIFFS' SUPPLEMENTAL PURSUANT TO RULE 37(A)(2)(C)			
9/22/2006	027 - ME: Pretrial Conference	9/22/2006	

6/30/2006	003 - ME: Hearing Reset	6/30/2006
6/15/2006	089 - ME: Trial Setting	6/15/2006
6/7/2006	MEM - Memorandum	6/7/2006
NOTE: Joint Pretrial Conference Memorandum		
4/28/2006	530 - ME: Case Designated for Mandatory E-Filing	4/28/2006
4/28/2006	041 - ME: Scheduling Conference Set	4/28/2006
4/27/2006	NOT - Notice	5/2/2006
NOTE: OF SETTLEMENT CONFERENCE		
4/14/2006	CCE - Controverting Certificate	4/17/2006
NOTE: OF READINESS		
3/31/2006	NOT - Notice	4/3/2006
NOTE: OF NON-SETTLEMENT; REQUEST TO PLACE CASE ON ACTIVE CALENDAR; MOTION TO SET AND CERTIFICATE OF READINESS		
3/17/2006	ODI - Order Of Dismissal	3/24/2006
NOTE: WITH PREJUDICE		
3/10/2006	SFD - Stipulation For Dismissal	3/16/2006
NOTE: WITH PREJUDICE		
2/27/2006	078 - ME: Case On Dismissal Calendar	2/27/2006
2/24/2006	ORD - Order	3/15/2006
NOTE: VACATING PRETRIAL CONFERENCE		
2/21/2006	NOT - Notice	2/24/2006
NOTE: PF PENDING SETTLEMENT AND REQUEST TO CONTINUE JOINT PRETRIAL CONFERENCE		
1/31/2006	OCC - Order Continuing on Inactive/Dismissal Calendar	2/9/2006
NOTE: AND SETTING RULE 16 SCHEDULING CONFERENCE		
1/26/2006	NOT - Notice	2/1/2006
NOTE: OF SERVICE OF DEFENDANTS RENEE KWAN VIVIAN SHAHRESTANI AND KAYARES INTERNANTAL LLCS RULE 68 OFFER OF JUDGMENT		
1/24/2006	MCC - Mot/Cont On Inactive Calendar	1/27/2006
NOTE: AND REUQEST FOR RULE 16 SCHEDULING CONFERENCE		
12/5/2005	NOS - Notice Of Settlement	12/12/2005
NOTE: CONFERENCE		
11/15/2005	023 - ME: Order Entered By Court	11/15/2005
11/15/2005	070 - ME: Settlement Conference Set	11/15/2005
11/8/2005	ORD - Order	11/22/2005
NOTE: SETTING SETTLEMENT CONFERENCE UNSIGNED		
11/7/2005	REQ - Request	11/14/2005
NOTE: PLAINTIFF'S FOR SETTLEMENT CONFERENCE		
10/18/2005	AFD - Affidavit On Default	10/19/2005
10/18/2005	ADE - Application For Default	10/19/2005
10/18/2005	NOT - Notice	10/19/2005
NOTE: OF APPLICATION FOR ENTRY OF DEFAULT		
8/24/2005	OCC - Order Continuing on Inactive/Dismissal Calendar	9/2/2005
8/23/2005	MCC - Mot/Cont On Inactive Calendar	8/26/2005
8/10/2005	078 - ME: Case On Dismissal Calendar	8/10/2005
8/3/2005	ANS - Answer	8/4/2005
NOTE: TO FIRST AMENDED COMPLAINT AND CROSS CLAIM/ PAID		
7/18/2005	021 - ME: Nunc Pro Tunc Order	7/18/2005
7/18/2005	STP - Stipulation	7/22/2005
NOTE: FOR EXTENSION OF TIME TO FILE RESPONSIVE PLEADINGS		
7/1/2005	019 - ME: Ruling	7/1/2005
6/30/2005	ODI - Order Of Dismissal	7/15/2005
NOTE: UNSIGNED		
6/22/2005	020 - ME: Matter Under Advisement	6/22/2005
6/21/2005	ORD - Order	7/15/2005
NOTE: FOR ORAL ARGUMENT ON MOTION TO DISMISS UNSIGNED		
6/21/2005	LET - Letter	7/15/2005
6/8/2005	OBJ - Objection/Opposition.	6/13/2005
NOTE: PLAINTIFF'S CONSOLIDATED TO DEFENDANTS ROBLES' MOTION TO DISMISS PURSUANT TO ARIZ R CIV P 12(B) AND TO DEFENDANTS STRICKLANDS' MOTION FOR SUMMARY JDUGMENT PURSUANT TO ARIZ R CIV P 56		
5/10/2005	ANS - Answer	5/11/2005
NOTE: PAID		
5/10/2005	MSJ - Motion For Summary Judgment	5/13/2005

NOTE: STRICKLANDS'

5/10/2005	MTD - Motion To Dismiss	5/13/2005
NOTE: DEFENDANTS ROBELS' RULE 12(B)(6)		
5/10/2005	MSJ - Motion For Summary Judgment	5/13/2005
NOTE: CIRCLE S LLC'S		
5/10/2005	NAR - Notice Of Appearance	5/18/2005
NOTE: ON BEHALF OF DEFS ROBLES		
5/9/2005	WSS - Waiver Of Service Of Summons	5/10/2005
NOTE: KAYARES INTERNATIONAL INC SERVED 5-5-2005		
5/6/2005	NOT - Notice	5/13/2005
NOTE: RENEWING DEFENDANTS KWAN SHAHRESTANI AND KAYARES INTERNATIONAL INC'S 12(B) MOTION TO DISMISS		
5/4/2005	ORD - Order	5/18/2005
NOTE: GRANTING MOTION TO CONTINUE ORAL ARGUMENT ON 5-25-05		
5/3/2005	AFD - Affidavit On Default	5/5/2005
NOTE: AND ENTRY OF DEFAULT		
4/28/2005	MCO - Motion To Continue	5/3/2005
NOTE: ORAL ARGUMENT ON 5-25-05		
4/25/2005	OBJ - Objection/Opposition.	5/2/2005
NOTE: TO DEFS NELSON & ELIZABETH STRICTLANDS MOTION TO DISMISS COUNT SIX OF THE FIRST AMENDED COMPLAINT		
4/11/2005	AFS - Affidavit Of Service	4/14/2005
NOTE: CIRCLE S LLC SERVED 04/07/2005		
4/11/2005	AFS - Affidavit Of Service	4/14/2005
NOTE: HUGO J ROBLES AND RIA ROBLES SERVED 04/07/2005		
4/11/2005	SUM - Summons	4/14/2005
NOTE: REPLACEMENT		
4/11/2005	SUM - Summons	4/14/2005
NOTE: REPLACEMENT		
4/7/2005	094 - ME: Oral Argument Set	4/7/2005
4/7/2005	094 - ME: Oral Argument Set	4/7/2005
4/1/2005	MTD - Motion To Dismiss	4/8/2005
NOTE: RULE 12 (B)(6)/ COUNT SIX		
4/1/2005	ANS - Answer	4/4/2005
NOTE: PAID		
4/1/2005	ANS - Answer	4/4/2005
NOTE: PAID		
4/1/2005	MTD - Motion To Dismiss	4/6/2005
NOTE: JOINDER IN DEFENDANT NELSON AND ELIZABETH STRICKLANDS RULE 12 (B) (6)/ COUNT SIX		
3/23/2005	AFD - Affidavit On Default	3/25/2005
NOTE: ENTRY OF DEFAULT		
3/23/2005	ADE - Application For Default	3/25/2005
3/23/2005	NOT - Notice	3/29/2005
NOTE: OF ERRATA		
3/22/2005	ORD - Order	4/4/2005
NOTE: RE EXTENSION OF TIME TO FILE REPLY TO PLAINTIFF'S OPPOSITION		
3/21/2005	REL - Reply	3/29/2005
NOTE: DEFENDANTS KWAN SHAHRESTANI KAYARES INTERNATION LLC'S IN SUPPORT OF 12(B) MOTION TO DISMISS		
3/17/2005	AFS - Affidavit Of Service	3/18/2005
NOTE: JOHN DOE SHAHRESTANI SERVED 03-09-05		
3/17/2005	AFS - Affidavit Of Service	3/18/2005
NOTE: VIVIAN SHAHRESTANI SERVED 03-09-05		
3/17/2005	SUM - Summons	3/23/2005
3/16/2005	STP - Stipulation	3/23/2005
NOTE: FOR EXTENSION OF TIME TO FILE REPLY		
3/4/2005	REQ - Request	3/10/2005
NOTE: PLAINTIFF'S FOR ORAL ARGUMENT ON MOTION TO DISMISS		
3/4/2005	023 - ME: Order Entered By Court	3/4/2005
3/2/2005	OXS - Order To Extend Time For Service	3/14/2005
NOTE: UNTIL JUNE 30, 2005 AS TO DEFENDANTS RENEE KWAN, VIVIAN SHAHRESTANI, KAYARES INTERNATIONAL INC, HUGO J ROBLES, RIA ROBLES AND CIRCLE S LLC		
2/28/2005	NOF - Notice Of Filing	3/7/2005
NOTE: PLAINTIFF'S FIRST AMENDED COMPLAINT		
2/28/2005	MXS - Motion To Extend Time For Service	3/7/2005

2/28/2005	OBJ - Objection/Opposition.	3/8/2005
NOTE: PLAINTIFF'S TO DEFENDANTS KWAN SHAHRESTANI AND KAYARES INTERNATION'S MOTION TO DISMISS PURSUANT TO ARIZ R CIV P 12(B)		
2/28/2005	AMC - Amended Complaint	3/1/2005
NOTE: FIRST/		
2/16/2005	ORD - Order	3/2/2005
NOTE: FOR EXTENSION OF TIME TO FILE RESPONSE TO MOTION TO DISMISS		
2/15/2005	STP - Stipulation	2/22/2005
NOTE: FOR EXTENSION OF TIME TO FILE RESPONSE TO MOTION TO DISMISS		
2/9/2005	AFS - Affidavit Of Service	2/14/2005
NOTE: NELSON L STRICKLAND AND JANE DOE SERVED 02/03/05		
2/9/2005	SUM - Summons	2/14/2005
1/28/2005	MTD - Motion To Dismiss	2/1/2005
NOTE: DEFENDANTS KWAN SHAHRESTANI AND KAYARES INTERNATIONAL'S PURSUANT TO ARIZ R CIV P 12(B)		
1/26/2005	CAA - Cert Of Agreement/Arbitration	1/31/2005
1/26/2005	ANS - Answer	1/28/2005
NOTE: PAID		
12/23/2004	AFS - Affidavit Of Service	12/29/2004
NOTE: ANCONA DEVELOPMENT L L C SERVED 12/13/2004		
12/22/2004	AFS - Affidavit Of Service	12/30/2004
NOTE: SKYMAN DEVELOPMENT LLC SERVED 12-13-04		
12/22/2004	AFS - Affidavit Of Service	12/30/2004
NOTE: ANCONA SPECTRUM BOULEVARD LLC SERVED 12-13-04		
12/22/2004	AFS - Affidavit Of Service	12/30/2004
NOTE: BARRY ROSENSTEEL AND ELIZABETH ROSENSTEEL SERVED 12-13-04		
12/22/2004	SUM - Summons	12/29/2004
12/22/2004	SUM - Summons	12/29/2004
11/9/2004	COM - Complaint	11/15/2004
11/9/2004	CCN - Cert Arbitration - Not Subject	11/15/2004

Case Calendar

Date	Time	Event
5/25/2005	8:30	Oral Argument
6/20/2005	11:30	Oral Argument
2/8/2006	9:00	Civil Settlement Conference
2/27/2006	14:45	Pre-Trial Conference
6/2/2006	10:00	Civil Settlement Conference
6/12/2006	10:45	Pre-Trial Conference
11/2/2006	9:00	Order To Show Cause
1/29/2007	8:45	Pre-Trial Conference
2/13/2007	9:30	Trial

Judgments

There are no judgments on file

Select Language
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Civil Court Case Information - Case History

Case Information

Case Number: CV2003-005723
File Date: 3/24/2003
Case Type: Civil
Judge: Duncan, Sally
Location: Downtown

Party Information

Party Name	Relationship	Sex	Attorney
Exhibits Southwest Inc	Plaintiff		Burton Cohen
Eric Abel	Defendant	Male	Pro Per
Mary Abel	Defendant	Female	Pro Per
Hugo Robles	Defendant	Male	Michael Pearson
Alan Stoken	Defendant	Male	Pro Per
Synthesis Display Inc	Defendant		Pro Per
Synthesis Media Inc	Defendant		Pro Per
Ria Robles	Defendant	Female	Michael Pearson
Jodie Stoken	Defendant	Female	Pro Per

Case Documents

Filing Date	Description	Docket Date	Filing Party
8/6/2003	ODI - Order Of Dismissal	11/5/2003	
NOTE: WITHOUT PREJUDICE			
7/29/2003	SFD - Stipulation For Dismissal	12/10/2003	
4/30/2003	CCN - Cert Arbitration - Not Subject	10/8/2003	
4/30/2003	ANS - Answer	5/7/2003	
NOTE: PAID			
4/18/2003	AFS - Affidavit Of Service	5/1/2003	
NOTE: SYNTHESIS DISPLAY INC SERVED 04-11-03			
4/17/2003	SUM - Summons	9/22/2003	
4/9/2003	NOT - Notice	9/11/2003	
NOTE: OF TRUE NAME OF JANE DOE STOKEN			
4/8/2003	SUM - Summons	9/11/2003	
4/8/2003	SUM - Summons	10/1/2003	
4/8/2003	SUM - Summons	9/11/2003	
4/8/2003	AFS - Affidavit Of Service	4/23/2003	
NOTE: ERIC ABEL AND MARY ABEL SERVED 4-6-2003			
4/8/2003	AFS - Affidavit Of Service	4/23/2003	
NOTE: ALAN STOKEN AND JODIE STOKEN SERVED 4-2-2003			
4/1/2003	SUM - Summons	8/25/2003	
4/1/2003	AFS - Affidavit Of Service	4/17/2003	
NOTE: SYNTHESIS MEDIA INC SERVED 3-31-2003			
3/31/2003	AFS - Affidavit Of Service	4/16/2003	
NOTE: RIA ROBLES AND HUGO ROBLES SERVED 3-26-2003			
3/31/2003	SUM - Summons	8/26/2003	
3/28/2003	SUM - Summons	8/26/2003	
3/24/2003	COM - Complaint	3/27/2003	
3/24/2003	CCN - Cert Arbitration - Not Subject	3/27/2003	

Case Calendar

There are no calendar events on file

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
8/19/2011		AZ	SCOTTSDALE	MARICOPA

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
CV2011-015398	SUPERIOR COURT OF ARIZONA

Reason/Charge: GARNISHMENT

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
DEFENDENT (GARNISHEE)	LAWSUIT

Name of Business/Industry/Entity: BANNER FED. C/U

Provide explanation below:

B2B DELIVERY WAS LISTED AS GARNISHEE DEFENDENT FOR EMPLOYEE WHO OWED DEBT TO A CREDITOR.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2/28/2012		AZ	SCOTTSDALE	MARICOPA

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
CV2012-090751	SUPERIOR COURT OF ARIZONA

Reason/Charge: UNPAID INVOICES

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
PLAINTIFF	LAWSUIT

Name of Business/Industry/Entity: MAVERICK HEALTHCARE

Provide explanation below:

B2B FILED SUIT TO GET PAID INVOICES DUE FROM OUR CUSTOMER.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
			SCOTTSDALE	MARICOPA

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
CV	SUPERIOR COURT OF ARIZONA

Reason/Charge:

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
DEFENDENT	LAWSUIT

Name of Business/Industry/Entity:

Provide explanation below:

Ron Lasi 8/15/22

Select Language
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Civil Court Case Information - Case History

Case Information

Case Number: CV2012-090751
File Date: 2/28/2012
Case Type: Civil
Judge: Thompson, Peter
Location: Southeast

Party Information

Party Name	Relationship	Sex	Attorney
B 2 B Delivery L L C	Plaintiff		Richard Holper
Maverick Healthcare Group L L C	Defendant		Gregory Davis

Case Documents

Filing Date	Description	Docket Date	Filing Party
5/9/2013	042 - ME: Case Dismissed - Full	5/9/2013	
5/9/2013	ODI - Order Of Dismissal	5/9/2013	
NOTE: [PROPOSED] ORDER GRANTING JOINT STIPULATED MOTION TO DISMISS ALL CLAIMS WITH PREJUDICE			
4/30/2013	MTD - Motion To Dismiss	4/30/2013	
NOTE: Joint Stipulated Motion to Dismiss All Claims with Prejudice			
4/30/2013	078 - ME: Case On Dismissal Calendar	4/30/2013	
4/26/2013	NOS - Notice Of Settlement	4/26/2013	
NOTE: Notice of Settlement			
4/23/2013	003 - ME: Hearing Reset	4/23/2013	
4/19/2013	ORD - Order	4/23/2013	
NOTE: PROPOSED/GRANTING JOINT STIPULATED MOTION TO CONTINUE SCHEDULING ORDER DEADLINES			
4/17/2013	MCO - Motion To Continue	4/18/2013	
NOTE: Joint Stipulated Motion to Continue Scheduling Order Deadlines			
1/30/2013	AFS - Affidavit Of Service	2/4/2013	
12/18/2012	070 - ME: Settlement Conference Set	12/18/2012	
7/30/2012	003 - ME: Hearing Reset	7/30/2012	
7/27/2012	ORD - Order	8/1/2012	
NOTE: SCHEDULING			
7/20/2012	MEM - Memorandum	7/23/2012	
NOTE: Joint Scheduling Conference Memorandum			
6/7/2012	026 - ME: Pretrial Conference Set	6/7/2012	
5/29/2012	MOT - Motion	5/29/2012	
NOTE: Plaintiff's Motion for Comprehensive Scheduling Conference			
5/23/2012	MSE - Motion To Set & Cert/Readiness	5/24/2012	
NOTE: Plaintiff's Motion to Set and Certificate of Readiness			
5/9/2012	NOT - Notice	5/9/2012	
NOTE: Notice of Change of Affiliation and Address of Counsel for Plaintiff			
5/9/2012	NSD - Notice of Service Re: 26.1 Disclosure	5/10/2012	
NOTE: NOTICE OF SERVICE OF PLAINTIFF'S INITIAL DISCLOSURE STATEMENT			
4/5/2012	REL - Reply	4/5/2012	
NOTE: Reply to Counterclaim			
3/27/2012	ANS - Answer	3/27/2012	
NOTE: Answer and Counterclaim of Defendant/Counterclaimant Maverick Healthcare Group LLC d/b/a Preferred Homecare/Efile billing $223.00			
3/2/2012	AFS - Affidavit Of Service	3/15/2012	
NOTE: MAVERICK HEALTHCARE GROUP LLC 02/29/12			
3/1/2012	AFS - Affidavit Of Service	3/15/2012	
NOTE: MAVERICK HOMECARE 02/29/12			

2/28/2012	COM - Complaint	2/29/2012
2/28/2012	CCN - Cert Arbitration - Not Subject	2/29/2012

Case Calendar

Date	Time	Event
8/3/2012	11:00	Pre-Trial Conference
5/3/2013	10:00	Status Conference
6/7/2013	13:30	Status Conference

Judgments

There are no judgments on file

Select Language
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Civil Court Case Information - Case History

Case Information

Case Number:	CV2011-015398	Judge:	Arbitration 01 | Viola
File Date:	8/19/2011	Location:	Downtown
Case Type:	Civil		

Party Information

Party Name	Relationship	Sex	Attorney
Banner Federal Credit Union	Plaintiff		William Holder
Eliseo M Castillo	Defendant	Male	Pro Per
Kathleen R Castillo	Defendant	Female	Pro Per
B 2 B Delivery L L C	Garnishee Defendant		Pro Per

Case Documents

Filing Date	Description	Docket Date	Filing Party
7/7/2015	RQW - Rel/Quash Writ Of Garnishment	7/7/2015	
NOTE: Release of Writ of Garnishment by Plaintiff			
7/7/2015	SJU - Satisfaction Of Judgment	7/7/2015	
NOTE: Satisfaction of Judgment			
4/5/2013	STA - Statement	4/5/2013	
NOTE: Statement of Account re Garnishment as of March 31, 2013			
1/9/2013	STA - Statement	1/9/2013	
NOTE: Statement of Account re Garnishment as of December 31, 2012			
10/19/2012	047 - ME: Judgment Of Dismissal	10/19/2012	
10/1/2012	STA - Statement	10/2/2012	
NOTE: Statement of Account re Garnishment as of September 30, 2012			
8/15/2012	078 - ME: Case On Dismissal Calendar	8/16/2012	
7/31/2012	OCL - Order Of Continuing Lien	8/10/2012	
NOTE: ON NONEXEMPT EARNINGS			
7/23/2012	APL - Application	7/23/2012	
NOTE: Application for Order of Continuing Lien on Nonexempt Earnings			
7/2/2012	ANG - Answer Of Garnishee	7/19/2012	Garnishee Defendant(4)
7/2/2012	ANG - Answer Of Garnishee	7/19/2012	Garnishee Defendant(4)
6/26/2012	WGS - Writ Of Garnishment and Summons	7/9/2012	
6/26/2012	AFS - Affidavit Of Service	7/13/2012	
6/18/2012	AWG - Application For Writ Of Garnishment	6/29/2012	
5/29/2012	JUD - Judgment	6/4/2012	
NOTE: Notice of filing and entry provided to the parties			
5/16/2012	SOC - Statement Of Costs	5/17/2012	
NOTE: Plaintiff's Statement of Costs			
5/16/2012	MAJ - Mot/Aff Entry Def Jud W/O Hear	5/17/2012	
NOTE: Motion and Affidavit for Entry of Judgment by Default and Without Hearing			
5/16/2012	ASR - Affidavit in Support of Attorney Fees	5/17/2012	
NOTE: Affidavit Re: Attorney Fees			
4/26/2012	019 - ME: Ruling	4/26/2012	
4/12/2012	023 - ME: Order Entered By Court	4/12/2012	
4/9/2012	AAE - Application/Affidavit And Entry Of Default	4/9/2012	
NOTE: Application for Entry for Default			
3/19/2012	SUM - Summons	3/26/2012	
3/19/2012	AFS - Affidavit Of Service	3/30/2012	
NOTE: ELISEO M. CASTILLO & KATHLEEN R. CASTILLO 3/9/12			

3/5/2012	MOT - Motion	3/6/2012
NOTE: Motion for Alternative or Substituted Service		
3/5/2012	MXS - Motion To Extend Time For Service	3/6/2012
NOTE: Secont Motion to Extend Time for Service of Process of Summons and Complaint		
1/25/2012	311 - ME: 150 Day Minute Entry	1/25/2012
1/19/2012	OXS - Order To Extend Time For Service	1/20/2012
NOTE: ORDER TO EXTEND TIME FOR SERVICE OF PROCESS OF SUMMONS AND COMPLAINT until 3-10-2012		
12/9/2011	MXS - Motion To Extend Time For Service	12/12/2011
NOTE: Motion to Extend Time for Service of Process of Summons and Complaint		
11/23/2011	322 - ME: Notice Of Intent To Dismiss	11/23/2011
8/19/2011	COM - Complaint	8/23/2011
8/19/2011	CCS - Cerificate Arbitration - Subject To	8/23/2011

Case Calendar

There are no calendar events on file

Judgments

Date	(F)or / (A)gainst	Amount	Frequency	Type	Status
5/29/2012	F:Banner Federal Credit Union A: Eliseo M Castillo IV	$800.00	One Time	Attorney Fee	Satisfied
5/29/2012	F:Banner Federal Credit Union A: Eliseo M Castillo IV	$420.00	One Time	Costs	Satisfied
5/29/2012	F:Banner Federal Credit Union A: Eliseo M Castillo IV	$614.57	One Time	Interest	Satisfied
5/29/2012	F:Banner Federal Credit Union A: Eliseo M Castillo IV	$16,520.57	One Time	Principal	Satisfied

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler B2B DELIVERY, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 3140 POLARIS AVE SUITE 22

City LAS VEGAS State NV Zip 89102

Mailing Address (if different from physical address) 2125 E 5TH STREET SUITE 105

City TEMPE State AZ Zip 85288

Telephone 480-446-2899 Website WWW.B2BDELIVERS.COM

Licensing Company Email RIA@B2BDELIVERS.COM

Section 2: Personal Information

First JAMES Middle JOSEPH Last LASCIO

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] E YUCCA DR.

City FOUNTAIN HILLS State AZ Zip 85268

Telephone [redacted] Email JIM@B2BDELIVERS.COM

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
IRVINGTON CROWN HIGH SCHOOL		08/1971 - 5/1972	
Address	**City**	**State**	**Zip**
1500 KINGS RD	CARPENTERSVILLE	IL	60110
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2021-PRESENT	[redacted]E YUCCA DRIVE	FOUNTAIN HILLS	AZ	85268
06/2021 - 06-2018	[redacted]E AVENUE OF THE FOUNTAINS	FOUNTAIN HILLS	AZ	85268
05/2018 - 09/2009	[redacted]N NICKLAUS DR.	FOUNTAIN HILLS	AZ	85268
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
B2B DELIVERY, LLC			08/09/2009-CURRENT	
Business Address		**City**	**State**	**Zip**
2125 E 5TH STREET SUITE 105		TEMPE	AZ	85281
Phone	**Title**			
480-446-2899	PRESIDENT			
Description of Duties				
OVERSEE OPERATIONS OF DELIVERY COMPANY.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
7/5/2017		AZ	SCOTTSDALE	MARICOPA
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
TX2017-000325		SUPERIOR COURT OF ARIZONA		
Reason/Charge				
TAX GARNISHMENT				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
DEFENDENT			LAWSUIT	
Name of Business/Industry/Entity				
STATE OF ARIZONA DEPARTMENT OF REVENUE				

Provide explanation below:

GARNISHED FOR STATE TAX DEBT DUE. PAID IN FULL.

Original Signature (electronic, copies or stamps not accepted)

8/15/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JAMES LASCIO

Print Name ~~(First~~, Last)

Original Signature (electronic, copies or stamps not accepted)

8/15/22

Date

Please have this section completed in the presence of a Notary Public.

State of ARIZONA, ss. County of MARICOPA

I, JAMES J. LASCIO, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/21/22

Date

Subscribed and Sworn to before me this 21 day of August.

Susan K. Bryniarski

Notary Public Signature

SUSAN K BRYNIARSKI
NOTARY PUBLIC - ARIZONA
MARICOPA COUNTY
COMMISSION # 607223
MY COMMISSION EXPIRES
MAY 26, 2025

(Seal)

This is in response to Question # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
6/8/1993		AZ	SCOTTSDALE	MARICOPA

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
TX1993-000243	SUPERIOR COURT OF ARIZONA

Reason/Charge: TAX DUE

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
DEFENDENT	LAWSUIT

Name of Business/Industry/Entity: CITY OF PHOENIX

Provide explanation below:

SALES TAX DUE ON SALE OF A HOME.

This is in response to Question # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/7/2009		AZ	SCOTTSDALE	MARICOPA

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
TJ2009-014065	SUPERIOR COURT OF ARIZONA

Reason/Charge: UNPAID DEBT

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
DEFENDENT	LAWSUIT

Name of Business/Industry/Entity: CAPITAL ONE BANK

Provide explanation below:

WENT THROUGH A DIVORCE, OWED CREDIT CARD DEBT FOR EX-WIFE. SATISFIED DEBT

This is in response to Question # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2/14/1992		AZ	SCOTTSDALE	MARICOPA

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
TJ1992-000440	SUPERIOR COURT OF ARIZONA

Reason/Charge: UNPAID DEBT

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
DEFENDENT	LAWSUIT

Name of Business/Industry/Entity: EMPIRE BROADCASTING

Provide explanation below:

OWED A RADIO STATION FOR ADS RUN, DISPUTED AIR-TIME.

8/15/22

This is in response to Question # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
4/4/1996		AZ	SCOTTSDALE	MARICOPA

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
CV1996-005881	SUPERIOR COURT OF ARIZONA

Reason/Charge: UNPAID INVOICE

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
DEFENDENT	LAWSUIT

Name of Business/Industry/Entity: VALERIE LYONS

Provide explanation below:

MINOR BUSINESS DISPUTE.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
			SCOTTSDALE	MARICOPA

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
CV	SUPERIOR COURT OF ARIZONA

Reason/Charge:

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
DEFENDENT	LAWSUIT

Name of Business/Industry/Entity:

Provide explanation below:

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
			SCOTTSDALE	MARICOPA

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
CV	SUPERIOR COURT OF ARIZONA

Reason/Charge:

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
DEFENDENT	LAWSUIT

Name of Business/Industry/Entity:

Provide explanation below:

8/15/22

Select Language
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Civil Court Case Information - Case History

Case Information

Case Number:	TX2017-000325	Judge:	Agne, Sara
File Date:	7/5/2017	Location:	Downtown
Case Type:	Tax		

Party Information

Party Name	Relationship	Sex	Attorney
State Of Arizona Department Of Revenue	Plaintiff		Lindsay Hughes
James J Lascio	Defendant	Male	Pro Per

Case Documents

Filing Date	Description	Docket Date	Filing Party
5/21/2021	SJU - Satisfaction Of Judgment	5/25/2021	
NOTE: Satisfaction of Judgment			
11/2/2017	ORD - Order	11/2/2017	
NOTE: DISCHARGING GARNISHEE			
10/27/2017	PTT - Petition	10/27/2017	
NOTE: Petition for Order Discharging Garnishee			
10/19/2017	ANG - Answer Of Garnishee	10/25/2017	Garnishee Defendant(3)
10/17/2017	AFS - Affidavit Of Service	10/20/2017	
10/17/2017	WGS - Writ Of Garnishment and Summons	10/20/2017	
10/11/2017	AWG - Application For Writ Of Garnishment	10/13/2017	
9/11/2017	DFJ - Default Judgment	9/15/2017	
NOTE: Copy mailed/provided to non-defl. parties on date of filing			
8/28/2017	MAJ - Mot/Aff Entry Def Jud W/O Hear	8/29/2017	
NOTE: Motion for Default Judgment without Hearing and Affidavit in Support of Motion			
8/3/2017	023 - ME: Order Entered By Court	8/3/2017	
7/31/2017	APL - Application	8/1/2017	
NOTE: Applicaion for Entry of Default and Re Military Service Entry of Default			
7/11/2017	AFS - Affidavit Of Service	7/13/2017	
NOTE: JAMES J LASCIO			
7/11/2017	SUM - Summons	7/14/2017	
7/5/2017	COM - Complaint	7/7/2017	
7/5/2017	CSH - Coversheet	7/7/2017	

Case Calendar

There are no calendar events on file

Judgments

Date	(F)or / (A)gainst	Amount	Frequency	Type	Status
9/11/2017	F:State Of Arizona Department Of Revenue A: James J Lascio	$1,867.21	One Time	Interest	Satisfied
9/11/2017	F:State Of Arizona Department Of Revenue A: James J Lascio	$1,480.90	One Time	Costs	Satisfied
9/11/2017	F:State Of Arizona Department Of Revenue A: James J Lascio	$4,384.48	One Time	Principal	Satisfied

Select Language
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Civil Court Case Information - Case History

Case Information

Case Number: TX1993-000243
File Date: 6/8/1993
Case Type: Tax
Judge: Agne, Sara
Location: Northeast

Party Information

Party Name	Relationship	Sex	Attorney
City Of Phoenix	Plaintiff	None	Mary Finnerty
Thomas Hulme	Defendant	Male	Eileen Berens
James Lascio	Defendant	None	Pro Per

Case Documents

Filing Date	Description	Docket Date	Filing Party
8/7/2008	SJU - Satisfaction Of Judgment	8/8/2008	
5/21/2004	ARJ - Affidavit: Renewal Of Judgment	5/24/2004	
5/25/1999	ARJ - Affidavit: Renewal Of Judgment	5/28/1999	Plaintiff(1)
5/25/1999	ARJ - Affidavit: Renewal Of Judgment	5/28/1999	Plaintiff(1)
6/7/1994 11:25:00 AM	DJU - Default Judgment	6/7/1994 11:25:00 AM	
NOTE: Posted during iCIS Conversion			
6/7/1994	049 - ME: Judgment Signed	6/9/1994	
5/26/1994	MEJ - Mot/Aff Entry Of Default/Judg	6/2/1994	Plaintiff(1)
5/18/1994	NDI - Notice Of Dismissal	5/24/1994	
NOTE: AS TO DEF SHERON LASCIO ONLY			
3/24/1994	UJU - Unsigned Order/Stipulation/Judgment	3/29/1994	
3/24/1994	SOR - Stipulation And Order	3/29/1994	Plaintiff(1)
NOTE: OF DISMISSAL WITH PREJUDICE			
3/16/1994	079 - ME: Case Dismissed - Partial	3/23/1994	
3/4/1994	STD - Stipulation To/For Dismissal	3/14/1994	Plaintiff(1)
NOTE: WITH PREJUDICE			
3/1/1994	ADE - Application For Default	3/4/1994	Plaintiff(1)
3/1/1994	STC - Stipulation To Continue	3/4/1994	Plaintiff(1)
NOTE: TIME TO FILE RESPONSE TO MOTION FOR SUMMARY JUDGMENT			
3/1/1994	AED - Affidavit And Entry Of Default	3/4/1994	Plaintiff(1)
1/21/1994	ORD - Order	1/31/1994	Defendant(2)
NOTE: GRANTING MOTION FOR SUMMARY JUDGMENT FILED ON 1-7-94 IS SET ASIDE			
1/20/1994	022 - ME: Order Signed	1/28/1994	
1/18/1994	ANS - Answer	1/24/1994	Defendant(2)
NOTE: NOTICE OF APPEARANCE			
1/18/1994	STP - Stipulation	1/21/1994	Defendant(2)
NOTE: TO SET ASIDE ORDER GRANTING MOT FOR SUMMARY JUDGMENT			
1/13/1994	STP - Stipulation	1/20/1994	Defendant(2)
NOTE: TO EXTEND TIME TO FILE RESPONSE TO PLAINTIFF'S MOTION FOR SUMMARY JUDGMENT			
1/13/1994	NOT - Notice	1/20/1994	Defendant(2)
NOTE: OF NEW FIRM NAME AND ADDRESS			
1/10/1994	019 - ME: Ruling	1/19/1994	
12/23/1993	LET - Letter	1/3/1994	
12/23/1993	STP - Stipulation	1/3/1994	
NOTE: TO EXTEND TIME TO FILE RESPONSE TO PLA MOTION FOR SUMMARY JUDG			
12/17/1993	STP - Stipulation	12/21/1993	Plaintiff(1)
NOTE: EXTEND TIME FILE RESPONSE TO PLA'S MOT SUM JUDG			

12/8/1993	STP - Stipulation	12/10/1993	
NOTE: TO EXTEND TIME FILE RESPONSE TO PLA'S MOT SUM JUDGMENT			
11/10/1993	STP - Stipulation	11/16/1993	Plaintiff(1)
NOTE: TO EXTEND TIME FILE REPLY TO PLA'S MOT SUM JUDGMENT			
10/13/1993	SOF - Statement Of Facts	10/15/1993	Plaintiff(1)
10/13/1993	MSJ - Motion For Summary Judgment	10/15/1993	Plaintiff(1)
8/6/1993	SAS - Summons & Affidavit Of Service	8/10/1993	Plaintiff(1)
NOTE: 080593			
6/14/1993	AFS - Affidavit Of Service	6/16/1993	Plaintiff(1)
NOTE: 061093			
6/10/1993	SUM - Summons	6/16/1993	Plaintiff(1)
NOTE: & AFF O/SERV-SUMMS/COMPL 060993			
6/8/1993	COM - Complaint	6/8/1993	Plaintiff(1)

Case Calendar

There are no calendar events on file

Judgments

Date	(F)or / (A)gainst	Amount	Frequency	Type	Status
8/7/2008	F:City Of Phoenix A: James Lascio	$0.00	One Time	Satisfaction of Judgment	Satisfied
5/21/2004	F:City Of Phoenix A: Thomas Hulme	$5,513.89	One Time	Affidavit of Renewal of Judgment	Satisfied
	F:City Of Phoenix A: James Lascio	$169.00	One Time	Default Judgment	Satisfied
	F:City Of Phoenix A: James Lascio	$53.14	One Time	Default Judgment	Satisfied
	F:City Of Phoenix A: James Lascio	$2,657.16	One Time	Default Judgment	Satisfied

Select Language
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Civil Court Case Information - Case History

Case Information

Case Number:	TJ2009-014065	Judge:	Albrecht, Richard
File Date:	10/7/2009	Location:	Downtown
Case Type:	Transcript Judgment		

Party Information

Party Name	Relationship	Sex	Attorney
Capital One Bank U S A, N A	Plaintiff		Patricio Esquivel
James Lascio	Defendant	Male	Pro Per

Case Documents

Filing Date	Description	Docket Date	Filing Party
10/7/2009	TJU - Judgment	10/14/2009	

NOTE: 1 PAGE CERTIFIED COPY FROM MCDOWELL MOUNTAIN JUSTICE COURT

Case Calendar

There are no calendar events on file

Judgments

Date	(F)or / (A)gainst	Amount	Frequency	Type	Status
10/7/2009	F:Capital One Bank U S A, N A A: James Lascio	$1,007.71	One Time	Attorney Fee	
10/7/2009	F:Capital One Bank U S A, N A A: James Lascio	$158.80	One Time	Costs	
10/7/2009	F:Capital One Bank U S A, N A A: James Lascio	$881.16	One Time	Interest	
10/7/2009	F:Capital One Bank U S A, N A A: James Lascio	$4,580.52	One Time	Principal	

Select Language
Powered by Google Translate

Civil Court Case Information - Case History

Case Information

Case Number:	TJ1992-000440	Judge:	Z Unassigned, Z Unassigned
File Date:	2/14/1992	Location:	Downtown
Case Type:	Transcript Judgment		

Party Information

Party Name	Relationship	Sex	Attorney
Empire Broadcasting Corp	Plaintiff	None	Charles Giles
Kfbk Westinghouse Broadcasting	Plaintiff	None	Charles Giles
James Lascio	Defendant	Male	Pro Per
Sheron M Lascio	Commissioner	Female	Pro Per

Case Documents

Filing Date	Description	Docket Date	Filing Party
9/10/1993	MOR - Motion And Order	9/15/1993	Plaintiff(1)
NOTE: TO QUASH WRIT OF GARNISHMENT			
9/7/1993	022 - ME: Order Signed	9/14/1993	
9/3/1993	AFS - Affidavit Of Service	9/7/1993	
9/2/1993	WGS - Writ Of Garnishment and Summons	9/3/1993	Plaintiff(1)
NOTE: W/AFF OF SERV			
8/30/1993	NOT - Notice	9/2/1993	Plaintiff(1)
NOTE: OF SERVICE ON JUDGMENT DEBTOR			
8/25/1993	AWG - Application For Writ Of Garnishment	8/26/1993	Plaintiff(1)
8/3/1993	PET - Petition	8/4/1993	Plaintiff(1)
NOTE: APPEAR OF GARNISHEE			
7/28/1993	WGS - Writ Of Garnishment and Summons	7/30/1993	Plaintiff(1)
NOTE: SERVED 7/16/93			
7/16/1993	AWG - Application For Writ Of Garnishment	7/21/1993	Plaintiff(1)
6/12/1992	SJU - Satisfaction Of Judgment	6/24/1992	Plaintiff(1)
6/12/1992	SJU - Satisfaction Of Judgment	6/24/1992	Plaintiff(1)
6/4/1992	999 - Other	7/1/1992	Plaintiff(1)
6/4/1992	049 - ME: Judgment Signed	6/12/1992	
5/26/1992	ORD - Order	5/28/1992	Plaintiff(1)
NOTE: SIGNED			
5/22/1992	333 - ME: Hearing	5/28/1992	
5/20/1992	049 - ME: Judgment Signed	5/26/1992	
5/20/1992	999 - Other	5/26/1992	Plaintiff(1)
5/12/1992	APL - Application	5/13/1992	Plaintiff(1)
NOTE: FOR JUDGMENT AGAINST GARNISHEE			
5/12/1992	049 - ME: Judgment Signed	5/13/1992	
5/11/1992	999 - Other	5/14/1992	Plaintiff(1)
4/27/1992	WGS - Writ Of Garnishment and Summons	4/27/1992	Plaintiff(1)
4/13/1992	ANG - Answer Of Garnishee	4/14/1992	Plaintiff(1)
4/6/1992	PET - Petition	4/6/1992	Plaintiff(1)
NOTE: REQ/APPEARANCE OF GARNISHEE			
4/6/1992	AWG - Application For Writ Of Garnishment	4/7/1992	Plaintiff(1)
3/23/1992	WGS - Writ Of Garnishment and Summons	3/24/1992	Plaintiff(1)
3/23/1992	WGS - Writ Of Garnishment and Summons	3/24/1992	Plaintiff(1)
3/23/1992	WGS - Writ Of Garnishment and Summons	3/24/1992	Plaintiff(1)
3/16/1992	NOT - Notice	3/17/1992	Plaintiff(1)

NOTE: OF SERVICE JUDG-DEBTOR

3/16/1992	ANG - Answer Of Garnishee	3/17/1992	
3/5/1992	AWG - Application For Writ Of Garnishment	3/9/1992	Plaintiff(1)
3/5/1992	AWG - Application For Writ Of Garnishment	3/9/1992	Plaintiff(1)
3/5/1992	AWG - Application For Writ Of Garnishment	3/9/1992	Plaintiff(1)
2/14/1992 8:30:00 AM	JUD - Judgment	2/14/1992 8:30:00 AM	

NOTE: Posted during iCIS Conversion

Case Calendar

There are no calendar events on file

Judgments

Date	(F)or / (A)gainst	Amount	Frequency	Type	Status
	F:Empire Broadcasting Corp	$3,194.61	One Time	Judgment Only	
	A: James Lascio				

Select Language
Powered by Google Translate

Civil Court Case Information - Case History

Case Information

Case Number: CV1996-005881
File Date: 4/4/1996
Case Type: Civil
Judge: Sinclair, Joan
Location: Downtown

Party Information

Party Name	Relationship	Sex	Attorney
James J Lascio	Plaintiff	Male	Kent Phelps
Valerie Lyons	Defendant	Female	RON COLLETT

Case Documents

Filing Date	Description	Docket Date	Filing Party
2/8/2001	NRD - Notice Of Release Of Deposit	3/30/2001	
NOTE: $75.00 RONALD W COLLETT			
2/5/2001	ORD - Order	3/30/2001	Defendant(2)
NOTE: TO RELEASE EXONERATE BOND			
1/29/2001	MEB - Meb	2/5/2001	Defendant(2)
7/23/1997	032 - ME: Case Transfer To Ne	7/25/1997	
7/21/1997	ODI - Order Of Dismissal	7/28/1997	Defendant(2)
NOTE: WITH PREJUDICE			
7/11/1997	SFD - Stipulation For Dismissal	7/14/1997	Plaintiff(1)
NOTE: WITH PREJUDICE			
6/20/1997	089 - ME: Trial Setting	6/24/1997	
4/11/1997	LWE - List Of Witnesses/Exhibits	4/21/1997	Plaintiff(1)
3/25/1997	NDC - Notice Of Deposit With Court	4/17/1997	Defendant(2)
NOTE: $75.00 - BOND FOR COSTS ON APPEAL FROM ARB - FOR DEF			
3/25/1997	NOT - Notice	4/17/1997	Defendant(2)
NOTE: OF DEPOSIT OF BOND FOR APPEAL FROM ARB			
3/25/1997	APP - Appeal	4/18/1997	Defendant(2)
NOTE: FROM ARBITRATION & MOT TO SET FOR TRIAL			
3/25/1997	LWE - List Of Witnesses/Exhibits	4/17/1997	Defendant(2)
3/19/1997	STA - Statement	4/4/1997	Plaintiff(1)
NOTE: OF COSTS AND NOTICE OT TAXATION OF COSTS			
3/19/1997	NOT - Notice	4/7/1997	Plaintiff(1)
NOTE: OF SRVS OF PROPOSED AWARD OF ARB & STMT OF COSTS			
3/19/1997	ARB - Arbitration	4/18/1997	Plaintiff(1)
NOTE: AWARD-APPEALED			
9/5/1996	NAA - Naa	9/11/1996	
9/5/1996	000 - ME: Minute Entry	9/12/1996	
NOTE: APPT OF ARB			
8/30/1996	NAA - Naa	9/10/1996	
8/20/1996	NAA - Naa	9/5/1996	
8/7/1996	NAA - Naa	8/7/1996	
8/7/1996	NAA - Naa	8/8/1996	
7/25/1996	NAA - Naa	7/29/1996	
7/16/1996	NAA - Naa	7/19/1996	
7/10/1996	NAA - Naa	7/12/1996	
6/11/1996	NAA - Naa	6/11/1996	
5/17/1996	NSD - Notice of Service Re: 26.1 Disclosure	5/22/1996	Defendant(2)
5/2/1996	ANS - Answer	5/8/1996	Defendant(2)

5/2/1996	CCA - Cert Compulsory Arbitration	5/7/1996	Defendant(2)
4/15/1996	SUM - Summons	4/15/1996	Plaintiff(1)
4/15/1996	AFS - Affidavit Of Service	4/15/1996	Plaintiff(1)
NOTE: P2 SRVD 4-12-96			
4/4/1996	CCA - Cert Compulsory Arbitration	4/11/1996	Plaintiff(1)
4/4/1996	COM - Complaint	4/5/1996	Plaintiff(1)

Case Calendar

There are no calendar events on file

Judgments

There are no judgments on file

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
8/19/2011		AZ	SCOTTSDALE	MARICOPA
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
CV2011-015398		SUPERIOR COURT OF ARIZONA		
Reason/Charge				
GARNISHMENT				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
DEFENDENT (GARNISHEE)			LAWSUIT	
Name of Business/Industry/Entity				
BANNER FED. C/U				

Provide explanation below:

B2B DELIVERY WAS LISTED AS GARNISHEE DEFENDENT FOR EMPLOYEE WHO OWED DEBT TO A CREDITOR.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2/28/2012		AZ	SCOTTSDALE	MARICOPA
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
CV2012-090751		SUPERIOR COURT OF ARIZONA		
Reason/Charge				
UNPAID INVOICES				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
PLAINTIFF			LAWSUIT	
Name of Business/Industry/Entity				
MAVERICK HEALTHCARE				

Provide explanation below:

B2B FILED SUIT TO GET PAID INVOICES DUE FROM OUR CUSTOMER.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
			SCOTTSDALE	MARICOPA
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
CV		SUPERIOR COURT OF ARIZONA		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
DEFENDENT			LAWSUIT	
Name of Business/Industry/Entity				

Provide explanation below:

8/15/22

Select Language
Powered by Google Translate

Civil Court Case Information - Case History

Case Information

Case Number: CV2011-015398
File Date: 8/19/2011
Case Type: Civil

Judge: Arbitration 01 | Viola
Location: Downtown

Party Information

Party Name	Relationship	Sex	Attorney
Banner Federal Credit Union	Plaintiff		William Holder
Eliseo M Castillo	Defendant	Male	Pro Per
Kathleen R Castillo	Defendant	Female	Pro Per
B 2 B Delivery L L C	Garnishee Defendant		Pro Per

Case Documents

Filing Date	Description	Docket Date	Filing Party
7/7/2015	RQW - Rel/Quash Writ Of Garnishment	7/7/2015	
NOTE: Release of Writ of Garnishment by Plaintiff			
7/7/2015	SJU - Satisfaction Of Judgment	7/7/2015	
NOTE: Satisfaction of Judgment			
4/5/2013	STA - Statement	4/5/2013	
NOTE: Statement of Account re Garnishment as of March 31, 2013			
1/9/2013	STA - Statement	1/9/2013	
NOTE: Statement of Account re Garnishment as of December 31, 2012			
10/19/2012	047 - ME: Judgment Of Dismissal	10/19/2012	
10/1/2012	STA - Statement	10/2/2012	
NOTE: Statement of Account re Garnishment as of September 30, 2012			
8/15/2012	078 - ME: Case On Dismissal Calendar	8/16/2012	
7/31/2012	OCL - Order Of Continuing Lien	8/10/2012	
NOTE: ON NONEXEMPT EARNINGS			
7/23/2012	APL - Application	7/23/2012	
NOTE: Application for Order of Continuing Lien on Nonexempt Earnings			
7/2/2012	ANG - Answer Of Garnishee	7/19/2012	Garnishee Defendant(4)
7/2/2012	ANG - Answer Of Garnishee	7/19/2012	Garnishee Defendant(4)
6/26/2012	WGS - Writ Of Garnishment and Summons	7/9/2012	
6/26/2012	AFS - Affidavit Of Service	7/13/2012	
6/18/2012	AWG - Application For Writ Of Garnishment	6/29/2012	
5/29/2012	JUD - Judgment	6/4/2012	
NOTE: Notice of filing and entry provided to the parties			
5/16/2012	SOC - Statement Of Costs	5/17/2012	
NOTE: Plaintiff's Statement of Costs			
5/16/2012	MAJ - Mot/Aff Entry Def Jud W/O Hear	5/17/2012	
NOTE: Motion and Affidavit for Entry of Judgment by Default and Without Hearing			
5/16/2012	ASR - Affidavit in Support of Attorney Fees	5/17/2012	
NOTE: Affidavit Re: Attorney Fees			
4/26/2012	019 - ME: Ruling	4/26/2012	
4/12/2012	023 - ME: Order Entered By Court	4/12/2012	
4/9/2012	AAE - Application/Affidavit And Entry Of Default	4/9/2012	
NOTE: Application for Entry for Default			
3/19/2012	SUM - Summons	3/26/2012	
3/19/2012	AFS - Affidavit Of Service	3/30/2012	
NOTE: ELISEO M. CASTILLO & KATHLEEN R. CASTILLO 3/9/12			

3/5/2012	MOT - Motion	3/6/2012
NOTE: Motion for Alternative or Substituted Service		
3/5/2012	MXS - Motion To Extend Time For Service	3/6/2012
NOTE: Secont Motion to Extend Time for Service of Process of Summons and Complaint		
1/25/2012	311 - ME: 150 Day Minute Entry	1/25/2012
1/19/2012	OXS - Order To Extend Time For Service	1/20/2012
NOTE: ORDER TO EXTEND TIME FOR SERVICE OF PROCESS OF SUMMONS AND COMPLAINT until 3-10-2012		
12/9/2011	MXS - Motion To Extend Time For Service	12/12/2011
NOTE: Motion to Extend Time for Service of Process of Summons and Complaint		
11/23/2011	322 - ME: Notice Of Intent To Dismiss	11/23/2011
8/19/2011	COM - Complaint	8/23/2011
8/19/2011	CCS - Cerificate Arbitration - Subject To	8/23/2011

Case Calendar

There are no calendar events on file

Judgments

Date	(F)or / (A)gainst	Amount	Frequency	Type	Status
5/29/2012	F:Banner Federal Credit Union A: Eliseo M Castillo IV	$800.00	One Time	Attorney Fee	Satisfied
5/29/2012	F:Banner Federal Credit Union A: Eliseo M Castillo IV	$420.00	One Time	Costs	Satisfied
5/29/2012	F:Banner Federal Credit Union A: Eliseo M Castillo IV	$614.57	One Time	Interest	Satisfied
5/29/2012	F:Banner Federal Credit Union A: Eliseo M Castillo IV	$16,520.57	One Time	Principal	Satisfied

Select Language
Powered by Google Translate

Civil Court Case Information - Case History

Case Information

Case Number: CV2012-090751
File Date: 2/28/2012
Case Type: Civil
Judge: Thompson, Peter
Location: Southeast

Party Information

Party Name	Relationship	Sex	Attorney
B 2 B Delivery L L C	Plaintiff		Richard Holper
Maverick Healthcare Group L L C	Defendant		Gregory Davis

Case Documents

Filing Date	Description	Docket Date	Filing Party
5/9/2013	042 - ME: Case Dismissed - Full	5/9/2013	
5/9/2013	ODI - Order Of Dismissal	5/9/2013	
NOTE: [PROPOSED] ORDER GRANTING JOINT STIPULATED MOTION TO DISMISS ALL CLAIMS WITH PREJUDICE			
4/30/2013	MTD - Motion To Dismiss	4/30/2013	
NOTE: Joint Stipulated Motion to Dismiss All Claims with Prejudice			
4/30/2013	078 - ME: Case On Dismissal Calendar	4/30/2013	
4/26/2013	NOS - Notice Of Settlement	4/26/2013	
NOTE: Notice of Settlement			
4/23/2013	003 - ME: Hearing Reset	4/23/2013	
4/19/2013	ORD - Order	4/23/2013	
NOTE: PROPOSED/GRANTING JOINT STIPULATED MOTION TO CONTINUE SCHEDULING ORDER DEADLINES			
4/17/2013	MCO - Motion To Continue	4/18/2013	
NOTE: Joint Stipulated Motion to Continue Scheduling Order Deadlines			
1/30/2013	AFS - Affidavit Of Service	2/4/2013	
12/18/2012	070 - ME: Settlement Conference Set	12/18/2012	
7/30/2012	003 - ME: Hearing Reset	7/30/2012	
7/27/2012	ORD - Order	8/1/2012	
NOTE: SCHEDULING			
7/20/2012	MEM - Memorandum	7/23/2012	
NOTE: Joint Scheduling Conference Memorandum			
6/7/2012	026 - ME: Pretrial Conference Set	6/7/2012	
5/29/2012	MOT - Motion	5/29/2012	
NOTE: Plaintiff's Motion for Comprehensive Scheduling Conference			
5/23/2012	MSE - Motion To Set & Cert/Readiness	5/24/2012	
NOTE: Plaintiff's Motion to Set and Certificate of Readiness			
5/9/2012	NOT - Notice	5/9/2012	
NOTE: Notice of Change of Affiliation and Address of Counsel for Plaintiff			
5/9/2012	NSD - Notice of Service Re: 26.1 Disclosure	5/10/2012	
NOTE: NOTICE OF SERVICE OF PLAINTIFF'S INITIAL DISCLOSURE STATEMENT			
4/5/2012	REL - Reply	4/5/2012	
NOTE: Reply to Counterclaim			
3/27/2012	ANS - Answer	3/27/2012	
NOTE: Answer and Counterclaim of Defendant/Counterclaimant Maverick Healthcare Group LLC d/b/a Preferred Homecare/Efile billing $223.00			
3/2/2012	AFS - Affidavit Of Service	3/15/2012	
NOTE: MAVERICK HEALTHCARE GROUP LLC 02/29/12			
3/1/2012	AFS - Affidavit Of Service	3/15/2012	
NOTE: MAVERICK HOMECARE 02/29/12			

2/28/2012	COM - Complaint	2/29/2012
2/28/2012	CCN - Cert Arbitration - Not Subject	2/29/2012

Case Calendar

Date	Time	Event
8/3/2012	11:00	Pre-Trial Conference
5/3/2013	10:00	Status Conference
6/7/2013	13:30	Status Conference

Judgments

There are no judgments on file

11

11A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Y

Where is the facility located?	☐ Nevada ☒ Out-of-State
Is your facility a reverse distributor?	☐ Yes ☒ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Maquet Cardiovascular, LLC

Physical Address: 45 Barbour Pond Drive

City: Wayne State: NJ Zip: 07470

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (973) 709-7000 Website: www.maquet.com/us

Name of Designated Representative (DR): Pierre J Kernizan

Licensing Company Email: MCV@slsny.com DR Email: pierre.kernizan@getinge.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others: Distribution sites with organization and Distributors	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

N/A

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

N/A

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Datascope Corp.

Corporation/Organization Name: Maquet Cardiovascular, LLC

Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Email: MCV@slsny.com

Contact Person Name: Christine Cannon

N/A

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

N/A

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

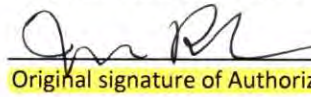
Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A- Datascope Corp 100% Ownership		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A- No CS	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jennifer A Paradise

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

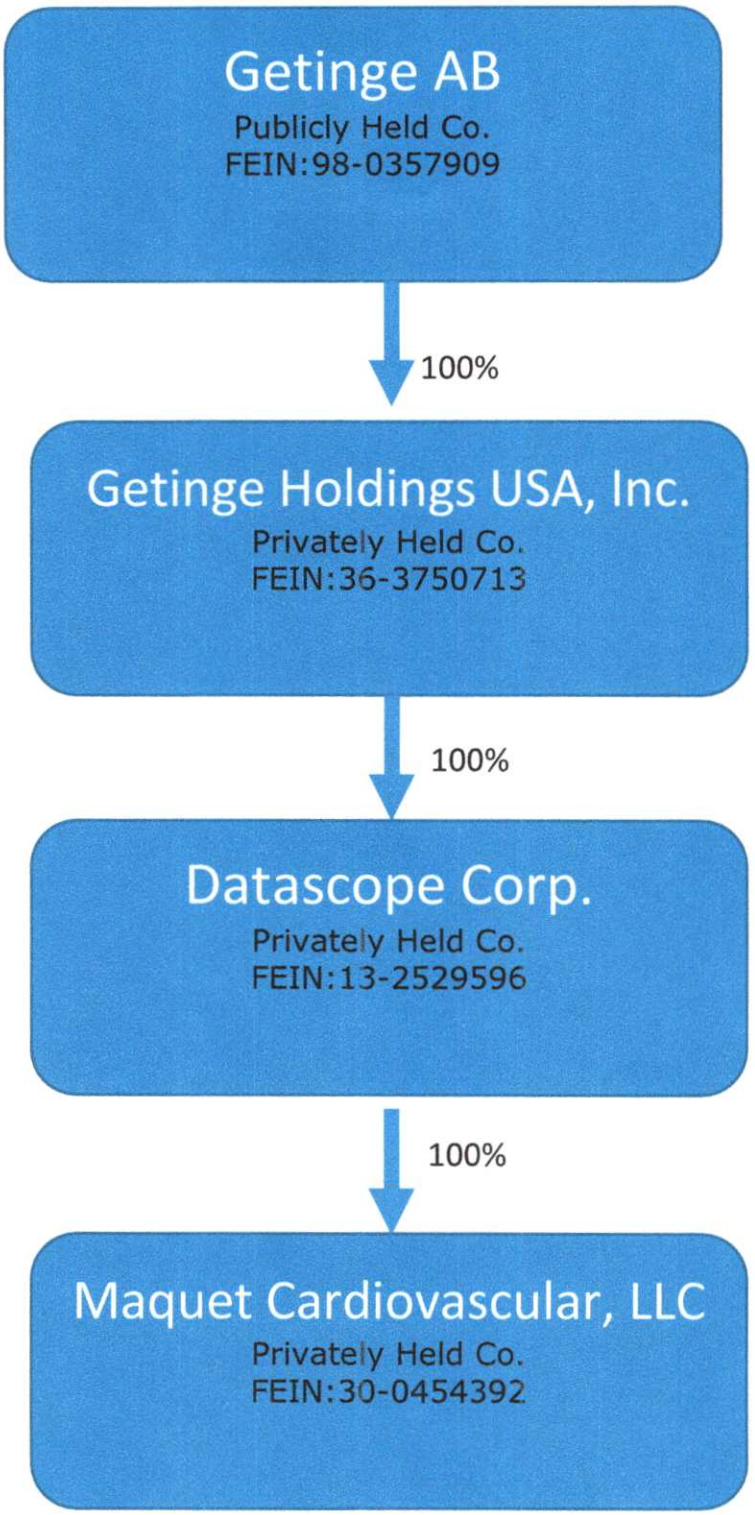
20 Jan 2022

Date

Board Use Only	Date Received: _____	Amount: 500 CHECK # 1870

Org Chart 2525

Maquet Cardiovascular, LLC Ownership Chart



Mackenzie Winne - All Ope... > 77477

☆ Reply Add note Forward Close Merge Delete ⋮

Overdue

RE: [EXTERNAL] Verification of Licensure

DOH-PHFPP reported via email

Add summary

D **DOH-PHFPP** reported via email

18 days ago (Fri, 11 Sep 2020 at 4:44 PM)

To: "'SLSNYSupport.com'" <help@slsnysupport.com>

Thank you. Due to limited resources, the NJ Department of Health cannot complete license verification forms for other states. Please utilize the online verification system on our webpage: https://nj.gov/health/ceohs/food-drug-safety/medical-device-reg/

Jennifer Steffee | Public Health Representative
NJ Department of Health | Public Health & Food Protection
PO Box 369 | 135 E State St | Trenton, NJ 08625
609.913.5150 | http://nj.gov/health/ceohs

NJ letter- No official verifications online only

Homestate License Verification

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 12/9/2021

Registration Number: 5004713 **Registered as:** Manufacturer

Name: MAQUET CARDIOVASCULAR, LLC

DBA:

Address: 45 BARBOUR POND DR, WAYNE, NJ 07470

Original Issue Date: 02/13/2015 **Expiration Date:** 01/31/2023

Current Issue Date: 11/10/2021

Disciplines: No

NJ Good Standing

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

MAQUET CARDIOVASCULAR LLC
0600316548

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign Limited Liability Company was registered by this office on January 02, 2008.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

NATIONAL REGISTERED AGENTS, INC.
820 BEAR TAVERN ROAD
WEST TRENTON, NJ 08628

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 30th day of September, 2021

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6123669388

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

ıent Registration & Device Listing

ledical Devices ◉ Databases

New Search | Back To Search Results

Establishment:
Maquet Cardiovascular LLC
45 Barbour Pond Drive
Wayne , NJ 07470
Registration Number: 2242352
FEI Number*: 2242352
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types. Please Review Listings For Further Information.
Date Of Registration Status: 2019

Owner/Operator:
MAQUET CARDIOVASCULAR LLC
45 Barbour Pond Drive
Wayne, NJ 07470
Owner/Operator Number: 10024202

Official Correspondent:
Dennis Genito
45 Barbour Pond Drive
Wayne, NJ 07470
Phone: 973-7097487

Verified 2/11/22 MH

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

'26/2018

accessing information in different file formats, see Instructions for Downloading Viewers and Players.

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MAQUET
GETINGE GROUP

Maquet Cardiovascular, LLC

Corporate Address: 45 Barbour Pond Dr., Wayne, NJ 07470 USA
FEIN: 30-0454392
www.maquet.com/us

Drug Labeler Code: N/A
Incorporation State: DE
Incorporation Date: 12/13/2007

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
WAY	45 Barbour Pond Drive Wayne, NJ 07470 County: Passaic	2242352	N/A	N/A	No	(973) 709-7000	(973) 709-6516

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Pierre J Kernizan	[redacted] Sparta Road Stanhope, NJ 07874	Designated Representative	No	[redacted]		

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Datascope Corp.	1300 MacArthur Blvd. Mahwah, NJ 07430	N/A	100	N/A	13-2529596	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Stephanie B. Trizinski	[redacted] Clifford Drive Towaco, NJ 07082	VP, Cardiac Surgery	No	[redacted]		
Jennifer A Paradise	[redacted] Hill Hollow Road Warren, NJ 07059	VP, Cardiac Assist				

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
Incorp Services, Inc.			
CT Corporation System			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
GXO Logistics Supply Chain, Inc.	2349 Route 130, Suite A South Brunswick, NJ 08810					

company partners

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Maquet Cardiovascular, LLC

Physical Address: 45 Barbour Pond Drive

City: Wayne State: NJ Zip: 07470

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.maquet.com/us

Licensing Company Email: MCV@slsny.com

Section 2: Personal Information

First: Pierre Middle: J Last: Kernizan

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Sparta Road

City: Stanhope State: NJ Zip: 07874

Telephone: [redacted] Email: pierre.kernizan@getinge.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials PK

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
New Jersey Institute of Technology		PK 1/23/2012 1999 Sept 1999 - May 2003	
Address	**City**	**State**	**Zip**
323 Dr Martin Luther King Jr Blvd.	Newark	NJ	07102
Diploma/Degree obtained, if any			
M.S. Industrial Engineering			

School Name		From - To (MM/YY – MM/YY)	
New Jersey Institute of Technology		Sept 1989 - May 1993	
Address	**City**	**State**	**Zip**
323 Dr Martin Luther King Jr Blvd.	Newark	NJ	07102
Diploma/Degree obtained, if any			
B.S. Industrial Engineering			

School Name		From - To (MM/YY – MM/YY)	
Petit Seminaire College SAINT MARTIAL		Oct 1978 - 1985 (Jun)	
Address	**City**	**State**	**Zip**
Port-au-Prince Haiti			
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
Jul 2006 - Present	[redacted] Sparta Road	Stanhope	NJ	07874
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
Maquet Cardiovascular, LLC		06/2013 - Present	
Business Address	**City**	**State**	**Zip**
45 Barbour Pond Drive	Wayne	NJ	07470
Phone	**Title**	**Number of Employed Hours**	
(973) 709-7000	Designated Representative/ Quality Engineering Manager	19,760hrs @ 40hrs a wk	
Description of Duties			
Establish and maintain Quality Management systems; Responsible for directing all day to day operational activities in support of business objectives; Assist with all third party quality systems inspections and audits.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Applicant's initials PK

I, Pierre J. Kernizan, **certify that as the designated representative for**

Maquet Cardiovascular, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Pierre J. Kernizan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

January 24, 2022

Date

Applicant's initials PK

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Pierre J. Kernizan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) — Date: January 23, 2022

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Morris

I, Pierre J. Kernizan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature — **Date:** January 24, 2022

Subscribed and Sworn to before me this 24th day of January 2022.

Notary Public Signature Julia Radzewicz

JULIA RADZEWICZ
Notary Public - State of New Jersey
My Commission Expires Feb 18, 2025

(Seal)

Applicant's initials PK

List of Employees

Legal Entity	First Name	Last Name	Job Title	Employment Details Hire Date
US30-Maquet Cardiovascular LLC	Rosanna	Capone	Sr. Business Systems Analyst	7/1/1994
US30-Maquet Cardiovascular LLC	James	Monroe	Manager, Regulatory Affairs	10/5/2020
US30-Maquet Cardiovascular LLC	Kenneth	White	Compliance Manager	6/5/2017
US30-Maquet Cardiovascular LLC	Tyler	Wennstrom	Microbiologist I	10/19/2020
US30-Maquet Cardiovascular LLC	Stephanie	Trizinski	VP, Product Area Cardiac Surgery	1/18/2010
US30-Maquet Cardiovascular LLC	Alberta	Sherifi	Supervisor, Production	2/8/2010
US30-Maquet Cardiovascular LLC	Gregory	Peldunas	Sr. Director, New Product Development	10/17/2005
US30-Maquet Cardiovascular LLC	Lorena	Azevedo	Cost Accountant	1/25/2021
US30-Maquet Cardiovascular LLC	Yesenia	Garcia	Complaints Analyst I	2/8/2021
US30-Maquet Cardiovascular LLC	Julie	Pettigrew	Director Product Management	2/8/2021
US30-Maquet Cardiovascular LLC	Thomas	Wegman	Material Handler I, Distribution	6/24/2020
US30-Maquet Cardiovascular LLC	Naailah	Torres	QC Technician II	3/11/2019
US30-Maquet Cardiovascular LLC	Margaret	Borgese	LMS Coordinator	5/4/2015
US30-Maquet Cardiovascular LLC	Brielle	Richards	Supplier Coordinator	6/4/2018
US30-Maquet Cardiovascular LLC	Loendo	Mier	Paralegal	7/6/2015
US30-Maquet Cardiovascular LLC	Nathan	Dominguez	QC Inspector II	9/5/2017
US30-Maquet Cardiovascular LLC	Marina	Royzen	Sr. Patent Paralegal	6/15/2020
US30-Maquet Cardiovascular LLC	Jose	Veras	Material Handler III, Distribution	6/29/2009
US30-Maquet Cardiovascular LLC	Karen	Eggenberger	Administrative Assistant IV	4/16/1990
US30-Maquet Cardiovascular LLC	Genicco	Jackson	Quality Lead, Receiving	12/21/2009
US30-Maquet Cardiovascular LLC	Valentina	Josevska	Lead QC Inspector, Receiving	11/7/1996
US30-Maquet Cardiovascular LLC	Elizabeth	Klapacz	Sr. QC Inspector	1/22/1997
US30-Maquet Cardiovascular LLC	Angel	Rodriguez	Sr. QC Inspector	1/11/2016
US30-Maquet Cardiovascular LLC	Jesus	Garcia	Manufacturing Technician II	5/24/2010
US30-Maquet Cardiovascular LLC	Darlene	Lavoie	Master Data Analyst	5/1/1987
US30-Maquet Cardiovascular LLC	Enrique	Rodriguez	Material Handler I, Distribution	7/18/2011
US30-Maquet Cardiovascular LLC	Debra	Kleinman	Administrative Assistant IV	9/26/1995
US30-Maquet Cardiovascular LLC	Glenny	Urena	QC Lead Inspector	4/11/2011
US30-Maquet Cardiovascular LLC	Camille	Pesce	Regulatory Affairs/Field Action Coordi	9/29/2014
US30-Maquet Cardiovascular LLC	Richard	Van Boerum	Lead Mechanic	11/27/1995
US30-Maquet Cardiovascular LLC	Henna	Gaber	QC Inspector II	10/7/2013
US30-Maquet Cardiovascular LLC	Paul	Perkalis	Lead Electrician	11/1/2004
US30-Maquet Cardiovascular LLC	James	Morris	HVAC Mechanic III	11/5/2007
US30-Maquet Cardiovascular LLC	Daniela	Santana	QA Lab Technician II	1/18/2016
US30-Maquet Cardiovascular LLC	Vincent	Brown	Mechanic IV	5/27/2008
US30-Maquet Cardiovascular LLC	Oneil	Melbourne	CAD Drafter/Designer	4/17/2017
US30-Maquet Cardiovascular LLC	Khalid	Khan	Laboratory Technician II, Microbiology	2/3/1997
US30-Maquet Cardiovascular LLC	Petter	Conde	QC Inspector II	12/21/2009
US30-Maquet Cardiovascular LLC	Luz	Martinez	Material Handler II, Distribution	7/18/2011
US30-Maquet Cardiovascular LLC	Vincent	Felice	Expense Coordinator	10/18/2010
US30-Maquet Cardiovascular LLC	Damarys	Garcia	Manufacturing Technician IV	5/8/1996
US30-Maquet Cardiovascular LLC	Michael	Cenicola	Maintenance Technician III	2/6/2006
US30-Maquet Cardiovascular LLC	Gustavo	Menendez	QC Technician II	8/6/2018
US30-Maquet Cardiovascular LLC	Loai	Zaid	Calibration Technician II	3/3/2009
US30-Maquet Cardiovascular LLC	Amapola Pinky	Hernandez	Sr. Engineering Technician, R&D	3/23/2013
US30-Maquet Cardiovascular LLC	Maria	Covarrubias	Sr. Engineering Technician, R&D	3/23/2013
US30-Maquet Cardiovascular LLC	Roberto	Mendez	Maintenance Technician III	1/7/2008
US30-Maquet Cardiovascular LLC	Aris	Batista	QC Inspector I	2/8/2010
US30-Maquet Cardiovascular LLC	Jenny	Alvarez	QC Inspector II	4/21/2014
US30-Maquet Cardiovascular LLC	Ricardo	Caraballo Davila	Material Handler II, Distribution	1/11/2010
US30-Maquet Cardiovascular LLC	Giovanny	Munoz	Manufacturing Technician II	12/21/2009
US30-Maquet Cardiovascular LLC	Yetty	Garcia	QC Inspector II	12/6/2010
US30-Maquet Cardiovascular LLC	Stacey	Vogler	Complaints Analyst II	9/19/2016
US30-Maquet Cardiovascular LLC	Abhishek	Gupta	Engineer II, Quality	11/28/2016
US30-Maquet Cardiovascular LLC	Antonio	Domingo	Complaints Analyst II	4/3/2017
US30-Maquet Cardiovascular LLC	Sara	Nweiran	Engineer I, Quality	7/15/2019
US30-Maquet Cardiovascular LLC	Cara	Settanni	Complaints Analyst I	6/11/2018
US30-Maquet Cardiovascular LLC	Darlyne	Benoit	Complaints Analyst II	3/6/2017
US30-Maquet Cardiovascular LLC	Dorota	Wolpiuk	Director, Global CAPA and Document C	2/13/2017
US30-Maquet Cardiovascular LLC	Laurie	Muscatella	Sr. System Analyst	3/25/1996
US30-Maquet Cardiovascular LLC	Maria	Herrera	Quality Specialist II	6/19/2017
US30-Maquet Cardiovascular LLC	Janice	Krebs	Complaints Analyst II	9/8/1981
US30-Maquet Cardiovascular LLC	Kevin	Tompkins	Quality Analysis & Program Manager	10/23/2000
US30-Maquet Cardiovascular LLC	Erica	Pascali	Supervisor, Quality Engineering	1/2/2018
US30-Maquet Cardiovascular LLC	Ikramah	Nazir	Sr. Engineer, Quality	3/23/2020
US30-Maquet Cardiovascular LLC	Dial	Adams	Quality Specialist II	1/13/2020
US30-Maquet Cardiovascular LLC	Dawn	Mavin	Complaints Analyst II	9/19/2016
US30-Maquet Cardiovascular LLC	Arelean	Guzman	Supervisor, Complaints - Wayne	10/17/2016
US30-Maquet Cardiovascular LLC	Charles	Terrone	Sr. Applications Analyst	5/15/1996
US30-Maquet Cardiovascular LLC	Victoria	Carenza	Manager, Compliance	4/3/2017
US30-Maquet Cardiovascular LLC	Henry	Pena Lastra	Complaints Analyst II	2/8/2010
US30-Maquet Cardiovascular LLC	David	Berman	Sr. Engineer, Quality	3/20/2017
US30-Maquet Cardiovascular LLC	Jenny	Amoroso	Complaints Analyst I	8/2/2010
US30-Maquet Cardiovascular LLC	Janneliz	De La Nuez Torres	Microbiologist I	10/17/2018
US30-Maquet Cardiovascular LLC	Helene	Brochon	Microbiologist I	6/4/2018

US30-Maquet Cardiovascular LLC	David	Brodersen	Director, Sterilization & Microbiology	2/4/2019
US30-Maquet Cardiovascular LLC	Georgina	Aniche	Manager, Microbiology Laboratory	5/22/2017
US30-Maquet Cardiovascular LLC	Cynthia	Redmon	Document Control Specialist	2/5/1979
US30-Maquet Cardiovascular LLC	Hitesh	Chokshi	Sr. Director, Quality Assurance and Co	8/8/1997
US30-Maquet Cardiovascular LLC	Linda	Slutzky	Regulatory Affairs Specialist II	4/30/2009
US30-Maquet Cardiovascular LLC	Huong	Tran	Regulatory Affairs Specialist II	2/25/2019
US30-Maquet Cardiovascular LLC	Maryanna	Krivak	Regulatory Affairs Specialist II	10/10/2005
US30-Maquet Cardiovascular LLC	Marylou	Insinga	Sr. Regulatory Affairs Specialist	6/4/1979
US30-Maquet Cardiovascular LLC	Tina	Evancho	Manager Regulatory Affairs, Field Acti	7/21/1988
US30-Maquet Cardiovascular LLC	Karen	LeFevere	Director, Regulatory Compliance	7/15/2013
US30-Maquet Cardiovascular LLC	Christopher	Haas	Sr. Director, Sterilization	2/13/2018
US30-Maquet Cardiovascular LLC	Christopher	Ray	Director, Process Validation and Stati	9/23/2019
US30-Maquet Cardiovascular LLC	Barbara	Smith	Sr. Regulatory Affairs Specialist	4/26/1993
US30-Maquet Cardiovascular LLC	Pedro	Ore	Engineer II, Quality	8/13/2018
US30-Maquet Cardiovascular LLC	Kenny	Caldwell	Complaints Analyst I	3/13/2017
US30-Maquet Cardiovascular LLC	Russell	Clark	Complaints Analyst II	5/9/2018
US30-Maquet Cardiovascular LLC	Carl	Perini	Sr. Engineer, Quality	4/30/2018
US30-Maquet Cardiovascular LLC	Kari	Tonnesen-Cost	Document Control Specialist	4/9/2018
US30-Maquet Cardiovascular LLC	Amanda	Ally	Engineer I, Quality	8/27/2018
US30-Maquet Cardiovascular LLC	Christopher	Curley	Sr. Quality Specialist	9/25/2017
US30-Maquet Cardiovascular LLC	Kenneth	Courter	Sr. Engineer, Quality	8/10/2009
US30-Maquet Cardiovascular LLC	Pierre	Kemizan	Manager, Quality Engineering	6/17/2013
US30-Maquet Cardiovascular LLC	Grace	Marmorstein	Sr. Manager, Document Services	9/3/1985
US30-Maquet Cardiovascular LLC	Kelly	Alba	Sr. Engineer, Quality	12/19/2012
US30-Maquet Cardiovascular LLC	Timothy	Rice	Regulatory Affairs Specialist I	9/24/2018
US30-Maquet Cardiovascular LLC	Lorraine	Nyegaard	Complaints Analyst I	11/29/2010
US30-Maquet Cardiovascular LLC	Sharlene	Miles	Complaints Analyst I	12/21/2015
US30-Maquet Cardiovascular LLC	Jeffrey	Powell	Complaints Analyst II	7/2/2018
US30-Maquet Cardiovascular LLC	Kahlil	Brown	Document Control Specialist	3/31/2014
US30-Maquet Cardiovascular LLC	Vinu	Thomas	Engineer I, Quality	6/30/2014
US30-Maquet Cardiovascular LLC	Jonathan	Morrell	Sr. Engineer, Quality	5/5/2014
US30-Maquet Cardiovascular LLC	Michael	Puryear	Microbiologist II	7/28/2000
US30-Maquet Cardiovascular LLC	James	Payton	Complaints Analyst II	1/2/2003
US30-Maquet Cardiovascular LLC	Xerxes	Dubash	Business Data Analyst	3/1/2016
US30-Maquet Cardiovascular LLC	John	Thankachan	Engineer I, Quality	1/3/2017
US30-Maquet Cardiovascular LLC	Allison	Kaplan	Regulatory Affairs Specialist II	5/10/2016
US30-Maquet Cardiovascular LLC	Juan	Jimenez	Engineer II, Quality	12/4/2017
US30-Maquet Cardiovascular LLC	Deborah	Drakeford	Complaints Analyst II	9/8/1976
US30-Maquet Cardiovascular LLC	Sharilyn	Landis	Sr. Complaints Analyst, Complaint Lab	3/10/1983
US30-Maquet Cardiovascular LLC	Marycarmen	Maya	Complaints Analyst II	7/7/2014
US30-Maquet Cardiovascular LLC	Grismaldys	Cabrera Ramirez	Sr. Engineer, Quality	3/7/2016
US30-Maquet Cardiovascular LLC	Jessica	Minaya	Complaints Analyst I	3/21/2016
US30-Maquet Cardiovascular LLC	Marcus	Keller	Principal Microbiologist	10/21/2019
US30-Maquet Cardiovascular LLC	Gabriel	Soto	Supervisor, QCRI	1/7/2013
US30-Maquet Cardiovascular LLC	Ana	Hanna	Manager, Quality Control	7/27/1987
US30-Maquet Cardiovascular LLC	John	Harte	Sr. Engineer, Quality	8/26/2013
US30-Maquet Cardiovascular LLC	Anthony	Ferman	Associate General Counsel, Healthcare	8/24/2020
US30-Maquet Cardiovascular LLC	Scott	Clark	Sr. Engineer, Supplier	7/21/2003
US30-Maquet Cardiovascular LLC	Michael	Duerr	VP, Corporate Quality Compliance	5/26/2015
US30-Maquet Cardiovascular LLC	Terence	Glynn	Lead Service Desk Analyst	9/8/2009
US30-Maquet Cardiovascular LLC	Binal	Parikh	Manager, IT Applications Operations	3/22/2010
US30-Maquet Cardiovascular LLC	Dennis	Genito	VP, Corporate Regulatory Affairs	4/4/1997
US30-Maquet Cardiovascular LLC	James	Cox	Sr. Business Systems Analyst	1/1/2010
US30-Maquet Cardiovascular LLC	Adrienne	Hayes	Manager, Indirect Purchasing	7/10/2017
US30-Maquet Cardiovascular LLC	Janine	Benigno	Project Manager	9/10/2012
US30-Maquet Cardiovascular LLC	Nell	McQuade	Director Training & Development	9/5/2017
US30-Maquet Cardiovascular LLC	Richard	Tartini	Project Manager	6/24/1985
US30-Maquet Cardiovascular LLC	Cameron	Birch	Product Manager, Cardiac Surgery	8/26/2019
US30-Maquet Cardiovascular LLC	Ashik	Mohan	Director, Research & Development	3/23/2013
US30-Maquet Cardiovascular LLC	Juan	Perez	Sr. Principal Engineer, R&D	4/10/2000
US30-Maquet Cardiovascular LLC	Samuel	Phillips	Engineer I	10/7/2019
US30-Maquet Cardiovascular LLC	Stephen	Zlock	Sr. Product Manager	3/30/2015
US30-Maquet Cardiovascular LLC	Chinwendu	Eke-Okoro	Engineer II, Quality	4/20/2020
US30-Maquet Cardiovascular LLC	Ashley	Dempsey	Complaints Analyst II	8/13/2018
US30-Maquet Cardiovascular LLC	Kerry	Flecknoe	Sr. Medical Affairs Manager	4/18/2016
US30-Maquet Cardiovascular LLC	Alexander	Mark	Complaints Clinical Manager	4/18/2016
US30-Maquet Cardiovascular LLC	Pierluca	Lombardi	Corporate Medical Affairs Officer	3/1/2006
US30-Maquet Cardiovascular LLC	Mark	Hejduk	Manager Medical Affairs	2/27/2006
US30-Maquet Cardiovascular LLC	Sherina	Fleming	Complaints Analyst I	9/8/2020
US30-Maquet Cardiovascular LLC	Yessenia	Alvarado	Engineer II, Supplier	12/21/2009
US30-Maquet Cardiovascular LLC	Alistair	Ryan	CFO, CA/CS	11/30/2009
US30-Maquet Cardiovascular LLC	Roberto	Guzman	Sr. Director, Regulatory Counsel	1/12/2020
US30-Maquet Cardiovascular LLC	Adam	Falkowitz	Head of Legal, North America	2/10/2020
US30-Maquet Cardiovascular LLC	David	Morrissey	Sr. Manager, IT Operations	9/26/2005
US30-Maquet Cardiovascular LLC	Jennifer	Moeykens	Director, Human Resources	8/24/2020
US30-Maquet Cardiovascular LLC	Lesa	Vazquez	Human Resources Business Partner	8/12/2013
US30-Maquet Cardiovascular LLC	Angela	Marques	Manager, Human Resources	7/22/1991

US30-Maquet Cardiovascular LLC	Beverly	Walker	Sr. Manager, HR & Organizational Deve	3/2/2009
US30-Maquet Cardiovascular LLC	Pedro	Cruz	Director, Quality Regulatory Complian	8/7/2017
US30-Maquet Cardiovascular LLC	Cindy	Blasewitz	Sr. Global Training, Development & Cl	10/8/2012
US30-Maquet Cardiovascular LLC	Kashish	Patel	Engineer II, Quality	12/19/2016
US30-Maquet Cardiovascular LLC	Oliver	Peters	Director, Global IT Applications Oper	12/8/1994
US30-Maquet Cardiovascular LLC	Madan	Jalari	Siebel Developer	11/26/2012
US30-Maquet Cardiovascular LLC	Anthony	Cola	Sr. Business Systems Analyst, CRM	5/10/1999
US30-Maquet Cardiovascular LLC	Kimberly	Brendli	Manager, IT Validation	7/21/2014
US30-Maquet Cardiovascular LLC	Mariette	Miller	Sr. Business Systems Analyst	8/4/2014
US30-Maquet Cardiovascular LLC	Susanne	Treptow	Director, Enterprise Applications Amer	4/1/2015
US30-Maquet Cardiovascular LLC	Christine	Pinos	Sr. Business Systems Analyst	4/1/2004
US30-Maquet Cardiovascular LLC	Edward	Barragan	Director, IT Operations - Americas	10/24/1994
US30-Maquet Cardiovascular LLC	Naga Venkata Kanaka Avadhesh	Buragadda	CSVTechnology Analyst	7/22/2019
US30-Maquet Cardiovascular LLC	Shawn	Hunsaker	Head of Quality Operations	12/2/2019
US30-Maquet Cardiovascular LLC	Sesha	Mudumbi	Director, Digital Applications - Americ	10/11/2004
US30-Maquet Cardiovascular LLC	Tyrone	Marnotes	Sr. Applications Administrator	2/17/1998
US30-Maquet Cardiovascular LLC	Arundev	Jinadev	Applications Analyst	5/8/2017
US30-Maquet Cardiovascular LLC	Aaron	McKay	Sr. Business Systems Analyst	5/3/1994
US30-Maquet Cardiovascular LLC	Mary	Capone	Business Analyst Enterprise, IT Applica	2/1/2002
US30-Maquet Cardiovascular LLC	Abhijeet	Mule	Applications Analyst	7/13/2020
US30-Maquet Cardiovascular LLC	Karen	Esposito	Regulatory Affairs Specialist I	6/23/2014
US30-Maquet Cardiovascular LLC	Lilly	Vamos	Medical Affairs Manager	1/1/2012
US30-Maquet Cardiovascular LLC	William	Fralick	Medical Affairs Manager	6/25/2018
US30-Maquet Cardiovascular LLC	Diana	Hernandez	Complaints Analyst I	9/21/2020
US30-Maquet Cardiovascular LLC	Jamie	Plummer	Business Analyst, IT Enterprise Applica	6/30/2014
US30-Maquet Cardiovascular LLC	Kevin	Godlewski	ACT Patent Attorney	10/30/2017
US30-Maquet Cardiovascular LLC	Sunita	Subramanian	Associate General Counsel, Healthcare	7/2/2018
US30-Maquet Cardiovascular LLC	Aaron	Miller	Head of SW Patents	1/2/2018
US30-Maquet Cardiovascular LLC	Grace	Doe	Head of Global Trademarks & Life Scie	4/2/2012
US30-Maquet Cardiovascular LLC	Michael	Rosenstein	Sr. Litigation Counsel	7/24/2019
US30-Maquet Cardiovascular LLC	Alexis	Wenmuth	Head of Ethics & Compliance NAM	8/12/2019
US30-Maquet Cardiovascular LLC	Heather	Holcomb	Sr. Internal Investigations & Monitorin	8/15/2016
US30-Maquet Cardiovascular LLC	Angus	Pekala	Medical Writer	4/20/2020
US30-Maquet Cardiovascular LLC	Prachi	Trivedi	Engineer II, Production	6/4/2018
US30-Maquet Cardiovascular LLC	Sevinc	Ozbek	Sr. Sourcing Specialist	6/18/2001
US30-Maquet Cardiovascular LLC	Vandita	Patel	Sr. Engineer, Production	6/23/2014
US30-Maquet Cardiovascular LLC	Tarandai	Jagamauth	Buyer I, Indirect	2/29/2016
US30-Maquet Cardiovascular LLC	Michael	Brady	Manager, Strategic Sourcing	9/8/1998
US30-Maquet Cardiovascular LLC	Bharatkumar	Dholariya	Clinical Research Manager	9/25/2017
US30-Maquet Cardiovascular LLC	Roberta	Anderson	Associate General Counsel, Healthcare	7/15/2019
US30-Maquet Cardiovascular LLC	Peter	Abadear	Sr. Engineer, Production	4/4/2011
US30-Maquet Cardiovascular LLC	Aalan	Uemura	Engineer II, Production	8/10/2009
US30-Maquet Cardiovascular LLC	Lori	Ferriola	Supervisor, Accounts Payable	3/10/1986
US30-Maquet Cardiovascular LLC	Imad	Hatqua	Director, Engineering	12/9/1996
US30-Maquet Cardiovascular LLC	Anupam	Makhija	Sr. Engineer, Production	1/6/2003
US30-Maquet Cardiovascular LLC	Robert	Argentero	Manager, Packaging Engineering	6/26/2000
US30-Maquet Cardiovascular LLC	Mufassar	Nagra	Sr. Engineer, Production	9/28/2009
US30-Maquet Cardiovascular LLC	Hector	Dominguez	Engineer II, Production	6/7/1993
US30-Maquet Cardiovascular LLC	Shemita	Copper	Training Specialist I, Manufacturing	10/20/2014
US30-Maquet Cardiovascular LLC	Edward	Harris	Sr. Engineer, Production	11/6/1995
US30-Maquet Cardiovascular LLC	Jack	Tant	Engineer II, Production	4/17/1990
US30-Maquet Cardiovascular LLC	Christopher	Wynter	Supervisor, Production Process	5/22/2009
US30-Maquet Cardiovascular LLC	Rishi	Singh	Manager, Product Development	4/20/2009
US30-Maquet Cardiovascular LLC	Emmanuel	Tselentakis	Supervisor, Production Engineering	9/22/2008
US30-Maquet Cardiovascular LLC	John	Tosto	Manager, Supplier Engineering	1/2/1997
US30-Maquet Cardiovascular LLC	Ryne	Zanzalari	Engineer II, Production	2/16/2016
US30-Maquet Cardiovascular LLC	Suwah	Amara	Supervisor, Production Engineering	4/4/2016
US30-Maquet Cardiovascular LLC	Kenneth	Gan	Sr. Engineer, Production	4/18/2016
US30-Maquet Cardiovascular LLC	Chandni	Kinkhabwala	Engineer II, Production	4/25/2016
US30-Maquet Cardiovascular LLC	Yang	Shen	Sourcing Buyer II	4/18/2017
US30-Maquet Cardiovascular LLC	Christopher	Hardy	Manager, Facilities Health & Safety	2/2/2009
US30-Maquet Cardiovascular LLC	Youstina	Abadear	Engineer II, Production	1/6/2014
US30-Maquet Cardiovascular LLC	Maria	Hurtado	Engineer II, Production	1/6/2014
US30-Maquet Cardiovascular LLC	Christopher	Daniele	Engineer II, Production	11/7/2016
US30-Maquet Cardiovascular LLC	Jacqueline	Henderson	Buyer II	10/10/2016
US30-Maquet Cardiovascular LLC	Christopher	Angotti	Manager, Procurement	1/2/2018
US30-Maquet Cardiovascular LLC	Daniel	Yea	Engineer I, Production	2/28/2018
US30-Maquet Cardiovascular LLC	Joseph	McElwain	Environmental Health & Safety Special	9/24/2018
US30-Maquet Cardiovascular LLC	Hugo	Lombana	Engineer II, Production	10/19/2009
US30-Maquet Cardiovascular LLC	Matthew	Noesner	Manager, Sustaining Engineering	1/2/2018
US30-Maquet Cardiovascular LLC	Wendy	Medaska	Manager, Finance	9/7/2010
US30-Maquet Cardiovascular LLC	Amel	Colon	Supervisor, Production	10/12/2009
US30-Maquet Cardiovascular LLC	Jacqueline	Lefkow	Sourcing Buyer II	1/16/2012
US30-Maquet Cardiovascular LLC	Dennis	Bahr	Manager, Finance	9/28/2009
US30-Maquet Cardiovascular LLC	Julie	Gabriele	US Finance & Treasury Manager	4/11/2011
US30-Maquet Cardiovascular LLC	Tony	Toribio	Production Planner II	7/11/1994
US30-Maquet Cardiovascular LLC	Edward	Wardell	Sr. Engineer, Production	10/23/2017

US30-Maquet Cardiovascular LLC	Jasmin	Maldonado	Supervisor, QC Manufacturing	7/17/1989
US30-Maquet Cardiovascular LLC	Erica	Gallagher	Sr. Director, Taxation	4/9/2012
US30-Maquet Cardiovascular LLC	Yisi	Fu	Sr. Tax Manager	11/18/2013
US30-Maquet Cardiovascular LLC	Arthur	Hayes	Tax Accountant II	11/7/1994
US30-Maquet Cardiovascular LLC	Raymond	Todisco	Tax Manager	11/15/2010
US30-Maquet Cardiovascular LLC	Lesia	Lilitka	Tax Accountant II	2/23/2010
US30-Maquet Cardiovascular LLC	Michael	Fortunato	Sr. Buyer	2/18/2019
US30-Maquet Cardiovascular LLC	Brian	Snyder	Director, Purchasing	10/30/2006
US30-Maquet Cardiovascular LLC	Jason	Cabrejos	Engineer II, Production	1/2/2013
US30-Maquet Cardiovascular LLC	Jason	Swinsburg	Manager II, Manufacturing	7/15/2009
US30-Maquet Cardiovascular LLC	Juan	Flores	Manager, Manufacturing Engineering	4/20/2009
US30-Maquet Cardiovascular LLC	Lucy	Ianuale	Sr. LMS Specialist	4/2/2015
US30-Maquet Cardiovascular LLC	Annie	Hsieh	Packaging Graphics Specialist	6/20/2018
US30-Maquet Cardiovascular LLC	Frank	Divincenzo	Sr. Cost Accountant	10/18/1999
US30-Maquet Cardiovascular LLC	Tracie	Pickering	Global Training and Clinical Marketing	2/4/2013
US30-Maquet Cardiovascular LLC	Destiny	Strickland	Document Control Specialist	7/30/2018
US30-Maquet Cardiovascular LLC	Kirk	Swenson	Director, ACT Patent Strategy	8/17/2010
US30-Maquet Cardiovascular LLC	Wesley	Ashton	ACT Patent Attorney	9/2/2014
US30-Maquet Cardiovascular LLC	Lawrence	Bugaoan	Network Analyst	4/5/2021
US30-Maquet Cardiovascular LLC	Johnny	Parris	Product Assembler III	2/5/1996
US30-Maquet Cardiovascular LLC	Karla	Rivera	Product Assembler III	10/7/2013
US30-Maquet Cardiovascular LLC	Margot	Clark	Product Assembler I	4/7/2014
US30-Maquet Cardiovascular LLC	Sugeidy	Reyes	Product Assembler II	1/18/2016
US30-Maquet Cardiovascular LLC	Gloria	Quiles	Product Assembler I	2/12/2018
US30-Maquet Cardiovascular LLC	Violeta	Kevereska	Product Assembler I	3/12/2018
US30-Maquet Cardiovascular LLC	Lillian	Martinez	Product Assembler II	1/18/2016
US30-Maquet Cardiovascular LLC	Patricia	Gravini	Product Assembler II	1/18/2016
US30-Maquet Cardiovascular LLC	Fanny	Pastuizaca	Product Assembler II	1/6/2014
US30-Maquet Cardiovascular LLC	Lilia	Ruiz	Product Assembler I	9/11/2018
US30-Maquet Cardiovascular LLC	Valeska	Batista	Product Assembler I	9/17/2018
US30-Maquet Cardiovascular LLC	Nancy	Perez	Product Assembler I	9/25/2018
US30-Maquet Cardiovascular LLC	Lidia	Cichon	Product Assembler II	1/7/2013
US30-Maquet Cardiovascular LLC	Miguel	Munoz	Sr. Product Assembler	12/12/2007
US30-Maquet Cardiovascular LLC	Raquel	Sayco	Product Assembler II	12/15/2014
US30-Maquet Cardiovascular LLC	Amparo	Ventura	Product Assembler II	12/15/2014
US30-Maquet Cardiovascular LLC	Ardita	Zaku	Product Assembler II	3/24/2014
US30-Maquet Cardiovascular LLC	Carmen	Minaya	Sr. Product Assembler	1/1/2010
US30-Maquet Cardiovascular LLC	Desanka	Petrovic	Product Assembler II	1/27/2014
US30-Maquet Cardiovascular LLC	Errol	ByField	Product Assembler II	2/8/2010
US30-Maquet Cardiovascular LLC	Viktorija	Josifoski	Product Assembler I	10/9/2019
US30-Maquet Cardiovascular LLC	Slavica	Ristoska	Sr. Product Assembler	8/2/2004
US30-Maquet Cardiovascular LLC	Gladys	Florito	Sr. Product Assembler	2/8/2010
US30-Maquet Cardiovascular LLC	Dorota	Zwolinski	Product Assembler III	2/5/1996
US30-Maquet Cardiovascular LLC	Mariela	Guerra	Sr. Product Assembler	12/21/2009
US30-Maquet Cardiovascular LLC	Jose	Cotto Lopez	Sr. Product Assembler	8/9/1990
US30-Maquet Cardiovascular LLC	Yovanka	Casiano	Sr. Product Assembler	12/9/1996
US30-Maquet Cardiovascular LLC	Rosaura	Batista	Product Assembler II	1/11/2016
US30-Maquet Cardiovascular LLC	Emilia	Jurkowski	Sr. Product Assembler	10/29/1990
US30-Maquet Cardiovascular LLC	Cesar	Navarro Arroyo	Sr. Product Assembler	9/9/2002
US30-Maquet Cardiovascular LLC	Minelfi	Arias	Lead Product Assembler	10/28/1996
US30-Maquet Cardiovascular LLC	Andreana	Celso	Product Assembler II	6/18/2001
US30-Maquet Cardiovascular LLC	Anabel	Perez Santana	Sr. Product Assembler	9/19/2007
US30-Maquet Cardiovascular LLC	Nora	Cevallos	Product Assembler III	1/6/2014
US30-Maquet Cardiovascular LLC	Ana	Rosado	Product Assembler I	4/19/2016
US30-Maquet Cardiovascular LLC	Luz	Navarro Campos	Product Assembler I	1/16/2018
US30-Maquet Cardiovascular LLC	Cynthia	Lopez	Product Assembler I	11/30/2017
US30-Maquet Cardiovascular LLC	Malgorzata	Palen	Product Assembler II	3/13/2006
US30-Maquet Cardiovascular LLC	Cila	Varela	Product Assembler I	1/18/2016
US30-Maquet Cardiovascular LLC	Carlos	Moran Cancel	Sr. Product Assembler	8/19/2002
US30-Maquet Cardiovascular LLC	Martina	Soklevski	Product Assembler I	1/14/2019
US30-Maquet Cardiovascular LLC	Katarzyna	Galus	Product Assembler II	8/14/2006
US30-Maquet Cardiovascular LLC	Ana	Flores	Product Assembler II	7/30/1990
US30-Maquet Cardiovascular LLC	Rosa	Guadarrama	Product Assembler II	3/3/2003
US30-Maquet Cardiovascular LLC	Janet	Quinones	Lead Product Assembler	8/2/2004
US30-Maquet Cardiovascular LLC	Gaby	Koonce	Sr. Product Assembler	1/2/1995
US30-Maquet Cardiovascular LLC	Danuta	Pajdak	Sr. Product Assembler	9/30/1996
US30-Maquet Cardiovascular LLC	Terri	Garvie	Product Assembler II	2/8/2010
US30-Maquet Cardiovascular LLC	Avenel	Deshommes	Product Assembler III	12/21/2009
US30-Maquet Cardiovascular LLC	Anibal	Colon	Product Assembler II	12/21/2009
US30-Maquet Cardiovascular LLC	Alba	Morales	Product Assembler II	1/7/2013
US30-Maquet Cardiovascular LLC	Zhen	Huang	Product Assembler II	6/1/2009
US30-Maquet Cardiovascular LLC	Halina	Tudryn	Product Assembler III	12/16/1996
US30-Maquet Cardiovascular LLC	Martha	Diaz	Product Assembler II	8/26/2019
US30-Maquet Cardiovascular LLC	Marta	Bizlak-Kalafut	Product Assembler II	6/24/1996
US30-Maquet Cardiovascular LLC	Felix	Alvarado	Product Assembler II	11/11/1996
US30-Maquet Cardiovascular LLC	Gustavo	Aponte	Product Assembler III	12/21/2009
US30-Maquet Cardiovascular LLC	Neurys	Rivas	Product Assembler II	4/23/1990

US30-Maquet Cardiovascular LLC	Carlos	Cardenas	Product Assembler II	2/8/2010
US30-Maquet Cardiovascular LLC	Jonathan	Arriaga Rivera	Product Assembler II	6/4/2007
US30-Maquet Cardiovascular LLC	Wendy	Rodriguez	Product Assembler II	5/1/2006
US30-Maquet Cardiovascular LLC	Zaklina	Suteska	Product Assembler III	2/8/2010
US30-Maquet Cardiovascular LLC	Lena	Kostadinovska	Product Assembler II	11/24/2008
US30-Maquet Cardiovascular LLC	Jozefa	Kasica	Product Assembler II	2/8/2010
US30-Maquet Cardiovascular LLC	Irene	Mazurek	Product Assembler II	12/21/2009
US30-Maquet Cardiovascular LLC	Giancarlo	D'Agostino	Product Assembler II	12/21/2009
US30-Maquet Cardiovascular LLC	Elizabeta	Mojsova	Product Assembler III	2/8/2010
US30-Maquet Cardiovascular LLC	Elaine	Waldorf	Product Assembler II	12/21/2009
US30-Maquet Cardiovascular LLC	Cristina	Mauricio	Product Assembler III	2/8/2010
US30-Maquet Cardiovascular LLC	Conroy	Lawrence	Product Assembler II	2/8/2010
US30-Maquet Cardiovascular LLC	Celeste	Duffy	Product Assembler II	12/21/2009
US30-Maquet Cardiovascular LLC	Yansi	Garcia	Product Assembler I	3/25/2019
US30-Maquet Cardiovascular LLC	Dariza	Ramos	Product Assembler I	10/23/2016
US30-Maquet Cardiovascular LLC	Zora	Savreski	Product Assembler II	7/15/2013
US30-Maquet Cardiovascular LLC	Grozda	Siljanovska	Product Assembler II	11/23/1998
US30-Maquet Cardiovascular LLC	Renata	Wasilewski	Product Assembler II	1/7/2013
US30-Maquet Cardiovascular LLC	Osiris	Altamar	Product Assembler II	12/21/2009
US30-Maquet Cardiovascular LLC	Xaymara	Claudio Colon	Product Assembler III	9/22/2008
US30-Maquet Cardiovascular LLC	Diana	Prado	Product Assembler I	4/29/2019
US30-Maquet Cardiovascular LLC	Necla	Konak	Product Assembler II	1/7/2013
US30-Maquet Cardiovascular LLC	Miriam	Hoyos	Product Assembler III	12/21/2009
US30-Maquet Cardiovascular LLC	Katarzyna	Haszczak	Product Assembler II	8/11/2008
US30-Maquet Cardiovascular LLC	Jagoda	Gjorsoska	Sr. Product Assembler	2/8/2010
US30-Maquet Cardiovascular LLC	Elizabeth	Lynch	Product Assembler II	7/31/1989
US30-Maquet Cardiovascular LLC	Joel	Ripoll Vega	Product Assembler II	9/8/2020
US30-Maquet Cardiovascular LLC	Miroslava	Javornikova	QC Inspector II	10/21/2019
US30-Maquet Cardiovascular LLC	Kristyn	Gordon	Sr. Medical Affairs Manager	4/20/2020
US30-Maquet Cardiovascular LLC	Anitha	Rajagopalan	Medical Affairs Manager	1/11/2021
US30-Maquet Cardiovascular LLC	Denise	Anderegg	Sr. Manager, Medical Affairs	12/14/2017
US30-Maquet Cardiovascular LLC	Walter	Royston	Project Manager	4/25/2016
US30-Maquet Cardiovascular LLC	Yonatan	Sheer	Engineer II, Packaging	5/7/2018
US30-Maquet Cardiovascular LLC	Michael	Deutch	Quality Engineer II, Supplier Quality C	6/14/2021
US30-Maquet Cardiovascular LLC	Natascha	Backes	Sr. Ethics & Compliance Manager	6/28/2021
US30-Maquet Cardiovascular LLC	Agata	Zarczynska	Quality Engineer I, Supplier Quality CS	8/28/2019
US30-Maquet Cardiovascular LLC	Lucas	Tremper	QC Technician II	10/21/2019
US30-Maquet Cardiovascular LLC	Thalia	Mullings	Complaints Analyst, I	7/26/2021
US30-Maquet Cardiovascular LLC	Martin	Lukas	Global CAPA Manager	2/15/2018
US30-Maquet Cardiovascular LLC	Stephanie	Moretti	Regulatory Affairs Specialist I	9/30/2014
US30-Maquet Cardiovascular LLC	Hazal	Yalcin	Engineer I, Packaging	8/26/2019
US30-Maquet Cardiovascular LLC	Umang	Shah	Manager, Complaints Engineering	9/12/2016
US30-Maquet Cardiovascular LLC	Jingal	Amin	Supervisor, Complaints	5/16/2016
US30-Maquet Cardiovascular LLC	LaTosha	Burns	Supervisor, Complaints	8/27/2018
US30-Maquet Cardiovascular LLC	Annette	Curving	Product Assembler III	10/19/2009
US30-Maquet Cardiovascular LLC	Susan	Eichler-Huston	Sr. Director, Regulatory Affairs	11/26/1990
US30-Maquet Cardiovascular LLC	Sandeep	Shahi	Manager, Supplier Quality	2/27/2017
US30-Maquet Cardiovascular LLC	Mario	Andrade	Manager, Cost Accounting	2/15/2017
US30-Maquet Cardiovascular LLC	Rachana	Patel	Regulatory Affairs Specialist II	5/7/2018
US30-Maquet Cardiovascular LLC	Amruta	Divekar	Principal Engineer, Software Quality V	2/20/2017
US30-Maquet Cardiovascular LLC	Julie	Jakova	Manager, Planning & Logistics	6/20/2011

Bond

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K1575428A

Application/License No. _____

Maquet Cardiovascular, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 45 Barbour Pond Drive, Wayne, NJ 07470 (Address of Applicant/Principal), as PRINCIPAL, and Federal Insurance Company (Surety Company), a corporation organized under the laws of the state of Indiana (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 202B Halls Mill Road, P.O. Box 1650, Whitehouse Station, NJ 08889 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 2nd, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 2nd day of September, 2021.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Surety Company's Representative

Kelly M. Shea, Attorney-in-Fact, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Jessica M Greene, Christopher K. Shea and Kelly M. Shea of Rochester, New York -------

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **2nd** day of **March, 2020.**

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this **2nd** day of **March, 2020** before me, a Notary Public of New Jersey, personally came Dawn M. Chloros and Stephen M. Haney, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros and Stephen M. Haney, being by me duly sworn, severally and each for herself and himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

KATHERINE J. ADELAAR
NOTARY PUBLIC OF NEW JERSEY
No. 2316585
Commission Expires July 18, 2024

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this 2nd day of September, 2021

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

CORPORATION ACKNOWLEDGMENT

STATE OF
COUNTY OF

On this 2nd day of September in the year 2021, before me personally came John M. Poetzl to me known, who, being by me duly sworn, did depose and say he resides in Wayne, NJ; that he is the Sr. Director, Finance of the limited liability company Maquet Cardiovascular, LLC described in and which executed the foregoing instrument; that the seal affixed to the said instrument is such corporate seal; and that it was so affixed by order of the Board of Directors of the said corporation, and that he signed his name thereto by like order.

Notary Public

SUSAN EVANS NOTARY PUBLIC NO. 2244283 Comm. Exp. March 9, 2025 PASSAIC COUNTY, NEW JERSEY

SURETY ACKNOWLEDGMENT

STATE OF NEW YORK
COUNTY OF MONROE

On this 2nd day of September in the year 2021, before me personally came Kelly M. Shea to me known, who, being by me duly sworn, did depose and say that he resides in Rochester, New York; that he is the Attorney-In-Fact of Federal Insurance Company the corporation described in and which executed the foregoing instrument; that the seal affixed to the said instrument is such corporate seal; and that it was so affixed by order of the Board of Directors of the said corporation, and that he signed his name thereto by like order.

JESSICA M. GREENE
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01GR6412198
Qualified In Monroe County
Commission Expires December 21, 2024

Jessica M. Greene
Notary Public

FEDERAL INSURANCE COMPANY

STATEMENT OF ASSETS, LIABILITIES AND SURPLUS TO POLICYHOLDERS

Statutory Basis

JUNE 30, 2019

(In thousands)

ASSETS		*LIABILITIES AND SURPLUS TO POLICYHOLDERS*	
Cash and Short Term Investments	$ (476,792)	Outstanding Losses and Loss Expenses	$ 6,750,802
United States Government, State and Municipal Bonds	4,611,955	Reinsurance Payable on Losses and Expenses	1,232,039
Other Bonds	5,021,431	Unearned Premiums	1,958,666
Stocks	32,020	Ceded Reinsurance Premiums Payable	377,358
Other Invested Assets	930,899	Other Liabilities	868,035
TOTAL INVESTMENTS	10,319,513	TOTAL LIABILITIES	11,186,900
Investments in Affiliates:		Capital Stock	20,000
Great Northern Ins. Co.	389,764	Paid-In Surplus	2,711,473
Vigilant Ins. Co.	337,205	Unassigned Funds	1,399,031
Chubb Indemnity Ins. Co.	177,281		
Chubb National Ins. Co.	178,671	SURPLUS TO POLICYHOLDERS	4,131,484
Chubb European Inv. Holdings, SLP	128,252		
Other Affiliates	89,644		
Premiums Receivable	1,432,640		
Other Assets	2,267,434		
TOTAL ADMITTED ASSETS	$ 15,318,384	TOTAL LIABILITIES AND SURPLUS	$ 15,318,384

Investments are valued in accordance with requirements of the National Association of Insurance Commissioners. At June 30, 2019, investments with a carrying value of $608,132,062 were deposited with government authorities as required by law.

STATE OF PENNSYLVANIA

COUNTY OF PHILADELPHIA

John Taylor, being duly sworn, says that he is Senior Vice President of Federal Insurance Company and that to the best of his knowledge and belief the foregoing is a true and correct statement of the said Company's financial condition as of the 30 th day of June, 2019.

Sworn before me this August 27, 2019

Senior Vice President

Notary Public

My commission expires August 8, 2023

Commonwealth of Pennsylvania - Notary Seal
Diane Wright, Notary Public
Philadelphia County
My commission expires August 8, 2023
Commission number 1235745
Member, Pennsylvania Association of Notaries

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Discipline- FDA Admin Fine for Section 2 Question 3

UNITED STATES DISTRICT COURT
DISTRICT OF NEW HAMPSHIRE

UNITED STATES OF AMERICA, Plaintiff, v. ATRIUM MEDICAL CORP., MAQUET HOLDING B.V. & CO. KG, MAQUET CARDIOVASCULAR, LLC, and MAQUET CARDIOPULMONARY AG, corporations, and HEINZ JACQUI, and GAIL CHRISTIE, individuals, Defendants.	NO. 15-CV-00041-SM

CONSENT DECREE OF PERMANENT INJUNCTION

Plaintiff, the United States of America, by its undersigned attorneys, having filed a Complaint for Permanent Injunction ("Complaint") against Atrium Medical Corp. ("Atrium"), Maquet Holding B.V. & Co. KG ("Maquet"), Maquet Cardiovascular, LLC ("Maquet CV"), and Maquet Cardiopulmonary AG ("Maquet CP"), corporations ("Corporate Defendants"), and Heinz Jacqui, who assumed his position as Chief Executive Officer and Managing Director of Maquet on April 1, 2012, and Gail Christie, who assumed her position as Corporate Chief Quality Assurance/Regulatory Affairs and Compliance Officer of Maquet on October 1, 2013, individuals (collectively "Defendants"), alleging the following:

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(1) Defendants violate the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 331(a), by introducing and causing to be introduced, and delivering and causing to be delivered for introduction, into interstate commerce articles of device, as defined by 21 U.S.C. § 321(h), that are (a) adulterated within the meaning of 21 U.S.C. § 351(h), in that the methods used in, and the facilities and controls used for, their manufacture, packing, storage, and installation are not in conformity with the current good manufacturing practice ("CGMP") requirements for devices, *see* 21 U.S.C. § 360j(f) and 21 C.F.R. Part 820 (the Quality System ("QS") regulation); and (b) misbranded within the meaning of 21 U.S.C. § 352(t)(2), in that Defendants fail to furnish information or material respecting their devices, as set forth in 21 U.S.C. § 360i and the medical device reporting ("MDR") and correction and removals ("CR") regulations, 21 C.F.R. Parts 803 and 806;

(2) Defendants violate the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 331(k), by doing acts that result in the adulteration, within the meaning of 21 U.S.C. § 351(h), of articles of device, as defined by 21 U.S.C. § 321(h), while such devices are held for sale after the shipment of one or more of their components in interstate commerce; and

(3) Defendants violate the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 331(e), by failing to maintain and/or submit reports respecting their devices, as required by 21 U.S.C. § 360i; and

Defendants, without admitting or denying the allegations of the Complaint and disclaiming any liability in connection herewith, having appeared and having consented to entry of this Consent Decree of Permanent Injunction ("Decree") without contest and before any testimony has been taken, and the United States of America having consented to this Decree:

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IT IS HEREBY ORDERED, ADJUDGED, AND DECREED as follows:

1. This Court has jurisdiction over the subject matter of this action and has personal jurisdiction over all parties to this action under 21 U.S.C. § 332(a) and 28 U.S.C. § 1345.

2. Venue is proper in this District under 28 U.S.C. §§ 1391(b) and (c).

3. The Complaint states a cause of action against Defendants under the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. §§ 301 *et seq.*

DEFINITIONS

4. For purposes of this Decree, the following definitions shall apply:

A. "Specified Facilities" are the following facilities:

i. Atrium, 5 Wentworth Dr., Hudson, NH 03051; and

ii. Atrium, 29 Flagstone Dr., Hudson, NH 03051.

B. "Additional Facilities" are the following facilities:

i. Maquet CV, 45 Barbour Pond Dr., Wayne, NJ 07470;

ii. Maquet Medical Systems USA, 45 Barbour Pond Dr., Wayne, NJ 07470;

iii. Maquet CP, Kehler Str. 31, Rastatt, Germany 76437;

iv. Maquet CP, Neue Rottenburger Str. 37, Hechingen, Germany 72379; and

v. Any facility added to this Decree pursuant to paragraphs 8 and 14.

C. "Days" shall refer to calendar days unless otherwise stated.

D. A device is "medically necessary" if:

i. It is used to treat or prevent a disease or medical condition;

ii. . There are not other readily available sources of that product or alternative products judged by FDA to be adequate substitutes; and

iii. An authorized representative of Defendants' U.S. customers or international customers, after reviewing the Notification Guide described in paragraph 4.F, signs an FDA-approved Certificate of Medical Necessity ("CMN") certifying that s/he is aware of FDA's findings and deems the device necessary.

E. A device listed below is deemed to satisfy the requirements of paragraphs 4.D.i and ii and becomes "medically necessary" for a particular U.S. customer or international customer when an authorized representative of that customer has signed a CMN, as described in paragraph 4.D.iii, for such device:

i. ClearWay Rx;

ii. ClearWay OTW;

iii. Express Dry Suction Dry Seal Drains, including accessories;

iv. Ocean Wet Suction Water Seal Drains, including accessorics;

v. Oasis Dry Suction Water Seal Drains, including accessories; and

vi. Any other device, component and/or accessory that both FDA and Defendants agree in writing are "medically necessary."

F. "Notification Guide" shall refer to the document developed by Defendants, and reviewed and approved by FDA, that notifies Defendants' U.S. customers and international customers of FDA's findings at each Specified Facility, so that they may make an informed decision concerning whether to use Defendants' devices or to transition to alternative products. The Notification Guide (attached hereto as Exhibit 1 and incorporated by reference herein) must contain, among other information, the CMN referenced in paragraph 4.D.iii.

G. "International Distributor" means an international first-level distributor or other customer that purchases a medically necessary device directly from Defendants.

H. "International End-User" means an international facility, hospital, and any group of clinicians or doctors that purchases a medically necessary device directly or indirectly from an International Distributor.

SPECIFIED FACILITIES

5. Except as provided in paragraphs 6 and 11, Defendants and each and all of their directors, officers, agents, representatives, employees, successors, assigns, and attorneys, and any and all persons in active concert or participation with any of them, who have received actual notice of this Decree by personal service or otherwise (collectively "Associated Person(s)"), are permanently enjoined under 21 U.S.C. § 332(a) from manufacturing, processing, packing, labeling, and distributing any device, including components parts, accessories, and in-process and finished devices, (hereinafter collectively referred to as "devices") at or from the Specified Facilities unless and until, for each Specified Facility:

A. Defendants' facilities, methods, processes, and controls used to manufacture, process, pack, label, hold, and distribute devices at or from the Specified Facility are established, operated, and administered in conformity with 21 U.S.C. §§ 351(h) and 352(t)(2) (hereinafter collectively referred to as "the Act"), and the QS, CR, and MDR regulations. Specifically, Defendants shall take the following actions, among others:

i. Establish and maintain procedures to control Defendants' devices' designs in order to ensure that specified design requirements are met;

ii. Ensure that all devices meet the requirements for design development and planning, design input, design output, design review, design verification, design validation, design change, design transfer, and design history file;

iii. Conduct design evaluations of all marketed devices to ensure that current designs have been properly validated and transferred into appropriate product specifications;

iv. Validate processes whose results cannot be fully verified by subsequent inspection and testing;

v. Develop, conduct, control, and monitor production processes to ensure that devices conform to their specifications;

vi. Establish and implement adequate written procedures to control devices that do not conform to specified requirements;

vii. Establish and maintain adequate written procedures for corrective and preventive actions ("CAPAs") and for documenting those activities;

viii. Maintain accurate and complete complaint files and establish and implement adequate written procedures for receiving, reviewing, and evaluating complaints; and

ix. Develop and implement adequate written MDR procedures in compliance with 21 C.F.R. Part 803, including, but not limited to, adequate procedures for management review, and ensure that employees are trained on, understand, and properly implement the MDR requirements and procedures;

B. Defendants retain, at Corporate Defendants' expense, an independent person(s) (the "expert") to inspect the Specified Facilities and review their manufacturing procedures and records to determine whether the methods, facilities, and controls are operated

and currently administered in conformity with this Decree, the Act, and the QS, CR, and MDR regulations. The expert shall be qualified by education, training, and experience to conduct such inspections, and shall be without personal or financial ties (other than the retention agreement) to Defendants or their families. Defendants shall notify FDA in writing of the identity of the expert and the expert's qualifications within fifteen (15) days after retaining such expert. The expert shall:

i. Perform a comprehensive inspection of the methods, processes, and controls used to manufacture devices at each Specified Facility and determine whether each is in compliance with this Decree, the Act, and the QS, CR, and MDR regulations; in conducting this inspection, the expert shall review all deviations at each Specified Facility brought to Defendants' attention in writing by FDA since October 2009 (including, but not limited to, all Forms FDA-483 issued to Defendants since October 2009), by the expert, or by any other source. The expert is permitted to conduct separate inspections for designated categories of the Specified Facilities' devices so long as each inspection includes an evaluation of all of the methods and controls necessary for compliance with the QS regulation for that designated category of devices. If the expert decides to conduct separate inspections for designated categories of the Specified Facilities' devices, Defendants shall submit to FDA a written statement delineating the designated categories of devices. For purposes of complying with this paragraph, Defendants may not include more than a total of five (5) designated categories of devices;

ii. Within thirty (30) days after completing any inspection under paragraph 5.B.i, the expert shall submit simultaneously to FDA and Defendants a complete written report of the inspection, which shall include, but not necessarily be limited to:

a. Identifying in detail which methods, processes, controls, and FDA observations the expert reviewed and the expert's evaluation as to whether each such method, process, and control is now operated in compliance with this Decree, the Act, and the QS, CR, and MDR regulations, and, if applicable, listing any observed deviations from compliance with this Decree, the Act, and the QS, CR, and MDR regulations;

b. Identifying whether each observation listed on a Form FDA-483 issued at the Specified Facility since October 2009 has been corrected.

iii. Notwithstanding the foregoing, if, at any time before the completion of the expert's inspection(s), Defendants notify FDA in writing that all manufacturing operations have ceased at a Specified Facility or that all manufacturing operations with respect to one or more designated categories of the Specified Facilities' devices have ceased at a Specified Facility, any requirement that the expert inspect the methods, facilities, processes, equipment, and controls used to manufacture all or any such designated categories of devices at such Specified Facility shall cease. If, at any time before the completion of the expert's inspection(s), Defendants notify FDA in writing that manufacturing operations for any designated category of devices have been transferred from one Specified Facility to another Specified Facility, the expert must thereafter inspect the methods, facilities, processes, equipment, and controls used to manufacture any such designated category of devices at the transferee Specified Facility; and

C. Within thirty (30) days after receiving the expert's inspection report(s) under paragraph 5.B.ii , Defendants shall submit a written report ("work plan") to FDA detailing the specific actions Defendants have taken and/or will take at the Specified Facility to address the expert's observations and bring the Specified Facility's methods, facilities, processes, and

controls used to manufacture, process, pack, hold, and distribute devices into compliance with the requirements of this Decree, the Act, and the QS, CR, and MDR regulations. The specific actions in the work plan shall be set forth in numbered steps and, where appropriate, the numbered steps may include subordinate lettered steps. The work plan shall include a timetable to be approved by FDA, and FDA will approve or disapprove in writing the proposed work plan within thirty (30) days after receiving the proposed work plan. If the expert conducts separate inspections for designated categories of the Specified Facilities' devices, the Defendants are permitted to submit one addendum per designated category of devices, so long as the work plan and each addendum together detail the specific actions Defendants have taken and/or will take at a Specified Facility to address the expert's observations and bring the methods, facilities, processes, and controls used to manufacture, process, pack, hold, and distribute a designated category of devices into compliance with this Decree, the Act, and the QS, CR, and MDR regulations. In the event that Defendants notify FDA in writing that all manufacturing operations for a designated category of devices have ceased at a Specified Facility, any requirement in the work plan related to such Specified Facility shall cease with regard to such devices. In the event that Defendants notify FDA in writing that manufacturing operations for any designated category of devices have been transferred from one Specified Facility to another Specified Facility, any requirement in the work plan related to the transferor Specified Facility will be deemed to apply to the transferee Specified Facility; and

D. As the actions detailed in the work plan are completed at each Specified Facility, Defendants shall notify the expert in writing, who shall promptly inspect and verify whether those actions have been completed in a manner that complies with the requirements of this Decree, the Act, and the QS, CR, and MDR regulations to the expert's satisfaction and in

accordance with the work plan timetable approved by FDA. The expert is permitted to conduct separate inspections for designated categories of the Specified Facilities' devices so long as each inspection includes an evaluation of all of the methods and controls necessary for compliance with the QS regulation for the designated category of devices. If the expert determines that an action has not been completed to his or her satisfaction, the expert shall promptly notify Defendants and FDA in writing. Beginning thirty (30) days after approval of the work plan by FDA, and quarterly thereafter until submission of a certification set forth in paragraph 5.E, the expert shall submit to FDA a table that summarizes the expert's findings regarding whether the actions have been completed to the expert's satisfaction and in accordance with the numbered steps in the work plan timetable. FDA may, in its discretion and without prior notice, periodically inspect any and all Specified Facilities and undertake such additional examinations, reviews, and analyses as FDA deems appropriate to verify whether the actions reported to have been completed have, in fact, been completed adequately and on time. In the event that FDA determines that an action that has been reported to be completed is inadequate, FDA will notify Defendants in writing, and Defendants shall take appropriate action in accordance with a timetable that is subject to approval by FDA;

E. When the expert determines that all of the actions identified in the work plan approved by FDA have been completed to his or her satisfaction, the expert shall provide Defendants and FDA with a written certification that all of the actions have been completed and that, based on the inspection(s) conducted under paragraph 5 and on the satisfactory completion of the actions in the work plan identified under paragraph 5.C, Defendants' methods, facilities, processes, and controls used to manufacture, process, pack, hold, and distribute devices are in conformity with the requirements of this Decree, the Act, and the QS, CR, and MDR regulations.

The expert's certification shall include a detailed report of the results of the expert's inspection(s). The expert may provide FDA with a separate certification under this paragraph for each Specified Facility. If the expert conducts separate inspections for designated categories of the Specified Facilities' devices, the expert is permitted to submit a separate certification and certification report for each designated category of devices so long as each certification and accompanying report contains all of the information required by this provision for the designated category of devices. In the event the Defendants have notified FDA in writing that all manufacturing operations with regard to a designated category of devices have ceased at a Specified Facility, the expert need not certify as to the completion of work plan actions or as to compliance with this Decree, the Act, and the QS, CR, and MDR regulations that relate to such devices at the Specified Facility. In the event the Defendants have notified FDA in writing that manufacturing operations for any designated category of devices have been transferred from one Specified Facility to another Specified Facility, the expert must certify as to the completion of work plan actions or as to the compliance with this Decree, the Act, and the QS, CR, and MDR regulations that relate to such devices at the transferee Specified Facility;

F. In addition to paragraph 17 and FDA's authority to conduct inspections under 21 U.S.C. § 374, within sixty (60) days after FDA receives a certification described in paragraph 5.E, FDA, as it deems necessary, may inspect any or all of the applicable Specified Facilities to evaluate Defendants' compliance with this Decree, the Act, and its implementing regulations;

G. Corporate Defendants pay all costs of inspections, supervision, and review for FDA oversight with respect to paragraph 5; and

H. FDA notifies Defendants in writing that Defendants appear to be in compliance with the requirements set forth in paragraphs 5.A-G. If FDA conducts an inspection or reinspection pursuant to paragraph 5.F, and finds that the manufacturing, processing, packing, holding, and distribution of devices at and/or from a Specified Facility appear to be in conformity with this Decree, the Act, and the QS, CR, and MDR regulations, this notice will be issued within sixty (60) days after completion of the inspection. If FDA does not conduct an inspection or re-inspection pursuant to paragraph 5.F, this notice will be issued within sixty (60) days after receipt of the expert's certification under paragraph 5.E. If the expert has provided a certification and certification report limited to designated categories of the Specified Facilities' devices or a particular Specified Facility pursuant to paragraph 5.E, then FDA may issue the notification under this paragraph to authorize resumption of manufacturing processing, packing, holding, labeling and/or distribution limited to designated categories of devices or to one or more of the Specified Facilities.

6. A. Notwithstanding paragraph 5, Defendants and all Associated Persons may continue manufacturing, processing, holding, packing, labeling and distributing at or from the Specified Facilities:

i. Medically necessary devices, as defined in paragraph 4.D to customers who have received the Notification Guide described in paragraph 4.F and have submitted a signed CMN to Corporate Defendants, provided that Defendants maintain a record of all sales and distribution of medically necessary devices, including shipping documents and the following information regarding the devices distributed: the name, model number, and lot numbers for the medically necessary devices, the names of the consignees to whom they are shipped, and the

number of devices shipped. Defendants shall make the records described in this paragraph available to FDA immediately upon request. Within ninety (90) days after entry of this Decree, and quarterly thereafter, Defendants shall submit to FDA a summary of the medically necessary devices distributed, which shall include: the names of the medically necessary devices shipped, the names of the consignees to whom they were shipped, and the total number of devices shipped.

ii. Devices for use in product demonstrations, workshops, and laboratories, provided that the subject devices are labeled "For In-Office/In-Facility Demonstration Use Only - Not for Sale";

iii. Devices solely for the purpose of conducting clinical trials in accordance with 21 C.F.R. Part 812, provided that Defendants comply with all applicable laws and regulations relating to the manufacture and distribution of investigational devices;

iv. Devices, including warranty replacements, that both FDA and Defendants agree in writing are necessary to distribute and sell to fulfill contracts and agreements with foreign governments;

v. Devices to testing laboratories solely for the purpose of developing, testing, verifying, or validating design changes or modifications in accordance with 21 C.F.R. Part 820 or comparable international standards; and

vi. Devices that are necessary for the sole purpose of preparing or supporting a premarket approval application (PMA), premarket notification (510k), or supplement thereto, but such products may not be distributed without prior written authorization from FDA.

B. Corporate Defendants shall pay the United States Treasury the amount of six million dollars ($6,000,000.00) in equitable disgorgement, to be paid within twenty-eight (28)

days after entry of this Decree (hereinafter "initial payment"). Six (6) months after the date of the initial payment, Corporate Defendants shall pay the United States Treasury an additional amount of six million dollars ($6,000,000.00) in equitable disgorgement, unless by that date Defendants have received FDA authorization to resume, with regard to all medically necessary devices, all operations at the Specified Facilities as set forth in paragraph 5.H and/or Defendants have transferred all manufacturing, processing, packing, holding, and distribution of all medically necessary devices at and/or from the Specified Facilities to another manufacturing site owned or controlled by Corporate Defendants (hereinafter "new site(s)").

7. Within thirty (30) days after receiving the written notification in paragraph 5.H for a Specified Facility, Defendants shall select and retain at Corporate Defendants' expense an independent person(s) (the "specified facility auditor") to conduct audit inspections of the Specified Facility not less than once every six (6) months for a period of one (1) year, after which the specified facility auditor shall conduct audit inspections annually for an additional period of four (4) years. The specified facility auditor shall be qualified by education, training, and experience to conduct such inspections, and shall be without personal or financial ties (other than the retention agreement) to Defendants or their families, except that the specified facility auditor may be the same person(s) as the expert described in paragraph 5.B and/or the additional facility auditor described in paragraph 9.

A. At the conclusion of each audit inspection at each such facility, the specified facility auditor shall prepare a written audit report ("audit report") analyzing whether Defendants are in compliance with this Decree, the Act, and the QS, CR, and MDR regulations, and identifying all deviations from this Decree, the Act, and the QS, CR, and MDR regulations ("audit report observations"). As part of every audit report, except the first audit report, the

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specified facility auditor shall assess the adequacy of corrective actions taken by Defendants to correct all previous audit report observations. The audit report shall be delivered contemporaneously to Defendants and FDA no later than thirty (30) days after the date an audit inspection is completed.

B. If an audit report contains any audit report observations, Defendants shall, within thirty (30) days after receipt of the audit report, correct those observations, unless FDA notifies Defendants that a shorter time period is necessary. If, after receiving an audit report, Defendants believe that correction of any audit report observations will take longer than thirty (30) days, Defendants shall, within ten (10) business days after receipt of the audit report, propose a schedule for completing corrections ("correction schedule"). The correction schedule shall be reviewed and approved by FDA in writing prior to implementation. Defendants shall complete all corrections according to the approved correction schedule. Within thirty (30) days after being notified that Defendants have taken actions to correct audit report observations, the auditor shall review the actions taken by Defendants to correct the audit report observations. Within fifteen (15) business days after completion of such a review, the specified facility auditor shall report in writing to FDA and to the Defendants whether each of the audit report observations has been corrected.

8. Not less than three months before Defendants transfer any manufacturing operations from any of the Specified Facilities to any new site that Defendants own or control, Defendants shall submit to FDA a written transfer plan. However, in the event Defendants notified FDA before the date of entry of this Decree of a planned transfer of manufacturing operations from any Specified Facility(ies) to any new site(s), Defendants shall submit to FDA a written transfer plan within thirty (30) business days from the date of entry of this Decree. Any

such new site, if not already an Additional Facility, as described in paragraph 4.B, shall thereafter be fully subject to the provisions of this Decree without further action by the parties or this Court, as though it were listed as an Additional Facility in paragraph 4.B, but only to the extent that manufacturing operations have been transferred from a Specified Facility to that new site.

ADDITIONAL FACILITIES

9. Within ninety (90) days after entry of this Decree, Defendants shall select and retain at Corporate Defendants' expense an independent person(s) (the "additional facilities auditor") to conduct audit inspections of each of the Additional Facilities not less than once every twelve (12) months for a period of four (4) years from the date of entry of this Decree, for a total of not less than four audit inspections. The auditor shall be qualified by education, training, and experience to conduct such inspections, and shall be without personal or financial ties (other than the retention agreement) to Defendants or their families, except that the auditor may be the same person(s) as the expert described in paragraph 5.B and/or the specified facilities auditor described in paragraph 7. The requirements in paragraphs 7.A and B shall apply to all audit inspections conducted under this paragraph.

ADDITIONAL INJUNCTION PROVISION

10. Upon entry of this Decree and except as provided for in paragraphs 6 and 11, Defendants and each and all Associated Persons shall, with regard to any device manufactured at any of the Specified or Additional Facilities, be permanently enjoined from directly or indirectly doing or causing to be done any act that:

A. Violates 21 U.S.C. § 331(a) by doing or causing the introduction, and delivery for introduction, into interstate commerce of any device, as defined by 21 U.S.C.

§ 321(h), that is adulterated within the meaning of 21 U.S.C. § 351(h), or misbranded within the meaning of 21 U.S.C. § 352(t)(2);

B. Violates 21 U.S.C. § 331(k) by doing or causing any act that results in the adulteration, within the meaning of 21 U.S.C. § 351(h), or misbranding, within the meaning of 21 U.S.C. § 352(t)(2), of any device, as defined by 21 U.S.C. § 321(h), while such device is held for sale after the shipment of one or more of its components in interstate commerce; and/or

C. Violates 21 U.S.C. § 331(e) by doing or causing the failure to maintain and/or submit reports respecting devices, as defined by 21 U.S.C. § 321(h), as required by 21 U.S.C. § 360i.

EXCLUSIONS

11. The prohibitions set forth in paragraphs 5 and 10 or in any order issued under paragraphs 13 or 14 shall not apply to any device manufactured, processed, packaged, labeled, held for sale, or introduced into interstate commerce solely for export from the United States, provided that the applicable requirements of 21 U.S.C. §§ 381(e) and/or 382 have been satisfied with respect to such device. Independent of their right to export other devices, Defendants may export any medically necessary device to support their International Distributors, provided that:

(A) Defendants ask their International Distributors to ask their International End-Users to execute a signed CMN;

(B) Defendants exercise their best efforts to ask their International Distributors to confirm that the person signing the CMN form has read the form and is who s/he purports to be;

(C) Defendants document these efforts and provide to FDA, on a quarterly basis for two years, a summary of these efforts; and

(D) Defendants maintain records evidencing compliance with this subparagraph for two years.

ADDITIONAL PROVISIONS

12. Defendants shall establish and document management control over quality policy, as defined in 21 C.F.R. § 820.3(u), at the Specified and Additional Facilities for all devices intended for introduction into interstate commerce, to ensure continuous compliance with this Decree, the Act, and the QS, CR, and MDR regulations. Corporate Defendants shall vest responsibility for all quality system functions, as defined in 21 C.F.R. § 820.3(v), in the Specified and Additional Facilities, in an individual who shall be authorized and responsible for all quality system functions at the Specified and Additional Facilities, including establishing, implementing, and maintaining a comprehensive written quality program, to ensure Defendants' continuous compliance with this Decree, the Act, and the QS, CR, and MDR regulations. Within ninety (90) days after entry of this Decree, Defendants shall provide to FDA an affidavit of compliance stating the fact and manner of compliance with this paragraph.

13. If, at any time after this Decree has been entered, FDA determines, on the basis of the results of an inspection, the analyses of samples, a report or data prepared or submitted by Defendants or an expert or auditor under this Decree, or any other information, that Defendants have failed to comply with any provision of this Decree, or have violated the Act, the QS, CR, or MDR regulations at any of the Specified or Additional Facilities, or that additional corrective actions are necessary to achieve compliance with this Decree, the Act, and the QS, CR, and MDR regulations at any of the Specified or Additional Facilities, FDA may, as and when it deems necessary, order Defendants in writing, specifying the noncompliance(s) giving rise to the order, to take appropriate action, including, but not limited to, the following:

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A. Cease manufacturing, processing, packing, labeling, holding, or distributing any or all devices at any Specified or Additional Facility that was involved in the failure to comply;

B. Recall at Corporate Defendants' expense, adulterated or misbranded devices manufactured, distributed, and/or sold by Defendants from any Specified or Additional Facility, and/or that are under the custody and control of Defendants' U.S. agents, distributors, or customers;

C. Revise, modify, expand, or continue to submit any reports or plans described in this Decree;

D. Submit additional reports or information relating to any Specified or Additional Facility, to FDA as requested;

E. Issue a safety alert, public health advisory, and/or press release;

F. Take any other corrective actions relating to any Specified or Additional Facility as FDA, in its discretion, deems necessary to bring Defendants into compliance with this Decree, the Act, or the QS, CR, or MDR regulations.

These remedies shall be separate and apart from, and in addition to, any other remedy available to the United States under this Decree or the law. The cost of FDA inspections, sampling, testing, travel time, and subsistence expenses to implement these remedies shall be borne by Corporate Defendants at the rates specified in paragraph 18. However, nothing in this paragraph authorizes FDA to take any action with regard to products that are not manufactured, processed, packed, labeled or distributed in the United States.

14. If FDA inspects any facilities owned and/or operated by Corporate Defendants and/or their subsidiaries and/or affiliates, other than the Specified and Additional Facilities, and

finds violations of the Act or the QS, CR, or MDR regulations, FDA may, without further action by the parties or this Court, order that such facility or facilities shall thereafter be fully subject to the provisions of this Decree as though it or they were listed as an Additional Facility or Additional Facilities in paragraph 4.B when the Decree was entered, and FDA, with respect to such facility or facilities, may thereafter, based on subsequent violations, order Defendants to take any or all of the actions described in paragraph 13.

15. Upon receipt of any order issued by FDA pursuant to this Decree, the following procedures shall apply:

A. Unless a different time frame is specified by FDA in its order, Defendants shall, within ten (10) business days after receiving such order, notify FDA in writing that:

i. Defendants are undertaking or have undertaken corrective action, in which event Defendants shall describe the specific action(s) taken or proposed to be taken and the proposed schedule for completing the action(s); or

ii. Defendants do not agree with FDA's order, including a written explanation of the basis for their disagreement; in doing so, Defendants may propose specific alternative actions and specific time frames for achieving FDA's objectives.

B. If Defendants notify FDA that they do not agree with FDA's order, FDA will review Defendants' notification and thereafter, in writing, affirm, modify, or withdraw its order, as FDA deems appropriate. If FDA affirms or modifies its order, it will explain the basis for its decision in writing. The written notice of affirmation or modification shall constitute final agency action.

C. If FDA affirms or modifies its order, Defendants shall, upon receipt of FDA's notice of affirmation or modification, immediately implement the order (as modified, if

applicable), and, if they so choose, bring the matter before this Court on an expedited basis. Defendants shall continue to diligently implement FDA's order, as modified if applicable, unless the Court sets aside, stays, reverses, vacates, or modifies FDA's order. Any review of FDA's order under this paragraph shall be made in accordance with the terms set forth in paragraph 27.

D. The procedures set forth in paragraphs 15A-C shall not apply to any order issued under paragraph 13 if such order states that it is based on FDA's judgment that the matter raises significant public health concerns, and FDA's judgment and basis for such decision are stated in the order. In such case, Defendants shall immediately and fully comply with the terms of that order. If they so choose, Defendants may bring the matter before this Court on an expedited basis. Defendants shall continue to diligently implement FDA's order, unless the Court sets aside, stays, reverses, vacates, or modifies FDA's order. Any review of FDA's order under this paragraph shall be made in accordance with the terms set forth in paragraph 27.

16. Any cessation of operations or other actions described in paragraph 13 shall continue until Defendants receive written notification from FDA that Defendants appear to be in compliance with this Decree, the Act, and the QS, CR, and MDR regulations, and that Defendants may, therefore, resume operations. After receiving Defendants' written request to resume operations, FDA will determine whether it needs to inspect any of Defendants' facilities to determine Defendants' compliance with this Decree, the Act, and the QS, CR, and MDR regulations. If FDA determines that an inspection is necessary, it shall conduct the inspection and determine whether Defendants appear to be in compliance with this Decree, the Act, and the QS, CR, and MDR regulations and, if so, FDA will issue to Defendants a written notification permitting resumption of operations. With regard to U.S. facilities, FDA will decide within forty-five (45) days after receipt of the request whether Defendants appear to be in compliance

and, if so, issue to Defendants a written notification permitting resumption of actions described in paragraph 13. With regard to facilities located outside of the United States, FDA will, as soon as reasonably practicable, act on the request whether Defendants appear to be in compliance and, if so, issue to Defendants a written notification permitting resumption of actions described in paragraph 13.

17. Representatives of FDA shall be permitted, without prior notice and as and when FDA deems necessary, to make inspections of any of the Specified or Additional Facilities, collect samples, and, without prior notice, take any other measures necessary to monitor and ensure continuing compliance with the terms of this Decree, the Act, and the QS, CR, and MDR regulations. During such inspections, FDA representatives shall be permitted ready access to the Specified and Additional Facilities including, but not limited to, all buildings, equipment, finished and unfinished materials and products, containers and packaging materials, and labeling; to take photographs and make video recordings; to take samples (without charge to FDA) of Defendants' finished and unfinished materials and products, containers and packaging materials, and labeling; and to examine and copy all records relating to the manufacture, processing, packing, labeling, receiving, holding, installing, and distribution of any and all devices in order to ensure continuing compliance with this Decree, the Act, and the QS, CR, and MDR regulations. FDA will provide Defendants with a receipt for any samples taken pursuant to 21 U.S.C. § 374 and with copies of any photographs and video recordings made, upon a written request by Defendants and at Corporate Defendants' expense. The inspections shall be permitted upon presentation of a copy of this Decree and appropriate credentials. The inspection authority granted by this Decree is separate from, and in addition to, the authority to conduct inspections under the Act, 21 U.S.C. § 374.

18. Corporate Defendants shall reimburse FDA for the costs of all FDA inspections, investigations, supervision, analyses, examinations, and reviews that FDA deems necessary to evaluate Defendants' compliance with any part of this Decree at the standard rates prevailing at the time the costs are incurred. As of the date of entry of this Decree, these rates are: $88.45 per hour or fraction thereof per representative for inspection and investigative work; $106.03 per hour or fraction thereof per representative for analytical or review work; $0.56 per mile for travel expenses by automobile; government rate or the equivalent for travel by air or other means; and the published government per diem rate for subsistence expenses where necessary. FDA shall submit a reasonably detailed bill of costs to Corporate Defendants. In the event that the standard rates applicable to FDA supervision of court-ordered compliance are modified, these rates shall be increased or decreased without further order of the Court.

19. Within ten (10) business days after entry of this Decree, Defendants shall post a copy of this Decree in a common area at each of the Specified and Additional Facilities and shall ensure that the Decree remains posted for as long as the Decree remains in effect.

20. Within ten (10) business days after the entry of this Decree, Defendants shall provide a copy of this Decree, by electronic means, personal service, or registered mail, to each and all Associated Persons. Within thirty (30) days after entry of this Decree, Defendants shall provide to FDA an affidavit of compliance stating the fact and manner of compliance with this paragraph and identifying the names, addresses, and positions of all Associated Persons located in the U.S. who have received a copy of this Decree.

21. In addition to the requirements in paragraph 8, Defendants shall notify FDA at least ten (10) business days before any change in ownership or character of their business, such as dissolution, assignment, bankruptcy, or sale resulting in emergence of a successor corporation,

the creation or dissolution of subsidiaries, or any other change in the corporate structure of any Corporate Defendant, or the sale or assignment of any business assets, such as buildings, equipment, or inventory, that, in each case, may affect compliance with this Decree. Defendants shall provide a copy of this Decree to any proposed successor or assignee at least thirty (30) business days prior to making any assignment or transferring any interest in the company as described in this paragraph. Defendants shall furnish FDA with an affidavit of compliance with this paragraph no later than ten (10) business days prior to such assignment or change in ownership.

22. In the event that any of the Defendants becomes associated with any additional Associated Person(s) at any time after entry of this Decree, Defendants shall within ten (10) business days of the commencement of such association provide a copy of this Decree, by electronic mail, personal service, or certified mail (restricted delivery, return receipt requested), to such Associated Person(s). Every six (6) months, if during that time Defendants become associated with any such additional Associated Person(s), Defendants shall provide to FDA an affidavit stating the fact and manner of their compliance with this paragraph, identifying the names, addresses, and positions of all Associated Person(s) who received a copy of this Decree pursuant to this paragraph. Within ten (10) business days after receiving a request from FDA for any information or documentation that FDA deems necessary to evaluate Defendants' compliance with this paragraph, Defendants shall provide such information or documentation to FDA.

23. In the event Defendants replace any third-party expert or auditor required under this Decree, Defendants shall notify FDA in writing of the successor to such third-party expert or auditor and Defendants' reasons for replacing the expert or auditor within ten (10) business days

after such replacement. In satisfying the requirements of this Decree, any third-party expert or auditor may review the previous expert's or auditor's work, and refer to such work to satisfy the requirements of the Decree; however, when such work is referenced by the new expert or auditor, s/he shall identify the specific prior work referenced.

24. Unless otherwise specified, all notifications, certifications, reports, correspondence, and other communications to FDA required by the terms of this Decree shall be addressed to the Director, FDA New England District Office, One Montvale Avenue, Stoneham, MA 02180. All notifications, correspondence, and communications required to be sent to Defendants or Corporate Defendants by the terms of the Decree shall be addressed to the General Counsel's Office, Maquet/Atrium Shared Legal Group, 1300 MacArthur Boulevard, Mahwah, NJ 07430.

25. Should Defendants fail to comply with any provision of this Decree, including any time frame imposed by this Decree, at any Specified or Additional Facility, then Corporate Defendants shall pay to the United States of America: fifteen thousand dollars ($15,000) in liquidated damages for each day such violation continues; an additional sum of fifteen thousand dollars ($15,000) in liquidated damages per day, per violation for each violation of the Act, its implementing regulations, and/or this Decree. In addition, should Defendants distribute from any Specified or Additional Facility after entry of this Decree any device that violates this Decree, the Act, or its implementing regulations, Corporate Defendants shall, in addition to the foregoing, also pay to the United States as liquidated damages a sum equal to two times the retail value of such devices. The amount of liquidated damages imposed under this paragraph shall not exceed ten million dollars ($10,000,000) in any one calendar year. The parties acknowledge that any payments to the government under any provision of this Decree are not a fine, penalty,

forfeiture, or payment in lieu thereof. The remedy in this paragraph shall be in addition to any other remedies available to the United States under this Decree or the law.

26. Should the United States bring and prevail in a contempt action to enforce the terms of this Decree, Corporate Defendants shall, in addition to other remedies, reimburse the United States for its attorneys' fees (including overhead), investigational and analytical expenses, expert witness fees, and court costs relating to such contempt proceedings.

27. Defendants shall abide by the decisions of FDA, and FDA's decisions shall be final. All decisions conferred upon FDA in this Decree shall be vested in FDA's discretion and, if contested, shall be reviewed by this Court under the arbitrary and capricious standard set forth in 5 U.S.C. § 706(2)(A). Review by the Court of any FDA decision rendered pursuant to this Decree shall be based exclusively on the written record before FDA at the time the decision was made. No discovery shall be taken by either party.

28. The parties may at any time petition each other in writing to modify any deadline provided herein; and, if the parties mutually agree in writing to modify a deadline, such modification may be granted without seeking leave of Court.

29. If any deadline in this Decree falls on a weekend or federal holiday, the deadline shall be continued to the next business day.

30. If, and for as long as, an individual Defendant ceases to be employed by or to act on behalf of Corporate Defendants or any of their subsidiaries, franchises, affiliates and/or "doing business as" entities (the "Corporate Defendant Entities"), then, without further order of the Court, that individual Defendant shall not be subject to the terms of this Decree but shall continue to be liable for such individual Defendant's act(s) or failure(s) to act under this Decree prior to the time such individual ceased to be employed by or to act on behalf of all of the

Corporate Defendant Entities. An individual Defendant shall notify FDA within thirty days after said Defendant ceases to be employed by or to act on behalf of all of the Corporate Defendant Entities. Once an individual Defendant ceases to be employed or otherwise act for all of the Corporate Defendant Entities, Corporate Defendants shall petition the Court to formally remove that individual Defendant's name from the caption of this Decree and the United States will not oppose such a motion, so long as FDA has sufficient evidence or information that the individual Defendant to be removed is no longer directly or indirectly working for or with, or in any way influencing, Corporate Defendant Entities. If Defendant Gail Christie's responsibilities are materially reduced, or the position of Corporate Chief Quality Assurance/Regulatory Affairs and Compliance Officer is eliminated, Corporate Defendants shall petition the Court to substitute for her as an individual Defendant either her successor as Corporate Chief Quality Assurance/Regulatory Affairs and Compliance Officer or the individual vested with responsibility for all quality system functions, as described in paragraph 12 ("Christie Substitute Defendant"). The United States will not oppose such a motion, so long as FDA has sufficient evidence or information that the Christie Substitute Defendant is vested with responsibility for all quality system functions, as described in paragraph 12. If removing an individual Defendant would result in no individual Defendant being subject to this Decree, Corporate Defendants shall designate an individual of similar position and responsibility to be substituted as an individual Defendant ("Substitute Individual Defendant"). Corporate Defendants shall petition the Court to add the Substitute Individual Defendant to the Decree and the United States will not oppose such a motion so long as FDA has sufficient evidence or information regarding the Substitute Individual Defendant's position and responsibilities. The obligations under this Decree of each individual named herein and any Substitute Defendant shall apply only to the extent of his or her

authority, responsibilities, and conduct within Maquet Holding B.V. & Co. KG and/or the Corporate Defendant Entities.

31. This Court retains jurisdiction over this action and the parties thereto for the purpose of enforcing and modifying this Decree and for the purpose of granting such additional relief as may be necessary or appropriate.

IT IS SO ORDERED.

DATED: February 3, 2015

UNITED STATES DISTRICT JUDGE

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We hereby consent to the entry of the foregoing Decree:

FOR THE DEFENDANTS:

HEINZ JACQUI
Individually, and on behalf of Corporate Defendants, as Chief Executive Officer and Managing Director of Maquet Holding B.V. & Co. KG

GAIL CHRISTIE
Individually, and as Corporate Chief Quality Assurance/Regulatory Affairs and Compliance Officer of Maquet Holding B.V. & Co. KG

JOHN R. FLEDER
Hyman, Phelps & McNamara, P.C.
700 Thirteenth Street, N.W., Suite 1200
Washington, D.C. 20005

Attorney for Corporate Defendants

FOR THE PLAINTIFF:

JOYCE R. BRANDA
Acting Assistant Attorney General
U.S. Department of Justice
Civil Division

JONATHAN F. OLIN
Deputy Assistant Attorney General
U.S. Department of Justice
Civil Division

MICHAEL S. BLUME
Director
U.S. Department of Justice
Consumer Protection Branch

DANIEL M. BAEZA
Trial Attorney
Consumer Protection Branch
United States Department of Justice
450 Fifth Street, N.W., 6th Floor
Washington, DC 20001

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Attorney for Corporate Defendants

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New York, New York 10006

Attorney for Defendant Heinz Jacqui

RICHARD M. COOPER
Williams & Connolly LLP
725 Twelfth Street, N.W.
Washington, DC 20005

Attorney for Defendant Gail Christie

OF COUNSEL:

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General Counsel

ELIZABETH H. DICKINSON
Chief Counsel, Food and Drug Division

ANNAMARIE KEMPIC
Deputy Chief Counsel for Litigation

SHANNON M. SINGLETON
Associate Chief Counsel
United States Department of
Health and Human Services
Office of the General Counsel
Food and Drug Administration
Building 32, Room 4312
10903 New Hampshire Avenue
Silver Spring, MD 20993

11B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Y

Where is the facility located?	☐ Nevada ☒ Out-of-State
Is your facility a reverse distributor?	☐ Yes ☒ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 02270	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Optime Care Inc

Physical Address: 4064 Wedgeway Ct

City: Earth City State: MO Zip: 63045

Mailing Address (if different from physical address): Same as physical address

City: _____ State: _____ Zip: _____

Telephone: 314-731-6900 Website: www.optimecare.com

Name of Designated Representative (DR): ~~Donovan J. quill~~ Lisa Pauley

Licensing Company Email: cindy.hohn@optimecare.com DR Email: donovan.quill@optimecare.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Corcept Therapeutics, Inc.
Address: 149 Commonwealth Drive City: Menlo Park State: CA Zip: 94025

Name: Vyera Pharmaceuticals
Address: 600 Third Ave., 19th Floor City: New York State: NY Zip: 10016

Name: Oakrum Pharma, LLC
Address: 3636 S. Geyer Rd. City: Saint Louis State: MO Zip: 63127

Name: BioCryst Pharmaceuticals
Address: 4505 Emperor Blvd., Suite 200 City: Durham State: NC Zip: 27703

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): AscellaHealth, LLC
Corporation/Organization Name: Optime Care Inc
Mailing Address: 4060 Wedgeway Ct
City: Earth City State: MO Zip: 63045
Telephone: 314-731-6900 Email: donovan.quill@optimecare.com
Contact Person Name: Donovan Quill

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Donovan J. Quill

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11/30/2021

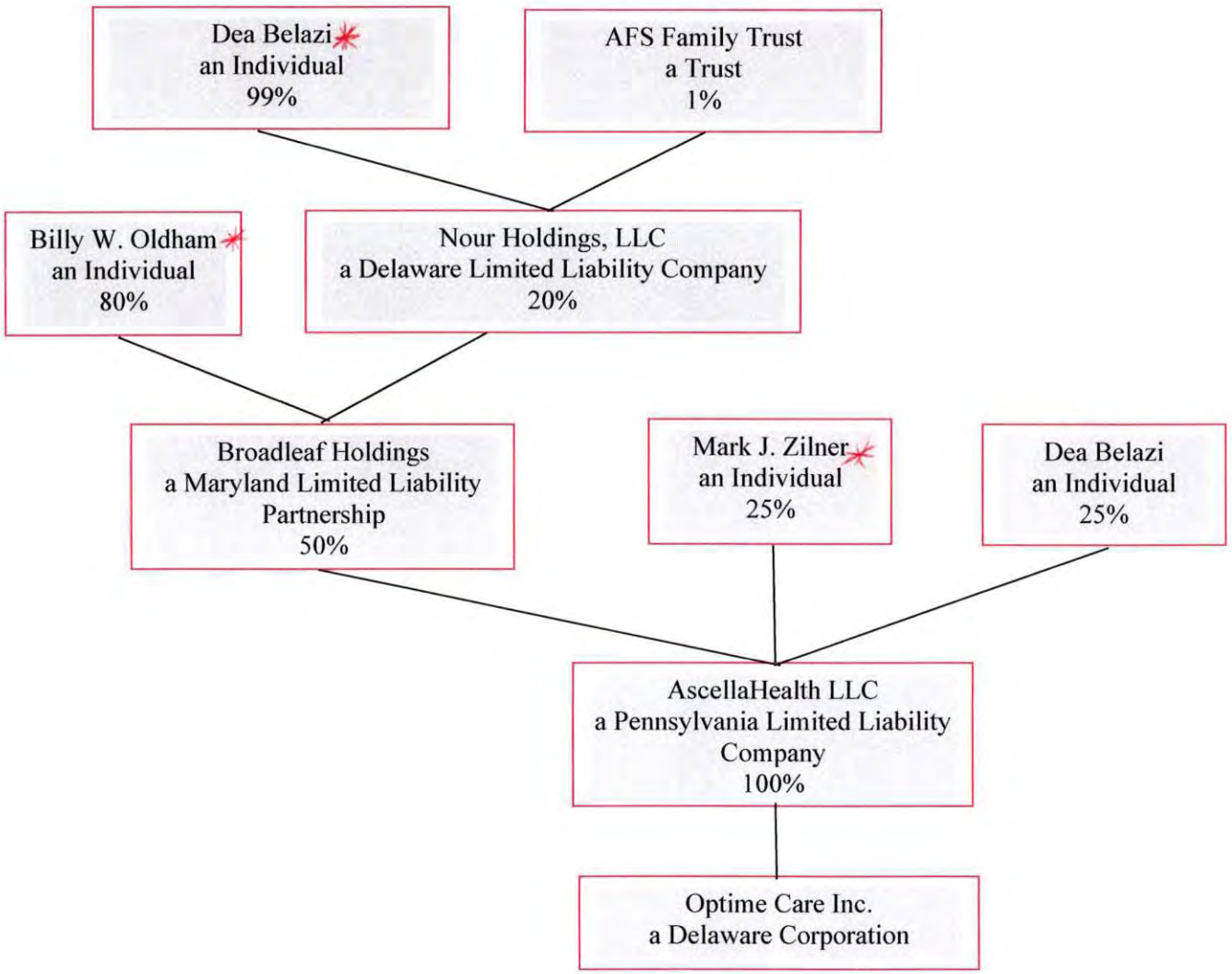
Date

Board Use Only	Date Received: _____	Amount: $500 Check 11729

EXHIBIT A

OPTIME CARE INC
A Delaware Corporation

Ownership Structure



Optime Care Inc
Nevada Wholesaler Application
Change of Ownership

Section 2. Item #3

Disciplinary Action Taken Against the Optime Care Inc Pharmacy

On February 13, 2019 a Consent Order was executed by and between Optime Care Inc ("Optime Care"), a **PHARMACY** located at 4060 Wedgeway Ct, Earth City, MO 63045, and the Michigan Department of Licensing and Regulatory Affairs ("Michigan LARA"). In conjunction with the Consent Order, Optime Care was assessed a fine in the amount of $5,000. This action was NOT taken against the Optime Care Inc wholesale or 3PL business located at 4064 Wedgeway Ct, Earth City, MO 63045.

Optime Care unintentionally dispensed prescription drugs into the State of Michigan prior to obtaining a Michigan Pharmacy License. Once Optime Care became aware that a Michigan Pharmacy License was required to ship medications to residents of Michigan, Michigan LARA was notified by Optime Care and Optime Care was subsequently instructed to submit the requisite application for licensure. The application was submitted and a Michigan Pharmacy License was issued to Optime Care on May 17, 2018.

Inasmuch as Optime Care violated the Michigan Public Health Code, MDL 333.17748(1), the parties agreed to a Consent Order and assessment of a fine in the amount of $5,000. In an email dated December 5, 2018 from Mr. Lorne L. Carignan representing the Michigan LARA, it is noted that there was "no evidence that Optime Care acted intentionally to circumvent the law; that the drugs were defective in any way; or that, except for the licensure issued, the drugs were improperly distributed". In addition, Mr. Carignan recommended to the pharmacy Board to "Obviate the need for a formal complaint and close this case."

Optime Care has complied with the terms and conditions of the Consent Order, the fine was paid, the matter was closed and there has been no further action taken against Optime Care's Michigan Pharmacy License.

Supporting documentation is enclosed.

Brandon Salke

From: Donovan Quill
Sent: Monday, October 11, 2021 10:09 AM
To: Brandon Salke; Cindy Hohn
Subject: FW: Signed Consent Order Received [IWOV-iDocs.FID2611453]

Please see email below from MI department of licensing also please attach this to the file that Cindy has.

Donovan J. Quill
President and CEO
Office: 888-287-2017
Cell: [redacted]
Fax: 888-868-3147

**************************PRIVATE AND CONFIDENTIAL**************************
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From: Carignan, Lorne (LARA) [mailto:CarignanL@michigan.gov]
Sent: Wednesday, December 05, 2018 7:24 AM
To: Steven Pozaric
Subject: Signed Consent Order Received

We are in receipt of the signed Consent Order.

Michigan LARA-BPL will be recommending acceptance of the Order at the next Pharmacy Board Meeting, and execution of the Consent Order by the Board will obviate the need for the issuance of a formal complaint and will close this case. By signing the Consent Order and paying the fine (which is not yet due), Optime Care will have fulfilled its obligations to the State of Michigan in this matter.

As stated in the Order, Optime Care is properly licensed and Michigan LARA has no evidence that Optime Care acted intentionally to circumvent the law; that the drugs were defective in any way; or that, except for the licensure issue, the drugs were improperly distributed.

Thank you.

Mr. Lorne L. Carignan

Bureau of Professional Licensing
Department of Licensing and Regulatory Affairs
Phone: (517) 241-4156 Fax: (517) 241-7535
carignanl@michigan.gov

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

OPTIME CARE INC.
License No. 53-01-011393,
Respondent.

File No. 53-18-152029

ERRATA

On February 13, 2019, the Disciplinary Subcommittee of the Michigan Board of Pharmacy accepted and executed a Consent Order and Stipulation, which was previously agreed to and signed by Respondent in the above-captioned matter.

The Order incorrectly listed Respondent's manufacturer-wholesaler license number instead of Respondent's pharmacy license number. Therefore,

IT IS ORDERED that the license number in the Order shall be corrected from 53-06-004958 to 53-01-011393.

IS FURTHER ORDERED that the remainder of the Order dated February 13, 2019, shall remain as drafted. A copy of the Order is attached.

IT IS FURTHER ORDERED that this Errata shall be effective on the date signed, as set forth below.

Dated: 2/27/19

Cheryl Wykoff Pezon, Director
Bureau of Professional Licensing

Attachment
lic

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

OPTIME CARE INC.
License Number: 53-06-004958,

Respondent.

File No. 53-18-152029

CONSENT ORDER

The Department of Licensing and Regulatory Affairs received evidence and information that Respondent Pharmacy violated the Public Health Code, MCL 333.1101 *et seq.* Specifically, Respondent Pharmacy distributed drugs in Michigan before obtaining a license to do so, in violation of MCL 333.17748(1).

MCL 333.17768(1) authorizes the Board's disciplinary subcommittee to take disciplinary action against a licensee who violates the Public Health Code. MCL 333.16231(5) authorizes the Department to submit a stipulation and final order to a disciplinary subcommittee for approval if an agreement is reached resolving alleged violations of the Public Health Code before the issuance of a complaint.

Respondent Pharmacy has admitted violating MCL 333.17748(1) and has agreed by the attached Stipulation that the Disciplinary Subcommittee may execute this Consent Order without detailing the facts and evidence substantiating the alleged violation(s) in a formal complaint.

The Disciplinary Subcommittee has reviewed this Order and agrees that the public interest is best served by resolution of this matter without further administrative process.

Therefore, IT IS FOUND that Respondent Pharmacy violated MCL 333.17748(1).

Accordingly, IT IS ORDERED that for the cited violation(s) of the Public Health Code, Respondent Pharmacy is FINED $5,000.00 payable to the state of Michigan within 60 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the Department of Licensing and Regulatory Affairs, Enforcement Division, Sanction Monitoring, P.O. Box 30189, Lansing, MI 48909. The fine shall be paid by check or money order, made payable to the state of Michigan, and the check or money order shall clearly display file number 53-18-152029.

IT IS FURTHER ORDERED that if Respondent Pharmacy fails to comply with the terms and conditions of this Order, Respondent Pharmacy's license shall be automatically SUSPENDED for a minimum of one day. If Respondent Pharmacy complies with this Order within six months of the suspension, the license shall be automatically reinstated. If Respondent Pharmacy's license remains suspended for more than six months, Respondent Pharmacy must apply for reinstatement of the license in accordance with MCL 333.16245 and 333.16247.

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

MICHIGAN BOARD OF PHARMACY

By: _____
Chairperson, Disciplinary Subcommittee

Dated: 2/13/19

STIPULATION

1. Respondent Pharmacy admits violating MCL 333.17748(1) and acknowledges that the Department could prove the violation(s) with facts and evidence at an administrative hearing. Respondent agrees to resolve this matter by this Stipulation and Order without having the facts and evidence of the violation detailed in a formal complaint.

2. Respondent Pharmacy has had the opportunity to consult with an attorney and agrees to these terms voluntarily without duress of any kind.

3. Respondent Pharmacy understands and intends that by signing this Stipulation Respondent Pharmacy is waiving the right provided by the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act, MCL 24.201 *et seq.*, to require the Department to prove the violation(s) of the Public Health Code by presentation of evidence and legal authority, and Respondent Pharmacy is

waiving the right to appear with an attorney and witnesses to present a defense to the allegations.

4. This Order resolves all pending issues in this matter and closes this case. No further action will be taken against Respondent Pharmacy based on the facts alleged herein, provided Respondent Pharmacy complies with all the terms of this Order.

5. This matter is a public record required to be published and made available to the public pursuant to the Michigan Freedom of Information Act, MCL 15.231 *et seq.*, and this action will be reported to the National Practitioner's Data Bank, and any other entity as required by state or federal law.

6. Factors taken into consideration in the formulation of this Order include the following:

> Respondent Pharmacy, based in Missouri, is a nationwide pharmacy licensed in all 50 states and is a wholesale distributor of a single drug, Korlym (mifepristone), used to treat patients with Cushing's syndrome. Due to an accidental oversight, Respondent Pharmacy inadvertently failed to obtain a Michigan license before distributing approximately 200 prescriptions of Korlym in Michigan from August 2017 to April 2018.
>
> Upon discovering the error during a quality assurance audit, Respondent Pharmacy immediately notified the Department and took steps to obtain the appropriate licenses. Respondent Pharmacy is now properly licensed to operate in Michigan. The Department has no evidence that Respondent Pharmacy acted intentionally to circumvent the law, that the drugs were defective in any way, or that, except for the lack of licensure, the drugs were improperly distributed.

7. This Order is approved as to form and substance by Respondent Pharmacy and the Department and may be entered as the final order of the Disciplinary Subcommittee in this matter.

8. This proposal is conditioned upon acceptance by the Disciplinary Subcommittee. Respondent Pharmacy and the Department expressly reserve the right to further proceedings without prejudice should this Order be rejected.

AGREED TO BY:

Cheryl Wykoff Pezon, Director
Bureau of Professional Licensing
Department of Licensing and
Regulatory Affairs

Dated: 12-10-18

AGREED TO BY:

Donovan Quill, President and CEO,
Optime Care Inc.,
Respondent Pharmacy

Dated: 12/3/2018

State of Missouri

Division of Professional Registration

Licensed Drug Distributor
Wholesale Drug Distributor

VALID THROUGH OCTOBER 31, 2023
ORIGINAL CERTIFICATE/LICENSE NO. 2016011307
OPTIME CARE INC
OPTIME CARE INC
DONOVAN QUILL, MIC
4064 WEDGEWAY COURT
EARTH CITY MO 63045
USA

OPTIME CARE INC
OPTIME CARE INC
DONOVAN QUILL, MIC
4064 WEDGEWAY COURT
EARTH CITY MO 63045
USA



The Division of Professional Registration and its boards are open during the regular business hours of 8:00a.m. to 5:00p.m. Monday through Friday, excluding state holidays.

Did you know that there is a drop box located in the front of the Professional Registration building? Individuals may leave items for the division and its boards any time. We do ask that all items be placed in a sealed envelope labeled with the board name or name of the individual if not located in a board.

Board of Pharmacy

PR Home (https://pr.mo.gov/) » Pharmacy Home (https://pr.mo.gov/pharmacists.asp) » Pharmacy Licensee Search (https://pr.mo.gov/pharmacy-licensee-search.asp)

Pharmacy Detail

Pharmacy Primary Source Verification

The licensee search function of this website provides data extracted from our database and constitutes a Primary Source Verification.

Licensee Name:	Optime Care Inc
Profession Name:	Drug Distributor
Licensee Number:	2016011307
Expiration Date:	10/31/2023
Original Issue Date:	4/8/2016
Address:	Donovan Quill, MIC
Address Con't:	4064 Wedgeway Court
City, State Zip:	Earth City, MO 63045
County:	St. Louis County
Practitioner DBA Name:	Optime Care Inc
Classification:	Wholesale Drug Distributor

Current Discipline Status:	None

Board of Pharmacy (https://pr.mo.gov/pharmacists)
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573.751.0091 Telephone

573.526.3464 Fax
800.735.2966 TTY
800.735.2466 Voice Relay
MissouriBOP@pr.mo.gov (mailto:MissouriBOP@pr.mo.gov)
https://pr.mo.gov/pharmacists (https://pr.mo.gov/pharmacists)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPTIME CARE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5800132 8300

SR# 20213741509

Authentication: 204636820

Date: 11-09-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

NABP ACCREDITED
DRUG DISTRIBUTOR

Optime Care Inc

located at

4064 Wedgeway Ct, Earth City, MO 63045

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

10/30/2020 - 10/29/2023
Period of Accreditation

2596



St. Louis
12444 Powerscourt Drive
Saint Louis, Missouri 63131
+1 (816) 5698939 Fax: +1 (866) 5484962

Continuation Certificate

To be attached to and form a part of surety bond number 39S211924 (the "Bond"), for Pharmaceutical Wholesaler Surety Bond dated the 7th day of September, 2016, in the penal sum of 100,000.00 USD issued by The Ohio Casualty Insurance Company as surety (the "Surety"), on behalf of Optime Care, Inc. as principal (the "Principal"), in favor of State of Nevada, as obligee (the "Obligee").

The Surety hereby certifies that this Bond is continued in full force and effect until the 7th day of September, 2022, subject to all covenants and conditions of said Bond.

Said Bond has been continued in force upon the express condition that the full extent of the Surety's liability under said Bond, and this and all continuations thereof, for any loss or series of losses occurring during the entire time the Surety remains on said Bond, shall in no event, either individually or in the aggregate, exceed the penal sum of the Bond.

IN WITNESS WHEREOF, the Surety has set its hand and seal this 7th day of September, 2021.

The Ohio Casualty Insurance Company
(Surety)

By: Timothy A. Mikolajewski
Timothy A. Mikolajewski, Assistant Secretary



Maria Herrera

From: Robyn Hansen <rhansen@rchconsult.com>
Sent: Thursday, June 9, 2022 3:49 PM
To: Maria Herrera
Subject: Re: URGENT: Status of Pending CHOW applications for Optime Care Inc.

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Maria,
Thank you for the update.
Currently, the only employee for the wholesale business is Paul V. Vasiliauskas.

Robyn C. Hansen
Regulatory Compliance
801-942-2968 phone
801-943-2751 fax
801-550-0901 cell

On Thu, Jun 9, 2022 at 3:59 PM Maria Herrera <m.herrera@pharmacy.nv.gov> wrote:

Hello Robyn,

I apologize for any inconvenience this might have caused.

I did some digging and looks like the pharmacy application was approved on the March Meeting, but the wholesaler was not. I am unsure as to why this was presented like that, but anyhow I will proceed with the Wholesaler application. The only item missing on the wholesaler application is the full list of employees, which you can email to me.

Optime Care Inc
Nevada Wholesaler Application
Change of Ownership

Section 9

Officer / Director / Shareholder Information

Officers

Name	Title	Date of Birth	Business Address
Donovan J. Quill	President	[redacted]	4060 Wedgeway Ct. Earth City, MO 63045
Billy W. Oldham	CFO, Secretary	[redacted]	1055 Westlakes Dr., #175 Berwyn, PA 19312

Directors

Name	Title	Date of Birth	Business Address
Billy W. Oldham	Chairman	[redacted]	1055 Westlakes Dr., #175 Berwyn, PA 19312
Dea Belazi	Director	[redacted]	1055 Westlakes Dr., #175 Berwyn, PA 19312

Stockholder/s

Name	Title	FEIN	Business Address	Percent Owned
AscellaHealth, LLC	Sole Stockholder	90-1012556	1055 Westlakes Dr., #175 Berwyn, PA 19312	100%

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Optime Care Inc

Pharmacy/Wholesaler License # (if applicable): WH02270

Physical Address: 4064 Wedgeway Ct

City: Earth City State: MO Zip: 63045

Mailing Address (if different from physical address): 4060 Wedgeway Ct

City: Earth City State: MO Zip: 63045

Telephone: 314-731-6900 Website: www.optimecare.com

Licensing Company Email: cindy.hohm@optimecare.com

Section 2: Personal Information

First: Lisa Middle: Dianna Last: Pauley

Alias(es, nicknames, name changes, etc.): Lisa Wilkerson

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address: [redacted] Golden Wheat Dr.

City: St. Charles State: MO Zip: 63304

Telephone: 888-287-2017 ext 107 Email: lisa.pauley@optimecare.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	n/a	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Eastern Illinois University		08/91-08/95	
Address	City	State	Zip
600 Lincoln Avenue	Charleston	IL	61920
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Nashville Community High School		08/87-06/91	
Address	City	State	Zip
1300 S Mill St	Nashville	IL	62263
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/16-10/22	[redacted]Golden Wheat Drive	St. Charles	MO	63304
09/11-09/16	[redacted]Bristow Ave	Charlack	MO	63114

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Optime Care Inc.			01/17-10/22	
Business Address		**City**	**State**	**Zip**
4060 Wedgeway Court		Earth City	MO	63045
Phone	**Title**		**Number of Employed Hours**	
888-287-2017	SVP, Controller & Treasurer		11,360	
Description of Duties				
Leader of accounting staff and monitoring of company finances. Oversee staff that performs prescription dispensing and wholesale fulfillment. Manages record keeping of prescription drug orders. Oversee staff performing inventory count.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 8(a). Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Lisa D Pauley, certify that as the designated representative for Optime Care Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. LDP I am at least 21 years of age;
3. LDP I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. LDP I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. LDP I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. LDP I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. LDP I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Lisa Pauley
Print Name (First, Last)

Lisa D. Pauley
Original Signature (electronic, copies or stamps not accepted)

10-7-2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

LISA PAVLEY

Print Name (First, Last)

Lisa D. Pavley

Original Signature (electronic, copies or stamps not accepted)

10-7-2022

Date

Please have this section completed in the presence of a Notary Public.

State of Missouri, ss. County of Lincoln

I, LISA D PAVLEY, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Lisa D Pavley

Original Signature

10-7-2022

Date

Subscribed and Sworn to before me this 7th day of Oct, 2022

Cindy L. Hohn

Notary Public Signature

CINDY L. HOHN
Notary Public - Notary Seal
State of Missouri
Commissioned for Lincoln County
My Commission Expires: July 22, 2025
Commission Number: 13423262

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Optime Care Inc

Physical Address: 4064 Wedgeway Ct.

City: Earth City State: MO Zip: 63045

Mailing Address (if different from physical address): 4060 Wedgeway Ct

City: Earth City State: MO Zip: 63045

Telephone: 314-731-6900 Website: www.optimecare.com

Licensing Company Email: cindy.hohn@optimecare.com

Section 2: Personal Information

First: Dea Middle: Taher Last: Belazi

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Westlakes Dr., [redacted]

City: Berwyn State: PA Zip: 19312

Telephone: [redacted] Email: dbelazi@ascellahealth.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: n/a to:

Military Occupation/Specialty

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: DB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Southkingstown High School		09/91 - 06/95	
Address	**City**	**State**	**Zip**
215 Columbia St.	Wakefield	RI	02879
Diploma/Degree obtained, if any			
Highschool Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
University of Rhode Island College of Pharmacy		09/95 - 05/01	
Address	**City**	**State**	**Zip**
7 Greenhouse Road	Kingston	RI	02881
Diploma/Degree obtained, if any			
PharmD.			
School Name		**From - To (MM/YY – MM/YY)**	
Johns Hopkins School of Public Health		09/02 - 05/04	
Address	**City**	**State**	**Zip**
615 N. Wolfe Street	Baltimore	MD	21205
Diploma/Degree obtained, if any			
Masters of Public Health (MPH)			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/17 - present	[redacted] High Grove Ln.	Malvern	PA	19355
10/10 - 08/17	[redacted] Knox Road	Wayne	PA	19087

Applicant's initials DB

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
AscellaHealth, LLC			09/13 - present
Business Address	**City**	**State**	**Zip**
1055 Westlakes Dr., #175	Berwyn	PA	19312
Phone	**Title**		
877-389-9039	President & Managing Member		
Description of Duties			
Oversee and manage all operations of the company			

Business Name			From - To (MM/YY – MM/YY)
Woltersklower Health			07/08 - 02/13
Business Address	**City**	**State**	**Zip**
2394 E. Camelback Road	Phoenix	AZ	85016
Phone	**Title**		
602-381-9500	Vice President of Payor Solutions		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's Initials DB

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # n/a **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

12/23/2

Date

Applicant's initials DB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dea Belazi
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/23/21
Date

Please have this section completed in the presence of a Notary Public.

State of PA, ss. County of Chester

I, Dea Belazi, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/23/21
Date

Subscribed and Sworn to before me this 23 day of December

Notary Public Signature

COMMONWEALTH OF PENNSYLVANIA - NOTARY SEAL
Lauren Matter, NOTARY PUBLIC
Chester County
My Commission Expires 06/14/2025
Commission Number 1306694

(Seal)

Applicant's initials DB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Optime Care Inc.

Physical Address: 4060 Wedgeway Ct.

City: Earth City State: MO Zip: 63045

Mailing Address (if different from physical address): Same as physical address

City: State: Zip:

Telephone: 314-731-6900 Website: www.optimecare.com

Licensing Company Email: cindy.hohn@optimecare.com

Section 2: Personal Information

First: Billy Middle: Wayne Last: Oldham

Alias(es, nicknames, name changes, etc.): n/a

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Westlakes Dr., [redacted]

City: Berwyn State: PA Zip: 19312

Telephone: [redacted] Email: boldham@ascellahealth.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: BWO

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
MANCHESTER BUSINESS SCHOOL		09/92 - 08/94	
Address	City	State	Zip
BOOTH ST WEST	MANCHESTER, UK		
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
HARDING UNIVERSITY		08/88 - 05/92	
Address	City	State	Zip
CENTER ST.	SEARCY	AR	72143
Diploma/Degree obtained, if any			
BBA - ECONOMICS			

School Name		From - To (MM/YY – MM/YY)	
HARDING ACADEMY		08/79 - 05/88	
Address	City	State	Zip
PARK ST	SEARCY	AR	72143
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2012 - present	[redacted] Whirlaway Ct.	Leesburg	VA	20176
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials [signature]

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
AscellaHealth LLC			08/2013 - present
Business Address	**City**	**State**	**Zip**
1055 Westlakes Dr., Suite 175	Berwyn	PA	19312
Phone	**Title**		
703-777-5978	Treasurer and Chairman of the Board		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
EVOLVENT TECHNOLOGIES			09/01 – 08/13
Business Address	**City**	**State**	**Zip**
13755 SUNRISE VALLEY DR.	HERNDON	VA	20164
Phone	**Title**		
703 824 6000	COO - 2001-2004; CEO - 2004 - 13		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 10a. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/16/21
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Billy W. Oldham

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/16/21

Date

Please have this section completed in the presence of a Notary Public.

State of Virginia, ss. County of Loudoun

I, Jeffrey Carter, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/16/21

Date

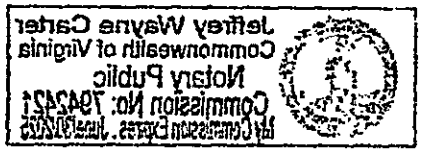
Subscribed and Sworn to before me this 16 day of December, 2021

Notary Public Signature

Jeffrey Wayne Carter
Commonwealth of Virginia
Notary Public
Commission No: 7942421
My Commission Expires: June/30/2025

(Seal)

Applicant's initials


Jeffrey Wayne Carter
Commonwealth of Virginia
Notary Public
Commission No: 7042421
My Commission Expires: June/2026

Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Optime Care Inc

Physical Address 4064 Wedgeway Ct.

City Earth City State MO Zip 63045

Mailing Address (if different from physical address) 4060 Wedgeway Ct.

City Earth City State MO Zip 63045

Telephone 314-731-6900 Website optimecare.com

Licensing Company Email cindy.hohn@optimecare.com

Section 2: Personal Information

First Mark Middle Joseph Last Zilner

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Edgewood Avenue

City Indiana State PA Zip 15701

Telephone [redacted] Email MZILNER@diamondpharmacy.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials MZ

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
INDIANA AREA SENIOR HIGH SCHOOL		9/82 – 5/85	
Address	**City**	**State**	**Zip**
450 N 5TH ST.	INDIANA	PA	15701
Diploma/Degree obtained, if any			
HIGH SCHOOL			

School Name		From - To (MM/YY – MM/YY)	
DUQUESNE UNIVERSITY		9-85 – 5/87	
Address	**City**	**State**	**Zip**
600 FORBES AVE	PITTSBURGH	PA	15282
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
NORTHEASTERN UNIVERSITY		9/87 – 5-91	
Address	**City**	**State**	**Zip**
360 HUNTINGTON AVE	BOSTON	MA	02115
Diploma/Degree obtained, if any			
BS PHARMACY			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
6/06 – CURRENT	[redacted] EDGEWOOD AVE	INDIANA	PA	15701
From - To (MM/YY – MM/YY)	Address [redacted] Eighmy RD	City ~~PITTSB~~ mfg	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials mfg

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: DIAMOND PHARMACY SERVICES			From - To (MM/YY – MM/YY): 6/91 – CURRENT
Business Address: 645 KOLTER DRIVE	City: INDIANA	State: PA	Zip: 15701
Phone: 724-349-1111	Title: PRESIDENT + CEO		
Description of Duties: OVERALL MANAGEMENT			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials: MM

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's Initials _____ 4

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5&6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attached Explanation

Original Signature (electronic, copies or stamps not accepted)

12/15/21

Date

Applicant's Initials

This response is intended to supplement Mark Zilner's positive responses to Section 8, Question 5 and 6. As noted in Section 7 of the Application, Mark Zilner is an owner, officer, and employee of Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services (hereinafter "Diamond"). Diamond is licensed in as a non-resident pharmacy in nearly every state. Its 50-year history, and under Mr. Zilner's tenue, Diamond has not had any violations beyond minor administrative errors. The information contained below outlines the administrative actions taken against.

In December of 2015, Diamond was disciplined by the Oklahoma Board of Pharmacy for an administrative error in our license renewal. Due to changes in Oklahoma Pharmacy Regulations, effective for 2015 license renewals, out of state pharmacy licensees that compounded pharmaceuticals were required to have an Oklahoma-licensed Pharmacist in Charge ("PIC") present at their dispensing location in the Pharmacy's state of domicile, the PIC we were using resided in Oklahoma. The Complaint was filed in December of 2015, and was resolved in January of 2016. Per the Consent Order agreed to by the parties, Diamond immediately paid a fine, designated an Indiana, PA based Pharmacist as the Pharmacist in Charge, and agreed to be placed on probation in Oklahoma until December of 2020. Diamond was not then, or at any time, restricted from dispensing in Oklahoma.

Diamond is licensed or authorized to dispense prescription in Every State except for Alaska. Nearly every state requires a licensee to report any and all discipline imposed by any outside jurisdiction/state. Any state that receives such a report of discipline may review and impose "sister-state" discipline even without wrongdoing within their state. Diamond reported the Oklahoma discipline to all states where licensed. Most states declined to pursue such sister-state discipline. Of the relatively few that did, nearly all of them issued a letter of admonition and/or imposed a small fine. The exceptions were Alabama, Michigan and Illinois.

Alabama placed Diamond on probation, which will expire in September of 2022 and does not prohibit Diamond from dispensing. Michigan issued an Order in 2017 imposing a fine, and placing Diamond's license in "Limited Disciplinary" status, restricting Diamond from dispensing in Michigan until we provided Michigan with evidence that we complied with the Oklahoma Order, and that such status would be automatically lifted. We immediately sent Michigan evidence that we amended our Oklahoma registration, that we paid the Oklahoma fine, and that we were not restricted from dispensing into Oklahoma. We were then issued a Michigan license renewal and continued to dispense in Michigan at that time.

In 2019, Michigan filed a Complaint against Diamond's license alleging that by dispensing into Michigan prior to the expiration of the Oklahoma probation, we were in violation of the Michigan license limitation imposed by their 2017 Order. Diamond has maintained its position that the 2017 Order is not legally or procedurally sufficient to restrict us from dispensing in Michigan. We have resolved this matter by agreeing to pay a $1,000.00 fine, and to adhere to the Board's interpretation of the 2017 Order.

On June 17, 2020, Diamond appeared before the Oklahoma State Board of Pharmacy on a Petition to Modify their 2015 Order at Case No. 1368. We asked the Board to lift our probation that was scheduled to run until December 3, 2020. The Board (by 4-1 vote) granted our petition, and our probation has been lifted. Once we received the official, executed Order from Oklahoma, we provided it to Michigan, and it lifted our "Limited" status on or about July 10, 2020

Illinois filed a complaint on December 19, 2019 at Case No. 2019-01490. The Complaint made no allegations of specific violations that occurred in Illinois or were related to Diamond dispensing or distributing any drugs into Illinois. Rather, the allegations were solely based on "sister-state" discipline arising from the actions listed above. We reached a settlement agreement, which was finalized on April 24, 2010, where Diamond agreed to pay a fine of $10,000.00 and is in probation in Illinois for three years. This Order does not in any way restrict Diamond's practice of Pharmacy in Illinois or in any other jurisdiction.

Although there are a number of regulatory actions that have occurred since 2015, Diamond's is able to dispense in all jurisdictions. Furthermore, it is important to note that none of the conduct that was the subject of these actions implicated patient health or safety. Diamond has implemented several internal changes both in process and structurally to ensure that these administrative issues will not arise again.

Diamond's distribution division was disciplined by DEA for the Northern District of Ohio. The alleged violation was for record-keeping issues from 2013-2014, regarding controlled substances in emergency drug kits. There was no implication of patient health and safety or diversion of drugs. This action did not impact Diamond's ability to handle or dispense controlled substances anywhere in the United States.

Please let us know if you need any further clarification to the items listed in this section.

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 39S211924

Application/License No. _____

Optime Care, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 4060 Wedgeway Court, Earth City, MO 63045 (Address of Applicant/Principal), as PRINCIPAL, and The Ohio Casualty Insurance Company (Surety Company), a corporation organized under the laws of the state of New Hampshire (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley St., Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 7, 2016 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 7th day of September, 2016.

APPLICANT/PRINCIPAL

X _____
Authorized Representative

SURETY COMPANY
The Ohio Casualty Insurance Company

X _____
Surety Company's Representative

JOSEPH H. WESS, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

X _____
Witness

X _____
Witness

SIGNED and SEALED in the presence of:

X _____
Witness

X _____
Witness

Countersigned by:

X _____
Nevada Resident Agent

State of Missouri
County of St. Louis

On September 7, 2016, before me, a Notary Public in and for said County and State, residing therein, duly commissioned and sworn, personally appeared

Joseph H. Wessels

known to me to be Attorney-in-Fact of The Ohio Casualty Insurance Company the corporation described in and that executed the within and foregoing instrument, and known to me to be the person who executed the said instrument in behalf of the said corporation, and he duly acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereto set my hand and affixed my official seal, the day and year stated in this certificate above.

My Commission Expires 6/16/19

MICHAEL J. SWATSKE II
Notary Public, Notary Seal
State of Missouri
Saint Louis County
Commission # 15636198
My Commission Expires June 16, 2019

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.
This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Certificate No. 7249645

American Fire and Casualty Company
The Ohio Casualty Insurance Company
Liberty Mutual Insurance Company
West American Insurance Company

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That American Fire & Casualty Company and The Ohio Casualty Insurance Company are corporations duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Brandi Bullock; Brenda C. Mainer; Christopher J. O'Hagan; Don K. Ardolino; Joseph H. Wessels; Kim Connell; Kristen M. Kortum; Pamela E. Goessling; Susan L. Marshall; Thomas C. Valle

all of the city of St. Louis, state of MO each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 25th day of January, 2016.

American Fire and Casualty Company
The Ohio Casualty Insurance Company
Liberty Mutual Insurance Company
West American Insurance Company

By: David M. Carey
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 25th day of January, 2016, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of American Fire and Casualty Company, Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Plymouth Twp., Montgomery County
My Commission Expires March 28, 2017
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS – *Section 12. Power of Attorney.* Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts – SECTION 5. Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Gregory W. Davenport, the undersigned, Assistant Secretary, of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 7th day of September, 20 16.

By: Gregory W. Davenport
Gregory W. Davenport, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call

DIAMOND
DRUGS, INC.



RECEIVED
JUN 15 2022
NEVADA STATE BOARD
OF PHARMACY

June 10, 2022

Nevada Board of Pharmacy
Attn: Dave Wuest
985 Damonte Ranch Pkwy Ste 206
Reno Nevada 89521
pharmacy@pharmacy.nv.gov

Re: Notice of Settlement with DEA and Resolution of Civil Action CV 20-768

Diamond Drugs, Inc. ("Diamond") writes to inform the Nevada Board of Pharmacy about the resolution of a pending Civil Action filed by the United States Attorney's Office on behalf of the Drug Enforcement Administration. Diamond currently operates under two licenses: # WH01578 and # PH01640.

On May 27, 2020, a Civil Complaint was filed in the Western District of Pennsylvania in connection with allegations stemming from June 2014 to May 2016. The allegations related to Diamond's wholesale license and operations were unrelated to conduct in the state of Nevada. Diamond never filed an Answer in the case, instead, opting to mediate the dispute in good faith with the DEA to discuss and address the DEA's concerns. Although the COVID-19 pandemic slowed the process, the parties worked together remotely to mediate and ultimately resolve the dispute on May 31, 2022.

The resolution of the Civil Action is embodied in a Settlement Agreement and Memorandum of Agreement that were both fully executed on May 31, 2022 and delivered to Diamond on June 1, 2022.

The resolution of this matter did not lead to the suspension, revocation, or any other restriction on Diamond's DEA License. At all times, Diamond has denied the material allegations in the Complaint and the Settlement Agreement expressly states there "is not an admission of liability" and that the "DEA found no evidence, allegation, or indication that any of the prescriptions . . . resulted in diversion." The allegations did not implicate patient safety and were simply the result of differing interpretations of the regulations and standards that apply to the "Know Your Customer" rules.

In addition to the assurances Diamond has made to the DEA regarding its current and ongoing compliance practices, systems, and processes (as outlined in the Settlement Agreement). Diamond and the DEA are in continued dialogue post-resolution about compliance practices and standards that are unique to Diamond's business of providing medication to correctional facilities.

The DEA has deemed acceptable all of the voluntary corrective actions taken, as outlined in the Settlement Agreement terms and conditions 2(a)-(e).

Diamond understands the Board's important role in ensuring, in conjunction with the DEA, that out-of-state registrants conduct business in compliance with all rules and regulations under which they operate. The Board's mission of enforcing laws, regulations, and rules is a vital part of promoting public health and ensuring patient safety through maintaining integrity among the businesses serving our communities. Diamond urges licensing authorities to follow the recommendation of the National Association of Boards of Pharmacy ("NABP") and consider forgoing any further investigation or concurrent discipline for the allegations or the Settlement Agreement.

NABP Resolution 113-5-17 encourages state boards of pharmacy deciding whether to impose concurrent discipline to consider forgoing "disciplinary action absent direct patient impact or harm in their own states." It was important to the NABP and its state members when passing Resolution 113-5-17 to ensure that the nation-wide practice of concurrent discipline does not exceed practical bounds. Specifically, the purpose of the Resolution is to encourage state boards of pharmacy to consider the practical implications of imposing concurrent discipline and whether the discipline imposed is based on actions that actually implicate patients in the state.

Therefore, given the absence of alleged patient harm in connection with the state of Nevada, the resolution of this matter, and the underlying Civil Action that gave rise to the Settlement Agreement, we respectfully request the Board follow the direction of the NABP and not impose any disciplinary action against Diamond in relation to this matter.

Attached to this letter are the following documents as numbered exhibits:

1. Fully Executed Settlement Agreement;
2. Fully Executed Memorandum of Agreement;
3. A copy of the Civil Complaint filed on May 27, 2020; and
4. A copy of NABP Resolution 113-5-17.

If you have any questions regarding the resolution of this Civil Action or attached documents, please let us know and we are happy to discuss.

DIAMOND DRUGS, INC.

Enclosures – 4

EXHIBIT 1

SETTLEMENT AGREEMENT

This Settlement Agreement ("Agreement") is entered into between the United States of America, acting through the United States Department of Justice and on behalf of the Drug Enforcement Administration ("DEA") (collectively, the "United States"), and Diamond Drugs, Inc., d/b/a Diamond Pharmacy Services (DEA Registration Number RD0311100) ("Diamond Drugs" or "Diamond"), (hereafter collectively referred to as "the Parties"), through their authorized representatives, to settle certain civil claims asserted by the United States under the Controlled Substances Act, as amended, 21 U.S.C. §§ 801, *et seq.* and regulations promulgated thereunder, 21 C.F.R. §§ 1330.01, *et seq.* (collectively, the "Act").

RECITALS

A. Diamond Drugs, Inc., currently known as Diamond Pharmacy Services ("Diamond"), is a privately held corporation comprised of three (3) separate subdivisions: a drug distributorship, a closed-door pharmacy, and a manufacturer/repackager. The allegations contained herein relate to its drug distributor division, which is assigned DEA Registration Number RD0311100, and is located at 665 Kolter Drive, Indiana County, Indiana, Pennsylvania, 15701. Diamond is authorized to distribute controlled substances as a registered distributor with the DEA in accordance with the Act.

B. In June 2014 and May 2016, the DEA conducted periodic regulatory inspections at Diamond's distribution warehouse located at the above address in Indiana County. As a result of those inspections, the DEA alleges that Diamond committed repeat record-keeping violations, between June 19, 2013, and June 14, 2014, concerning certain shipments of controlled substances to addresses that did not match the registered locations in the DEA registrant database.

C. Additionally, the DEA alleges further that between May 2015 and May 2016, Mid-Level Practitioners ("MLPs"), at the state level, ordered controlled substances beyond the scope of their licenses. MLPs in some states are permitted to prescribe only some controlled substances, as authorized by their specific job duties, and subject to the licensing state's laws and regulations. Between May 5, 2015, and May 25, 2016, Diamond shipped Schedule III-V controlled substances to MLPs beyond the scope of their licensed powers thereby failing to keep accurate records concerning the receipt of those controlled substances.

D. Finally, in August 2015, the DEA identified a record-keeping violation concerning the shipment of Codeine to a DEA Registrant that was incorrectly reported as being sent to a facility that was permitted to order and receive that Schedule III controlled substance.

E. As a result of the findings of the DEA as described in paragraphs B – D above, on May 27, 2020, the United States filed an action in the United States District Court for the Western District of Pennsylvania captioned *United States v. Diamond Drugs, Inc., d/b/a Diamond Pharmacy Services*, Civil Action No. 2:20-cv-768 (the "Civil Action"), alleging violations of the Controlled Substances Act, 21 U.S.C. §§ 801, *et seq.*, and other DEA regulations.

F. Diamond has denied the conduct alleged in paragraphs B – D, as well as the allegations contained in the Civil Action, constitutes a violation of the Controlled Substances Act and further denies any wrongdoing. The DEA found no evidence, allegation, or indication that any of the prescriptions described above in paragraphs B – D resulted in diversion.

G. The United States contends that it has certain civil claims against Diamond arising from the failure of Diamond to keep accurate records of distributions of controlled substances, as detailed in Paragraphs B – D and incorporated herein, during the period from June 2013 through and including May 2016, that are violations of the Controlled Substances Act, as amended,

21 U.S.C. §§ 801, *et seq.*, 822(e)(1), 827(a)(3), 842(a)(5), 842(c)(1)(B), and the corresponding regulations promulgated thereunder, 21 C.F.R. §§ 1330.01, *et seq.* That conduct is referred to below as the "Covered Conduct."

H. This Settlement Agreement is neither an admission of liability by Diamond nor a concession by the United States that its claims are not well-founded.

To avoid the delay, uncertainty, inconvenience, and expense of protracted litigation of the above claims, and in consideration of the mutual promises and obligations of this Settlement Agreement, the Parties agree and covenant as follows:

TERMS AND CONDITIONS

1. Diamond shall pay to the United States two hundred thousand dollars and zero cents ($200,000.00) ("Settlement Amount"), which represents settlement of any and all civil penalties or other costs and fines that may have been assessed had this matter been adjudicated in a court of law, as a lump-sum payment inclusive of interest, no later than 20 days after the Effective Date of this Agreement by electronic funds transfer pursuant to written instructions to be provided by the Financial Litigation Unit of the United States Attorney's Office of the Western District of Pennsylvania.

2. In addition to the above payment, the United States acknowledges the following representations made by Diamond Drugs in an attempt to conform its' operations to pertinent law:

a. Having been informed of the nature of the allegations against it and in an attempt to further increase due diligence in getting to know its customers, Diamond has represented to the United States that it avers to contractually require the results of any and all inspections undertaken by a local, state, or federal agency with respect to the acquisition, storage, and use of medications to be part of the on-boarding process. Diamond will also require this of existing

customers to protect against diversion and ensure compliance with all laws and regulations relating to controlled substances.

b. Diamond also represents that it has created and implemented a web service call system which validates a DEA licensee by verifying the location of the DEA license and address in the DEA Registrant database prior to distributing controlled substances. Diamond implemented this change after the DEA informed Diamond that some providers were switching their registered license address and continuing to place and receive orders.

c. As to prescription orders from MLPs, Diamond has implemented changes to initial facility set-up requirements by requiring facilities to complete a Stock Medication License Form, a Power of Attorney Form for completion of Form 222, and an Authorized Agent Form denoting the individuals who are allowed to order controlled substances ranging from Schedule II to Schedule V on behalf of the facility. In addition to the completion of the above forms, Diamond will send annual reminders to providers that they must remain compliant with their DEA license requirements and maintain accurate information in the Registrant database to receive controlled substances.

d. Diamond states that it will also conduct a monthly review and investigation of the DEA's "Mid-Level Practitioners Authorization by State" document to monitor changes to MLP prescribing authority. Further, Diamond will consult with external legal counsel on an annual basis for the next three (3) years to survey relevant state MLP laws to ensure compliance with prescriber permissions.

e. Diamond maintains that it has implemented a software system alert that can advise any party via a "text box," of who has authorization to request various Schedules of controlled substances at the time of processing the order. The system differentiates between

providers permitted to request varying Schedules of controlled substances as reported by the registrant and allowed under applicable state laws and regulations.

3. Additionally, the DEA and Diamond have entered into a "Memorandum of Agreement" (MOA) that is attached hereto, incorporated herein, and marked as Exhibit A. Diamond shall comply with the MOA and agrees that a violation of the MOA constitutes a violation of this Settlement Agreement. Accordingly, if Diamond fails to comply with the MOA, the United States, at its sole discretion, may file a civil action against Diamond regarding the "Covered Conduct" in this Agreement, seek enforcement of the MOA, and/or if appropriate, seek additional restrictions on Diamond's DEA registration, collect civil penalties/fines, or do all of the above. In the event a Complaint is filed, Diamond agrees not to plead, argue, or otherwise raise any defenses under the theories of statute of limitations, laches, estoppel, or similar theories to the allegations in the Complaint. If applicable, Diamond shall pay the United States all reasonable costs of enforcement under this Paragraph, including attorneys' fees, and expenses.

4. Subject to the exceptions in Paragraph 6 (concerning reserved claims) below, and conditioned upon Diamond's full and timely payment of the Settlement Amount and compliance with the MOA, the United States releases Diamond, together with its current and former parent corporations; direct and indirect subsidiaries; brother or sister corporations; divisions; current or former corporate owners; and the corporate successors and assigns of any of them from any civil or administrative monetary claim the United States has for the "Covered Conduct" under the Controlled Substances Act, as amended, 21 U.S.C. §§ 801, *et seq.*, and regulations promulgated thereunder, 21 C.F.R. §§ 1330.01, *et seq.*; the Civil Monetary Penalties Law, 42 U.S.C. § 1320a-7a; or the common law theories of payment by mistake, unjust enrichment, and fraud.

5. In the event that Diamond fails to pay the amount as provided in Paragraph 1 within twenty (20) days after the Effective Date of this Agreement, Diamond shall be in default of its obligations ("Default") under this Agreement. The United States will provide written notice of the Default to Diamond. Notice of Default will be delivered to Bradley W. Howard, Esquire, or to such other representative as Diamond shall designate in advance in writing. Diamond shall have the opportunity to cure such Default within five (5) business days from the date of receipt of the notice ("Cure Period"). If Diamond fails to cure such Default by the end of the Cure Period, the unpaid balance of the Settlement Amount shall become immediately due and payable, and interest shall accrue at the rate of 12% per annum compounded daily from the date of Default on the remaining unpaid total (principal and interest balance). Further, Diamond shall consent to the filing of a Consent Judgment as it relates to the "Covered Conduct" in the amount of the unpaid balance, and the United States, at its sole option, may: (a) enforce the Consent Judgment; (b) offset the remaining unpaid balance from any amounts due and owing to Diamond by any department, agency, or agent of the United States at the time of Default; (c) collect the entire unpaid balance of the Settlement Amount, plus interest, including 12% interest from the date of Default, and all other amounts due upon the event of Default as specified in this Paragraph; or (d) exercise any other rights granted by law or in equity, including referral of this matter for private collection. In the event a Consent Judgment is filed pursuant to subsection (a) of this Paragraph, Diamond agrees not to plead, argue, or otherwise raise any defenses under the theories of statute of limitations, laches, estoppel, or similar theories to the allegations in the Complaint. Diamond agrees not to contest any consent judgment, offset, or any collection action undertaken by the United States pursuant to this Paragraph, either administratively or in any state or federal court. If applicable,

Diamond shall pay the United States all reasonable costs of collection and enforcement under this Paragraph, including attorneys' fees, and expenses.

6. Notwithstanding the release given in Paragraph 4 of this Agreement, or any other term of this Agreement, the following claims and rights of the United States are specifically reserved and are not released:

a. Any liability arising under Title 26, U.S. Code (Internal Revenue Code);

b. Any criminal liability;

c. Except as explicitly stated in this Agreement, any administrative liability or enforcement right, including mandatory exclusion from Federal healthcare programs;

d. Any liability to the United States (or its agencies) for any conduct other than the Covered Conduct;

e. Any liability based upon obligations created by this Agreement; and

f. Any liability of individuals.

7. Diamond waives and shall not assert any defenses Diamond may have to any criminal prosecution or administrative action relating to the "Covered Conduct" that may be based in whole or in part on a contention that, under the Double Jeopardy Clause in the Fifth Amendment of the Constitution, or under the Excessive Fines Clause in the Eighth Amendment of the Constitution, this Agreement bars a remedy sought in such criminal prosecution or administrative action.

8. Diamond fully and finally releases the United States, its agencies, officers, agents, employees, and servants, from any claims (including attorney's fees, costs, and expenses of every kind and however denominated) that Diamond has asserted, could have asserted, or may assert in

the future against the United States, and its agencies, officers, agents, employees, and servants related to the Covered Conduct and the United States' investigation and prosecution thereof.

9. Diamond agrees to the following:

a. Unallowable Costs Defined: All costs (as defined in the Federal Acquisition Regulation, 48 C.F.R. § 31.205-47; and in Titles XVIII and XIX of the Social Security Act, 42 U.S.C. §§ 1395-1395lll and 1396-1396w-5; and the regulations and official program directives promulgated thereunder) incurred by or on behalf of Diamond, its present or former officers, directors, employees, shareholders, and agents in connection with:

(1) the matters covered by this Agreement;

(2) the United States' audit(s) and civil investigation of the matters covered by this Agreement;

(3) Diamond's investigation, defense, and corrective actions undertaken in response to the United States' audit(s) and civil investigation in connection with the matters covered by this Agreement (including attorneys' fees);

(4) the negotiation and performance of this Agreement; and

(5) the payment Diamond makes to the United States pursuant to this Agreement.

Any payments due after the adjustments have been made shall be paid to the United States pursuant to the direction of the Department of Justice and/or the affected agencies. The United States reserves its rights to disagree with any calculations submitted by Diamond or any of its subsidiaries or affiliates on the effect of inclusion of Unallowable Costs (as defined in this

paragraph) on Diamond or any of its subsidiaries or affiliates' cost reports, cost statements, or information reports.

b. Nothing in this Agreement shall constitute a waiver of the rights of the United States to audit, examine, or re-examine Diamond's books and records to determine that no Unallowable Costs have been claimed in accordance with the provisions of this paragraph.

10. Diamond agrees to fully cooperate with all future regulatory inspections conducted by the DEA. Diamond shall encourage its employees and personnel not to impair the regulatory inspections but to provide their utmost cooperation to DEA personnel during the inspections. As a sign of the good faith of Diamond to cooperate is its execution of a separate MOA with the DEA which is incorporated herein and made a part of this Settlement Agreement.

11. This Agreement is intended to be for the benefit of the Parties only. The Parties do not release any claims against any other person or entity, except to the extent provided for in Paragraph 12 (waiver for beneficiaries' paragraph), below.

12. Diamond agrees that it waives and shall not seek any additional or future payment for any of the health-care billings covered by this Agreement from any health-care beneficiaries or their parents, sponsors, legally responsible individuals, or third-party payors based upon the claims defined as Covered Conduct.

13. Upon receipt of the payment described in Paragraph 1, above, the Parties shall promptly sign and file in the Civil Action a Joint Stipulation of Dismissal of the Civil Action pursuant to Rule 41(a)(1).

14. Each Party shall bear its own legal and other costs incurred in connection with this matter, including the preparation and performance of this Agreement.

15. Each Party and signatory to this Agreement represents that it freely and voluntarily enters into this Agreement without any degree of duress or compulsion.

16. This Agreement is governed by the laws of the United States. The exclusive venue for any dispute relating to this Agreement is the United States District Court for the Western District of Pennsylvania. For purposes of construing this Agreement, this Agreement shall be deemed to have been drafted by all Parties to this Agreement and shall not, therefore, be construed against any Party for that reason in any subsequent dispute.

17. This Agreement constitutes the full and complete Agreement between the Parties with respect to the matters covered herein. The MOA is part of the Agreement, and the obligations set forth in the MOA are binding to the same extent as if they were part of the Agreement itself. This Agreement may not be modified except by written consent of all Parties.

18. The undersigned counsel represent and warrant that they are fully authorized to execute this Agreement on behalf of the persons and entities indicated below.

19. This Agreement may be executed in counterparts, each of which constitutes an original, and all of which constitute one and the same Agreement.

20. This Agreement is binding on Diamond's successors, transferees, heirs, and assigns.

21. All Parties consent to the United States' disclosure of this Agreement, and information about this Agreement, to the public.

22. This Agreement is effective on the date of signature of the last signatory to the Agreement (Effective Date of this Agreement). Facsimiles and electronic transmissions of signatures shall constitute acceptable, binding signatures for purposes of this Agreement.

THE UNITED STATES OF AMERICA

DATED: 31 MAY 2022 BY: _____

PAUL E. SKIRTICH
Assistant United States Attorney
Office of the United States Attorney
for the Western District of Pennsylvania

DATED: 05/31/22 BY: _____

JULIANNE DUNPHY
Acting Diversion Program Manager
Drug Enforcement Administration
Philadelphia Field Division

DIAMOND DRUGS, INC., d/b/a DIAMOND PHARMACY SERVICES – DEFENDANT

DATED: 5/17/22 BY: _____

MARK I. ZUNER
President and C.E.O.
Diamond Drugs, Inc.

DATED: 5/18/22 BY: _____

BRADLEY W. HOWARD
Counsel for Diamond Drugs, Inc. d/b/a
Diamond Pharmacy Services

EXHIBIT 2

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

IN THE MATTER OF:

Diamond Drugs, Inc.	) **U.S. DEPARTMENT OF JUSTICE**
d/b/a Diamond Pharmacy	) **DRUG ENFORCEMENT ADMINISTRATION**
Services	) **Philadelphia Field Division**
	) **Re: Civil Action No. 2:20-cv-768**

MEMORANDUM OF AGREEMENT

This Memorandum of Agreement ("MOA") is entered into between the Drug Enforcement Administration ("DEA") and Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services ("Diamond"), located at 665 Kolter Drive, Indiana, Pennsylvania, 15701, holding DEA Registration Number RD0311100, and authorized in Controlled Substance Schedules II, IIN, III, IIIN, IV, and V. In June 2014 and May 2016, the DEA conducted periodic regulatory inspections at Diamond's warehouse located at 665 Kolter Drive, Indiana, Pennsylvania, 15701. On May 27, 2020, stemming in part from the June 2014 and May 2016 regulatory inspections, a civil action was brought in this District against Diamond Drugs for alleged violations of the Controlled Substances Act ("CSA") and other DEA Regulations between 2013 and 2016, at Civil Action No. 2:20-cv-768 ("Civil Action"). The parties agreed to mediate the matter on March 29, 2021, which was followed by ongoing dialogue by counsel for both parties with the mediator, addressing the concerns of both parties relating to the Civil Action.

STIPULATIONS AND AGREEMENT

1. In resolution of the Civil Action filed by the United States against Diamond, and in the interest of ensuring continued compliance with the laws and regulations concerning the shipment of controlled substances, Diamond and the DEA agree to enter into this MOA and the terms and conditions set forth below.

2. The factual allegations contained in paragraphs B – D of the accompanying Settlement Agreement are incorporated herein. This MOA shall take effect on the date it is signed and dated by Diamond and the DEA. It shall remain in effect for a term of three (3) years, or until Diamond goes out of business or ceases to exist, whichever is earlier.

3. Diamond shall abide by all federal, state, and local laws and regulations relating to controlled substances.

4. Diamond shall maintain accurate and complete records documenting the acquisition and disposition of all controlled substances, as required by Title 21, Code of Federal Regulations (C.F.R.) § 1304.21 and Title 21, United States Code (U.S.C.) § 827(a) and (b).

5. Diamond shall submit accurate data to the Automated Records and Consolidated Orders System ("ARCOS") as required by 21 C.F.R. § 1304.33 and 21 U.S.C. § 827(d)(1), including but not limited to, timely correcting any errors in reporting.

6. Diamond shall initiate and maintain a training program for all current and newly hired employees responsible for handling and/or having access to controlled substances on the detection and prevention of diversion of controlled substances. Such training shall include, but not be limited to, incorporating information on applicable laws and regulations, as well as on Diamond's internal compliance policies regarding both the physical security of controlled substances and proper record-keeping procedures. Such training shall be administered for each employee at, or near to, their time of hire, with supplemental training recommended to be administered annually, or as needed.

7. Diamond shall design and operate a system to disclose suspicious orders of controlled substances and follow the regulations as set forth in 21 C.F.R. § 1301.74(b).

8. Upon completion of its regulatory inspections, DEA will meet with the management of Diamond in a timely manner. Diamond will have the right to respond to any issues raised by the DEA concerning compliance or its operations.

9. Diamond shall contact the DEA Pittsburgh District Office, 1781 McKees Rocks Road, McKees Rocks, Pennsylvania, 15136, Diversion Investigator Rita Esquivel-Blatt, with any question it may have concerning its operation.

10. By signing this Memorandum of Agreement, Diamond understands the Agreement's terms as intended by the DEA and will abide by and comply with all terms of the Agreement in good faith.

11. Diamond understands and agrees that violations of the terms of this MOA may constitute additional grounds, either by itself or in conjunction with other grounds, for civil fines, criminal charges, and/or the revocation of Diamond's DEA registration.

12. Diamond understands that failure to comply with the Controlled Substances Act and its implementing regulations could also subject Diamond to civil fines and penalties and/or criminal prosecution under the United States Code.

13. Diamond understands that nothing in this MOA relieves Diamond of civil or criminal liability.

14. DEA enters this Agreement with the understanding that Diamond will abide by its contents in good faith. Nothing in this Agreement shall be construed as precluding the DEA from referring to, or relying upon, any of the matters alleged herein, for the purpose of establishing Diamond's history or experience in handling and keeping accurate records of controlled substances, in the event of a future administrative, civil, and/or criminal action with respect to the DEA registration of Diamond.

15. Nothing in this MOA is intended to address or affect matters or violations not specifically enumerated in the Agreement.

16. To the extent disclosure of this MOA or the terms herein are required, Diamond will self-report as required by federal, state, and local statutes or regulations. Beyond Diamond's reporting of this matter as required by applicable law, DEA takes no position regarding whether or not state or local action against Diamond is appropriate.

17. By executing this Agreement, Diamond waives all rights to seek judicial review or to challenge or contest the validity of any terms or conditions of this Agreement.

18. This MOA may be executed in multiple original counterparts using electronic, scanned, and faxed signatures. The undersigned parties agree that those forms of signatures can be substituted for originals, and that each of those forms is binding.

FOR THE DRUG ENFORCEMENT ADMINISTRATION:

I, Julianne Dunphy, acknowledge and state that I have read the foregoing and know and agree with the contents thereof; that I have the authority to act on behalf of the Drug Enforcement Administration on this matter; and that I have signed this MOA pursuant to that authority.

Date: 05/31/22

JULIANNE DUNPHY
Acting Diversion Program Manager
Drug Enforcement Administration
Philadelphia Field Division

EXHIBIT 2

FOR DIAMOND DRUGS, INC.:

I, Mark J. Zilner, acknowledge and state that I have read the foregoing and know and agree with the contents thereof; that I have the authority to act on behalf of Diamond Drugs, Inc. on this matter; and that I have signed this MOA pursuant to that authority.

Date: 5/17/22

MARK J. ZILNER, President and C.E.O.
Diamond Drugs, Inc.
665 Kolter Drive
Indiana, PA 15701

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

UNITED STATES OF AMERICA,	)	
	)	
Plaintiff,	)	CIVIL ACTION NO. 2:20-cv-768
	)	
v.	)	
	)	
DIAMOND DRUGS, INC., d/b/a DIAMOND PHARMACY SERVICES,	)	
	)	
Defendant.	)	

COMPLAINT

AND NOW comes the United States of America, by its counsel, Scott W. Brady, United States Attorney for the Western District of Pennsylvania, and Paul E. Skirtich, Assistant United States Attorney for said District, and files its original Complaint based on the following:

I. INTRODUCTION

1. Plaintiff is the United States of America, and it brings this action on behalf of and at the request of the Drug Enforcement Administration ("DEA").

2. The DEA is a Federal drug law-enforcement agency charged by Congress to oversee and ensure that all drug distributorships that handle and ship controlled substances are properly registered with the Agency, among other duties. Additionally, the DEA is empowered to audit and review records of drug distributorships to ensure compliance with all DEA regulations, including but not limited to, when registrants ship allowed controlled substances to registered locations.

3. To perform its duties, the DEA conducts periodic inspections of drug distributorships during which the DEA scrutinizes all pertinent invoices, logs, ledgers, account files, and any other related documents to determine whether a registrant has complied with all

applicable provisions of the Controlled Substances Act, 21 U.S.C. § 801 *et seq.* (hereinafter the "CSA") and/or the Code of Federal Regulations, 21 C.F.R. § 1300 *et seq.* (hereinafter the "CFR").

4. The Defendant, "Diamond Drugs, Inc.," d/b/a "Diamond Pharmacy Services" ("Diamond"), is a privately-held corporation. "Diamond Drugs, Inc." is comprised of three (3) separate subdivisions: a drug distributorship, a mail-order pharmacy, and a manufacturer, all of which are registered with the DEA.

5. "Diamond Drugs, Inc." is one of the nation's largest specialty pharmacy services whose customers include state prisons and county jail infirmaries located throughout the United States.

6. "Diamond Pharmacy Services" is a drug distributorship registered under DEA # RD0311100 to handle controlled substances in Schedules II, IIN, III, IIIN, IV, and V, and is located at 665 Kolter Drive, Indiana County, Indiana, Pennsylvania 15701. On April 16, 2004, "Diamond" became a DEA registrant as a distributor.

7. "Diamond Pharmacy Service" is a DEA Registrant as a mail-order pharmacy that is authorized to handle controlled substances in Schedules II, IIN, III, IIIN, IV, and V, and is located at 645 Kolter Drive, Indiana County, Indiana, Pennsylvania 15701.

8. "Remedy Repack" is a DEA Registrant as a manufacturer (repacker/relabeler of controlled substances) authorized to handle controlled substances in Schedules II, IIN, III, IIIN, IV, and V, and is located at 625 Kolter Drive, Indiana County, Indiana, Pennsylvania 15701.

9. The United States of America brings this civil enforcement action seeking penalties and injunctive relief against Defendant for violating the CSA and its implementing regulations.

10. Defendant, Diamond Pharmacy Services, is registered with the DEA, under DEA # RD0311100, as a distributor of Schedules II, IIN, III, IIIN, IV, and V controlled substances, and

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engaged in repeated and systemic violations of the CSA and other pertinent DEA Regulations when it unlawfully shipped controlled substances to non-registered locations or to registrants not authorized to possess certain controlled substances, and then failed to meet pertinent recordkeeping requirements.

II. JURISDICTION AND VENUE

11. This Court has jurisdiction over this action pursuant to 28 U.S.C. §§ 1331, 1345, and 1355, and 47 U.S.C. § 504(a).

12. Venue is proper under 28 U.S.C. §§ 1355(b), 1391(b), and 1395(a), and 47 U.S.C. § 504(a) because Defendant operates its business within this District, and the acts and/or omissions giving rise to this civil action occurred within this District.

III. STATUTORY AND REGULATORY BACKGROUND

13. In order to regulate the distribution of controlled substances, Congress authorized the Attorney General of the United States, or his delegate, including the DEA, to promulgate and enforce any rules, regulations, and procedures which are deemed necessary and appropriate. *See* 21 U.S.C. §§ 871(a) and (b).

14. Controlled substances are highly regulated by the DEA, and each controlled substance is placed into one of five schedules, known as Schedules I, II, III, IV, and V. IIN (Schedule II non-narcotic) and IIIN (Schedule III non-narcotic) are additional categories within Schedules II and III. *See* 21 U.S.C. § 812(a).

15. All drug distributors must adhere to and follow the regulations as listed in 21 U.S.C. Part C, which includes §§ 821-832. The prohibited acts of this title subject to civil punishment are listed in 21 U.S.C. § 842.

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16. A separate registration is required with the DEA for each principal place of business or professional practice at one general physical location where controlled substances are manufactured, distributed, imported, exported, or dispensed by a person. *See* 21 C.F.R. § 1301.12(a).

17. Before distributing a shipment containing controlled substances to any registered location, whether the registrant knows that the person or entity is registered or not, the registrant must make a good-faith inquiry with the DEA or the appropriate "State-controlled substance registration agency," if any, to determine that the proposed receiver of a controlled substance is registered to possess it. *See* 21 C.F.R. § 1301.74(a). The Commonwealth of Pennsylvania does not maintain a controlled substance registration agency. The DEA, however, provides an online national DEA registration validation system that allows verification of DEA registration information of any DEA registrant. This "validation system" went online sometime in 2006.

18. When an order for a Schedule II-V controlled substance is received by a drug distributor, like "Diamond," that distributor must make a good-faith effort to determine if the purchaser is a DEA registrant for the specific schedules requested for purchase.

19. A drug distributor, including but not limited to "Diamond," is required to verify that the registered location matches the intended shipping address.

20. If the addresses are found to match, a drug distributor, including but not limited to "Diamond," is required to verify the ability of the soliciting DEA registrant/purchaser to purchase that specific controlled substance(s) under the relevant state license.

21. A drug distributor, including but not limited to "Diamond," should also verify the business activity of the DEA registrant to ensure that the registrant has the proper authority to purchase that type of controlled substance. "Verification," pursuant to the statute, requires that a

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distributor: (a) before distributing a controlled substance to any person whom the registrant does not know to be registered to possess the controlled substance, shall make a good-faith inquiry either with the Administration [DEA] or with the appropriate State-controlled substances registration agency, if any, to determine that the person is registered to possess the controlled substance; and (b) the registrant shall design and operate a system to disclose to the registrant "suspicious orders" of controlled substances. The registrant shall inform the Field Division Office of the Administration [DEA] in his/her area of "suspicious orders" when discovered by the registrant. "Suspicious orders" include orders of unusual size, orders deviating substantially from a normal pattern, and orders of unusual frequency. Likewise, a distributor is also required to know that if their customer is a specialized treatment entity, such as a narcotic treatment facility, they should only purchase controlled substances that are FDA-approved for the treatment of narcotic addiction, and further requires that distributor to design and operate a system that would alert them to attempted purchases that do not fit their customer's normal pattern (i.e., a narcotic treatment program purchasing codeine). *See* 21 C.F.R. § 1301.74(a), (b).

22. If the drug distributor determines that the addresses match and the purchaser is properly able to purchase the particular controlled substance(s), the drug distributor can then lawfully distribute and ship that order.

23. Moreover, every "registrant" is required to keep complete and accurate records of controlled substances that are delivered to another "registrant." *See* 21 C.F.R. § 1304.21(a).

24. Each person registered or authorized to distribute controlled substances shall maintain records with the same information required of manufacturers. *See* 21 C.F.R. § 1304.22(b). "Registrants" are required to maintain all required records for two (2) years. *See* 21 C.F.R. § 1304.04(a).

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25. It is unlawful for any "registrant" to refuse or negligently fail to make, keep, or furnish any record, report, notification, declaration, order or order form, statement, invoice, or information required under this title or title III. *See* 21 U.S.C. § 842(a)(5).

IV. STATEMENT OF THE CASE

A. June 2014 DEA Audit and Investigation

26. In keeping with their duties, the DEA conducts periodic regulatory reviews of drug distributors to account for controlled substances and to ensure compliance with Federal laws and DEA Regulations concerning the distribution of controlled substances to registered locations, among other purposes.

27. In preparation for and in follow-up to periodic audits, DEA diversion investigators routinely review DEA databases used to track and monitor the ordering, receipt, and disposition of controlled substances of drug distributorships, such as "Diamond."

28. Consistent with their duties as described above, from June 19, 2014, to on or about June 24, 2014, personnel from the DEA conducted a periodic audit and review of "Diamond Pharmacy Services" at its warehouse located at 665 Kolter Drive, Indiana County, Indiana, Pennsylvania 15701. The purpose of the audit was to inspect records, from June 19, 2013, through June 19, 2014, including but not limited to, sales invoices required to be kept by Diamond. *See* 21 C.F.R. § 1304.21(a); *see* ¶¶ 3, 23 *supra.*

B. Shipments to Unregistered Locations

29. DEA's audit of "Diamond's" sales records and invoices of controlled substances revealed that between June 19, 2013, and June 19, 2014, "Diamond" failed to accurately record one hundred thirty-seven (137) separate distributions to six (6) different customers whose shipping addresses were not the registered locations of the DEA registration number utilized for the

EXHIBIT 3

transactions. *See* Table of Distributions to Various Registrants at Incorrect Addresses, attached hereto and marked as Exhibit A.

30. Between June 19, 2013, and June 19, 2014, "Diamond" had continual access to the online national DEA registration validation system that allows verification of DEA registration information of any DEA registrant.

C. <u>May 2015 to May 2016 Shipments to Mid-Level Practitioners ("MLPs")</u>

31. DEA registrants include "mid-level practitioners" as well as others who are able to purchase certain controlled substances as authorized by their specific job duties and the authority of their state.

32. "Mid-level practitioner" means an individual practitioner, other than a physician, dentist, veterinarian, or podiatrist, who is licensed, registered, or otherwise permitted by the United States or the jurisdiction in which he/she practices, to dispense a controlled substance in the course of professional practice. Examples of mid-level practitioners include, but are not limited to, health-care providers such as nurse practitioners, nurse midwives, nurse anesthetists, clinical nurse specialists, and physician assistants who are authorized to dispense controlled substances by the State in which they practice. 21 C.F.R. § 1300.01(b).

33. Health professionals who are certified as an Advanced Registered Nurse Practitioner (ARNP); Advanced Practice Registered Nurse (APRN); Advanced Practice Nurse (APN); Nurse Practitioner (NP); one who holds a Masters of Science in Nursing (MSN); a Registered Nurse Advanced Practice Nurse-Certified (RNAPN-C); and a Registered Physician Assistant-Certified (RPA-C) fall under the category of Nurse Practitioner or Physician's Assistant under 21 C.F.R. § 1300.01(b), and are duly labeled "Mid-Level Practitioner" (MLP). Notably,

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each DEA registration lists the registrant's "Business Activity," so all MLPs have the business activity designator of "MLP."

34. States have the authority and ability to limit what controlled substances can be lawfully ordered or received by the MLPs within their jurisdiction. *See* 21 C.F.R. § 1307.02.

35. The DEA abides by the more restrictive language of either Federal or state law or regulation concerning the shipment of controlled substances to MLPs and, in general, upholds whatever is more restrictive. *See* 21 C.F.R. § 1307.02 ("Application of State law and other Federal law. Nothing in this chapter shall be construed as authorizing or permitting any person to do any act which such person is not authorized or permitted to do under other Federal laws or obligations under international treaties, conventions or protocols, or under the law of the State in which he/she desires to do such act nor shall compliance with such parts be construed as compliance with other Federal or State laws unless expressly provided in such other laws.").

36. The MLPs in Kentucky (KY) are allowed to prescribe only a Schedule II, IIN, III, IIIN, IV, and V controlled substance. In Louisiana (LA), MLPs are allowed to prescribe a Schedule III, IIIN, IV, and V controlled substance, and can prescribe and dispense a Schedule II and IIN controlled substance for "Attention Deficit Disorder" only. The pertinent statute in Nebraska (NE) limits MLPs to only prescribe a Schedule III, IIIN, IV, and V controlled substance. The State of New Jersey (NJ) mandates that MLPs are allowed to prescribe a Schedule II, IIN, III, IIIN, IV and/or V controlled substance. Finally, MLPs in New York (NY) are allowed to prescribe a Schedule II, IIN, III, IIIN, IV, and/or V controlled substance. *See*, https://www.deadiversion.usdoj.gov/drugreg/practioners/mlp_by_state.pdf.

37. Between May 5, 2015, and May 25, 2016, "Diamond" had continual access to the online, national DEA registration validation system that allows verification of DEA registration

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information of any DEA registrant. Moreover, the first character of a DEA registration number defines the registrant type/business activity. For example, the "M" in the DEA registration number denotes a "Mid-Level Practitioner," including but not limited to, Nurse Practitioner (NP) and Physician's Assistant (PA).

38. It is unlawful for any "registrant" to refuse or negligently fail to make, keep, or furnish any record, report, notification, declaration, order or order form, statement, invoice, or information required under this title or title III. *See* 21 U.S.C. § 842(a)(5).

39. Subsequent examination of "Diamond's" records and further investigation by DEA personnel showed that between May 5, 2015, and May 25, 2016, on two hundred ninety-two (292) occasions, "Diamond" shipped controlled substances to nineteen (19) MLPs in five (5) different states – Kentucky, Louisiana, Nebraska, New Jersey, and New York – who ordered and received Schedule III-V controlled substances, when these same MLPs were not authorized by their respective states to either order or receive those particular controlled substances, and failed to keep accurate records of those two hundred ninety-two (292) shipments, as those shipments were inaccurately reported on DEA reports. *See* Table of Shipments to MLPs, attached hereto and marked as Exhibit B.

D. <u>August 2015 Codeine Shipments to a Narcotic Treatment Program</u>

40. "Correctional Health Services" (hereinafter referred to as "Correctional") is a DEA registrant with a listed business activity as a detoxification and maintenance facility, located at 201 South 4th Avenue in Phoenix, Maricopa County, Arizona 85003.

41. "Correctional" is a facility which is allowed to order controlled substances, including but not limited to, some Schedule III controlled substances that are approved by the Federal Drug Administration ("FDA") to treat narcotic addiction (opioid dependence), including

EXHIBIT 3

but not limited to Buprenorphine, which trades as "Suboxone." [*See* 42 C.F.R. Ch. 1, Subchapter A, Part 8, Subpart C, §§ 8.12(h)(1) and (h)(2)(i-iii)].

42. Codeine, a Schedule III controlled substance, is not approved by the FDA for use and treatment at detoxification and maintenance facilities which house narcotic-addicted persons. [*See* 42 C.F.R. Ch. 1, Subchapter A, Part 8, Subpart C, §§ 8.12(h)(1) and (h)(2)(i-iii)].

43. It is unlawful for any "registrant" to refuse or negligently fail to make, keep, or furnish any record, report, notification, declaration, order or order form, statement, invoice, or information required under this title or title III. *See* 21 U.S.C. § 842(a)(5).

44. On August 26, 2015, personnel at "Diamond" sent one (1) shipment of Schedule III Codeine to Correctional, a registrant which was not authorized to order or obtain the Codeine, and "Diamond" negligently failed to keep accurate records concerning that shipment of Codeine to Correctional. *See* Table of Codeine Sales to Correctional Health Services, attached hereto and marked as Exhibit C.

COUNT I

45. The United States realleges and readopts the allegations set forth in paragraphs 1 through 44 as if fully rewritten herein.

46. Based on the above, between May 22, 2014, and June 18, 2014, "Diamond Pharmacy Services," a DEA registrant licensed to ship controlled substances, negligently failed to make or keep any record, report, notification, declaration, order or order form, statement, invoice, or other information required pursuant to 21 U.S.C. §§ 822(e)(1) and/or 827(a)(3), when "Diamond Pharmacy Services" sent four (4) shipments of controlled substances on various dates – as detailed in the Table attached to the Complaint as Exhibit A – to DEA Registrant Lisa Dorsey, to an address other than the registered location of the registrant, and thereby failed to have at all times complete,

EXHIBIT 3

current, and accurate records of orders of Schedule III-V controlled substances received and shipped during the above-noted time frame, in violation of 21 U.S.C. § 842(a)(5). Each such shipment was a violation of 21 U.S.C. § 842(a)(5), and is subject to a civil penalty of up to $10,000.00 for each violation pursuant to 21 U.S.C. § 842(c)(1)(B)(i).

COUNT II

47. The United States realleges and readopts the allegations set forth in paragraphs 1 through 46 as if fully rewritten herein.

48. Based on the above, between June 25, 2013, and June 17, 2014, "Diamond Pharmacy Services," a DEA registrant licensed to ship controlled substances, negligently failed to make or keep any record, report, notification, declaration, order or order form, statement, invoice, or other information required pursuant to 21 U.S.C. §§ 822(e)(1) and/or 827(a)(3), when "Diamond Pharmacy Services" sent forty-eight (48) shipments of controlled substances on various dates – as detailed in the Table attached to the Complaint as Exhibit A – to DEA Registrant William Taylor-Fithian, to an address other than the registered location of the registrant, and thereby failed to have at all times complete, current, and accurate records of orders of Schedule III-V controlled substances received and shipped during the above-noted time frame, in violation of 21 U.S.C. § 842(a)(5). Each such shipment was a violation of 21 U.S.C. § 842(a)(5), and is subject to a civil penalty of up to $10,000.00 for each violation pursuant to 21 U.S.C. § 842(c)(1)(B)(i).

COUNT III

49. The United States realleges and readopts the allegations set forth in paragraphs 1 through 48 as if fully rewritten herein.

50. Based on the above, between April 14, 2014, and June 19, 2014, "Diamond Pharmacy Services," a DEA registrant licensed to ship controlled substances, negligently failed to

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make or keep any record, report, notification, declaration, order or order form, statement, invoice, or other information required pursuant to 21 U.S.C. §§ 822(e)(1) and/or 827 (a)(3), when "Diamond Pharmacy Services" sent forty-four (44) shipments of controlled substances on various dates – as detailed in the Table attached to the Complaint as Exhibit A – to DEA Registrant Jackson (FL) Memorial Medical Center, to an address other than the registered location of the registrant, and thereby failed to have at all times complete, current, and accurate records of orders of Schedule III-V controlled substances received and shipped during the above-noted time frame, in violation of 21 U.S.C. § 842(a)(5). Each such shipment was a violation of 21 U.S.C. § 842(a)(5), and is subject to a civil penalty of up to $10,000.00 for each violation pursuant to 21 U.S.C. § 842(c)(1)(B)(i).

COUNT IV

51. The United States realleges and readopts the allegations set forth in paragraphs 1 through 50 as if fully rewritten herein.

52. Based on the above, between January 28, 2014, and June 17, 2014, "Diamond Pharmacy Services," a DEA registrant licensed to ship controlled substances, negligently failed to make or keep any record, report, notification, declaration, order or order form, statement, invoice, or other information required pursuant to 21 U.S.C. §§ 822(e)(1) and/or 827(a)(3), when "Diamond Pharmacy Services" sent fifteen (15) shipments of controlled substances on various dates – as detailed in the Table attached to the Complaint as Exhibit A – to DEA Registrant Santa Fe (N.M.) County, to an address other than the registered location of the registrant, and thereby failed to have at all times complete, current, and accurate records of orders of Schedule III-V controlled substances received and shipped during the above-noted time frame, in violation of 21 U.S.C.

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§ 842(a)(5). Each such shipment was a violation of 21 U.S.C. § 842(a)(5), and is subject to a civil penalty of up to $10,000.00 for each violation pursuant to 21 U.S.C. § 842(c)(1)(B)(i).

COUNT V

53. The United States realleges and readopts the allegations set forth in paragraphs 1 through 52 as if fully rewritten herein.

54. Based on the above, between July 17, 2013, and May 28, 2014, "Diamond Pharmacy Services," a DEA registrant licensed to ship controlled substances, negligently failed to make or keep any record, report, notification, declaration, order or order form, statement, invoice, or other information required pursuant to 21 U.S.C. §§ 822(e)(1) and/or 827(a)(3), when "Diamond Pharmacy Services" sent twenty-five (25) shipments of controlled substances on various dates – as detailed in the Table attached to the Complaint as Exhibit A – to DEA Registrant St. Tammany's (LA) Parish Sheriff's Office, to an address other than the registered location of the registrant, and thereby failed to have at all times complete, current, and accurate records of orders of Schedule III-V controlled substances received and shipped during the above-noted time frame, in violation of 21 U.S.C. § 842(a)(5). Each such shipment was a violation of 21 U.S.C. § 842(a)(5), and is subject to a civil penalty of up to $10,000.00 for each violation pursuant to 21 U.S.C. § 842(c)(1)(B)(i).

COUNT VI

55. The United States realleges and readopts the allegations set forth in paragraphs 1 through 54 as if fully rewritten herein.

56. Based on the above, on or about April 24, 2014, "Diamond Pharmacy Services," a DEA registrant licensed to ship controlled substances, negligently failed to make or keep any record, report, notification, declaration, order or order form, statement, invoice, or other

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information required pursuant to 21 U.S.C. §§ 822(e)(1) and/or 827(a)(3), when "Diamond Pharmacy Services" sent a shipment of controlled substances – as detailed in the Table attached to the Complaint as Exhibit A – to DEA Registrant Richard E. Wood, Jr., to an address other than the registered location of the registrant, and thereby failed to have at all times complete, current, and accurate records of orders of Schedule III-V controlled substances received and shipped during the above-noted time frame, in violation of 21 U.S.C. § 842(a)(5). Each such shipment was a violation of 21 U.S.C. § 842(a)(5), and is subject to a civil penalty of up to $10,000.00 for each violation pursuant to 21 U.S.C. § 842(c)(1)(B)(i).

COUNT VII

57. The United States realleges and readopts the allegations set forth in paragraphs 1 through 56 as if fully rewritten herein.

58. Based on the above, between May 11, 2015, and November 5, 2015, "Diamond Pharmacy Services," a DEA registrant licensed to ship controlled substances, negligently failed to make or keep any record, report, notification, declaration, order or order form, statement, invoice, or other information required pursuant to 21 U.S.C. § 827(a)(3), when "Diamond Pharmacy Services" sent twenty-nine (29) shipments of controlled substances on various dates – as detailed in the Table attached to this Complaint and marked as Exhibit B – to seven (7) DEA Registrants, Denise A. Burkett, Shellie Conyers-Votaw, Courtney R. Elam, Janice L. Garth, Tyara L. Hughes, Christina C. Lyons, and Lauren Serey, "Mid-Level Practitioners (MLPs)" in the Commonwealth of Kentucky, who were not authorized by Kentucky to order and receive said controlled substances, conduct which caused "Diamond Pharmacy Services" to fail to have at all times complete, current, and accurate records of orders of Schedule III controlled substances received and shipped during the above-noted time frame, in violation of 21 U.S.C. § 842(a)(5). Each such

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shipment before November 2, 2015 was a violation of 21 U.S.C. § 842(a)(5), and is subject to a civil penalty of up to $10,000.00 for each violation, while each shipment after November 2, 2015 was a violation of 21 U.S.C. § 842(a)(5) and is subject to a civil penalty of up to $15,040.00 for each violation, pursuant to 21 U.S.C. § 842(c)(1)(B)(i), as modified by Section 701 of the Bipartisan Budget Act of 2015, Public Law 114–74 (Nov. 2, 2015) ("BBA"), 28 U.S.C. § 2461 note.

COUNT VIII

59. The United States realleges and readopts the allegations set forth in paragraphs 1 through 58 as if fully rewritten herein.

60. Based on the above, on or about May 12, 2016, "Diamond Pharmacy Services," a DEA registrant licensed to ship controlled substances, negligently failed to make or keep any record, report, notification, declaration, order or order form, statement, invoice, or other information required pursuant to 21 U.S.C. § 827(a)(3), when "Diamond Pharmacy Services" sent a shipment of controlled substances on the above date – as detailed in the Table attached to this Complaint and marked as Exhibit B – to DEA Registrant Charlene T. Johnson, a "Mid-Level Practitioner (MLP)" in the State of Louisiana, who was not authorized by Louisiana to order and receive said controlled substances, conduct which caused "Diamond Pharmacy Services" to fail to have at all times complete, current, and accurate records of the orders of Schedule III controlled substances received and shipped on the above-noted date, in violation of 21 U.S.C. § 842(a)(5). Each such shipment was a violation of 21 U.S.C. § 842(a)(5), and is subject to a civil penalty of up to $15,040.00 for each violation, pursuant to 21 U.S.C. § 842(c)(1)(B)(i), as modified by Section 701 of the Bipartisan Budget Act of 2015, Public Law 114–74 (Nov. 2, 2015) ("BBA"), 28 U.S.C. § 2461 note.

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COUNT IX

61. The United States realleges and readopts the allegations set forth in paragraphs 1 through 60 as if fully rewritten herein.

62. Based on the above, between October 13, 2015, and February 11, 2016, "Diamond Pharmacy Services," a DEA registrant licensed to ship controlled substances, negligently failed to make or keep any record, report, notification, declaration, order or order form, statement, invoice, or other information required pursuant to 21 U.S.C. § 827(a)(3), when "Diamond Pharmacy Services" sent three (3) shipments of controlled substances on various dates – as detailed in the Table attached to this Complaint and marked as Exhibit B – to a DEA Registrant, Kevin A. Witcher, a "Mid-Level Practitioner (MLP)" in the State of Nebraska, who was not authorized by Nebraska to order and receive said controlled substances, conduct which caused "Diamond Pharmacy Services" to fail to have at all times complete, current, and accurate records of orders of Schedule III controlled substances received and shipped during the above-noted time frame, in violation of 21 U.S.C. § 842(a)(5). Each such shipment before November 2, 2015 was a violation of 21 U.S.C. § 842(a)(5), and is subject to a civil penalty of up to $10,000.00 for each violation, while each shipment after November 2, 2015 was a violation of 21 U.S.C. § 842(a)(5) and is subject to a civil penalty of up to $15,040.00 for each violation, pursuant to 21 U.S.C. § 842(c)(1)(B)(i), as modified by Section 701 of the Bipartisan Budget Act of 2015, Public Law 114–74 (Nov. 2, 2015) ("BBA"), 28 U.S.C. § 2461 note.

COUNT X

63. The United States realleges and readopts the allegations set forth in paragraphs 1 through 62 as if fully rewritten herein.

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64. Based on the above, between May 12, 2015, and May 24, 2016, "Diamond Pharmacy Services," a DEA registrant licensed to ship controlled substances, negligently failed to make or keep any record, report, notification, declaration, order or order form, statement, invoice, or other information required pursuant to 21 U.S.C. § 827(a)(3), when "Diamond Pharmacy Services" sent two hundred fifty-seven (257) shipments of controlled substances on various dates – as detailed in the Table attached to this Complaint and marked as Exhibit B – to nine (9) DEA Registrants, Judith L. Bender, Joseph P. Bentivegna, Sabrina Renea Brown Oliver, Melissa Curtis, Darlene P. Deamer, Christine M. Hartranft, Lisa R. Mills, Monica M. Tsakiris, and Stacy L. Williams Hall, "Mid-Level Practitioners (MLPs)" in the State of New Jersey, who were not authorized by New Jersey to order and receive said controlled substances, conduct which caused "Diamond Pharmacy Services" to fail to have at all times complete, current, and accurate records of orders of Schedule III controlled substances received and shipped during the above-noted time frame, in violation of 21 U.S.C. § 842(a)(5). Each such shipment before November 2, 2015 was a violation of 21 U.S.C. § 842(a)(5), and is subject to a civil penalty of up to $10,000.00 for each violation, while each shipment after November 2, 2015 was a violation of 21 U.S.C. § 842(a)(5) and is subject to a civil penalty of up to $15,040.00 for each violation, pursuant to 21 U.S.C. § 842(c)(1)(B)(i), as modified by Section 701 of the Bipartisan Budget Act of 2015, Public Law 114–74 (Nov. 2, 2015) ("BBA"), 28 U.S.C. § 2461 note.

COUNT XI

65. The United States realleges and readopts the allegations set forth in paragraphs 1 through 64 as if fully rewritten herein.

66. Based on the above, on May 19, 2015, and June 8, 2015, "Diamond Pharmacy Services," a DEA registrant licensed to ship controlled substances, negligently failed to make or

keep any record, report, notification, declaration, order or order form, statement, invoice, or other information required pursuant to 21 U.S.C. § 827(a)(3), when "Diamond Pharmacy Services" sent two (2) shipments of controlled substances on the above dates – as detailed in the Table attached to this Complaint and marked as Exhibit B – to a DEA Registrant, John H. Alden, a "Mid-Level Practitioner (MLP)" in the State of New York, who was not authorized by New York to order and receive said controlled substances, conduct which caused "Diamond Pharmacy Services" to fail to have at all times complete, current, and accurate records of orders of Schedule III controlled substances received and shipped during the above-noted time frame, in violation of 21 U.S.C. § 842(a)(5). Each such shipment was a violation of 21 U.S.C. § 842(a)(5), and is subject to a civil penalty of up to $10,000.00 for each violation pursuant to 21 U.S.C. § 842(c)(1)(B)(i).

COUNT XII

67. The United States realleges and readopts the allegations set forth in paragraphs 1 through 66 as if fully rewritten herein.

68. Based on the above, on August 26, 2015, "Diamond Pharmacy Services," a DEA registrant licensed to ship controlled substances, negligently failed to make or keep any record, report, notification, declaration, order or order form, statement, invoice, or other information required pursuant to 21 U.S.C. § 827(a)(3), when its personnel shipped Schedule III Codeine to Correctional Health Services, Maricopa County, Arizona; that is, it failed to have at all times complete, current, and accurate records of that shipment of Codeine, a Schedule III controlled substance not approved by the FDA for use in a detoxification and maintenance facility, in violation of 21 U.S.C. § 842(a)(5). Each shipment was a violation of 21 U.S.C. § 842(a)(5), and is subject to a civil penalty of up to $10,000.00 for each violation pursuant to 21 U.S.C. § 842(c)(1)(B)(i).

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PRAYER FOR RELIEF

WHEREFORE, the United States of America respectfully requests this Court to:

1. Enter judgment for the United States on Counts I-XII of the Complaint;

2. Impose a civil penalty on Defendant "Diamond Drugs, Inc., d/b/a Diamond Pharmacy Services," of up to Ten Thousand Dollars ($10,000.00) for each shipment before November 2, 2015, which was a violation of 21 U.S.C. § 842(a)(5), and impose a civil penalty of up to Fifteen Thousand Forty Dollars ($15,040.00) for each shipment after November 2, 2015, which was a violation of 21 U.S.C. § 842(a)(5), pursuant to 21 U.S.C. § 842(c)(1)(B)(i), as modified by Section 701 of the Bipartisan Budget Act of 2015, Public Law 114–74 (Nov. 2, 2015) ("BBA"), 28 U.S.C. § 2461 note, published in the Federal Register, Vol. 83, No. 19, Jan. 29, 2018, "Rules and Regulations," pp. 3944-48, and in Vol. 84, No. 66, Apr. 5, 2019, "Rules and Regulations," pp. 13520-25, the total amount of violations to be determined at trial;

3. Award the United States its costs in this action; and

4. Grant such other and further relief to the United States that this Court would deem appropriate.

Dated: May 27, 2020

Respectfully submitted,

SCOTT W. BRADY
United States Attorney

By: /s/ Paul E. Skirtich

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EXHIBIT A

"EXHIBIT A"

	Institution Shipped To	DEA Registrant	Date	Drug Sch	Drug	Qty	Packing Slip #
1	ONONDAGA COUNTY JUSTICE CENTER (NY OC)	DORSEY, LISA	5/22/2014	Sch IV	CDP 25 MG CAPSULE	30	2014052201DCNYOC
	ONONDAGA COUNTY JUSTICE CENTER (NY OC)	DORSEY, LISA	5/22/2014	Sch IV	CDP 25 MG CAPSULE	30	2014052201DCNYOC
	ONONDAGA COUNTY JUSTICE CENTER (NY OC)	DORSEY, LISA	5/22/2014	Sch IV	CDP 25 MG CAPSULE	30	2014052201DCNYOC
	ONONDAGA COUNTY JUSTICE CENTER (NY OC)	DORSEY, LISA	5/22/2014	Sch IV	CDP 25 MG CAPSULE	30	2014052201DCNYOC
2	ONONDAGA COUNTY JUSTICE CENTER (NY OC)	DORSEY, LISA	5/29/2014	Sch IV	CDP 25 MG CAPSULE	120	2014052901DCNYOC
3	ONONDAGA COUNTY JUSTICE CENTER (NY OC)	DORSEY, LISA	6/12/2014	Sch IV	LORAZEPAM .5 MG TAB (30)	60	2014061201DCNYOC
	ONONDAGA COUNTY JUSTICE CENTER (NY OC)	DORSEY, LISA	6/12/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	30	2014061201DCNYOC
4	ONONDAGA COUNTY JUSTICE CENTER (NY OC)	DORSEY, LISA	6/18/2014	Sch IV	CDP 25 MG CAPSULE	120	2014061801DCNYOC
5	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	6/25/2013	Sch III	ACET/CODEINE 30 MG TABLET	300	2013062501DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	6/25/2013	Sch III*	HYDRO/APAP 10/325 MG TAB-30	1,050	2013062501DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	6/25/2013	Sch IV	DIAZAPAM 10 MG TAB (30)	300	2013062501DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	6/25/2013	Sch IV	LORAZEPAM .5 MG TAB (30)	210	2013062501DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	6/25/2013	Sch IV	LORAZEPAM 1 MG TAB (30)	210	2013062501DCCASM
6	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	7/1/2013	Sch III	ACET/CODEINE 30 MG TABLET	150	2013070101DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	7/1/2013	Sch III*	HYDRO/APAP 10/325 MG TAB-30	750	2013070101DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	7/1/2013	Sch IV	DIAZAPAM 10 MG TAB (30)	450	2013070101DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	7/1/2013	Sch IV	PHENOBARBITAL 32.4 MG TAB	60	2013070101DCCASM
7	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	7/8/2013	Sch III	ACET/CODEINE 30 MG TABLET	30	2013070801DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	7/8/2013	Sch III*	HYDRO/APAP 10/325 MG TAB-30	750	2013070801DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	7/8/2013	Sch III*	HYDRO/APAP 5/500 MG TAB-30	90	2013070801DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	7/8/2013	Sch IV	DIAZAPAM 10 MG TAB (30)	300	2013070801DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	7/8/2013	Sch IV	LORAZEPAM .5 MG TAB (30)	300	2013070801DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	7/8/2013	Sch IV	LORAZEPAM 1 MG TAB (30)	150	2013070801DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	7/8/2013	Sch IV	PHENOBARBITAL 32.4 MG TAB	60	2013070801DCCASM
8	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	7/15/2013	Sch III	ACET/CODEINE 30 MG TABLET	150	2013071501DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	7/15/2013	Sch III*	HYDRO/APAP 10/325 MG TAB-30	750	2013071501DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	7/15/2013	Sch IV	DIAZAPAM 10 MG TAB (30)	450	2013071501DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	7/15/2013	Sch IV	LORAZEPAM .5 MG TAB (30)	150	2013071501DCCASM
9	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	7/22/2013	Sch III	ACET/CODEINE 30 MG TABLET	150	2013072201DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	7/22/2013	Sch III*	HYDRO/APAP 10/325 MG TAB-30	60	2013072201DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	7/22/2013	Sch IV	DIAZAPAM 10 MG TAB (30)	300	2013072201DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	7/22/2013	Sch IV	LORAZEPAM .5 MG TAB (30)	90	2013072201DCCASM
10	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	7/30/2013	Sch III*	HYDRO/APAP 10/325 MG TAB-30	600	2013073001DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	7/30/2013	Sch IV	DIAZAPAM 10 MG TAB (30)	300	2013073001DCCASM
11	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	8/1/2013	Sch III*	HYDRO/APAP 10/325 MG TAB-30	600	2013080101DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	8/1/2013	Sch IV	DIAZAPAM 10 MG TAB (30)	300	2013080101DCCASM
12	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	8/5/2013	Sch III	ACET/CODEINE 30 MG TABLET	150	2013080501DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	8/5/2013	Sch III*	HYDRO/APAP 10/325 MG TAB-30	600	2013080501DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	8/5/2013	Sch III*	HYDRO/APAP 5/500 MG TAB-30	300	2013080501DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	8/5/2013	Sch IV	CLONAZEPAM .5 MG TABLET 30	60	2013080501DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	8/5/2013	Sch IV	CLONAZEPAM 2 MG TABLET 30	30	2013080501DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	8/5/2013	Sch IV	DIAZAPAM 10 MG TAB (30)	300	2013080501DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	8/5/2013	Sch IV	LORAZEPAM .5 MG TAB (30)	300	2013080501DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	8/5/2013	Sch IV	LORAZEPAM 1 MG TAB (30)	300	2013080501DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	8/5/2013	Sch IV	LORAZEPAM 2 MG TAB (30)	60	2013080501DCCASM
13	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	8/13/2013	Sch III	ACET/CODEINE 30 MG TABLET	90	2013081301DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	8/13/2013	Sch III*	HYDRO/APAP 10/325 MG TAB-30	900	2013081301DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	8/13/2013	Sch III*	HYDRO/APAP 5/500 MG TAB-30	150	2013081301DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	8/13/2013	Sch IV	DIAZAPAM 10 MG TAB (30)	600	2013081301DCCASM

Sch III* = Effective October 6, 2014, Hydrocodone combination product was rescheduled into Schedule II per DEA Final Rule

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	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	8/13/2013	Sch IV	LORAZEPAM .5 MG TAB (30)	150	2013081301DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	8/13/2013	Sch IV	LORAZEPAM 1 MG TAB (30)	150	2013081301DCCASM
14	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	8/23/2013	Sch III*	HYDRO/APAP 10/325 MG TAB-30	600	2013082301DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	8/23/2013	Sch IV	DIAZAPAM 10 MG TAB (30)	300	2013082301DCCASM
15	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	8/27/2013	Sch III	ACET/CODEINE 30 MG TABLET	90	2013082701DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	8/27/2013	Sch III*	HYDRO/APAP 5/325 MG TAB-30	900	2013082701DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	8/27/2013	Sch IV	DIAZAPAM 10 MG TAB (30)	750	2013082701DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	8/27/2013	Sch IV	DIAZAPAM 5 MG TAB (30)	150	2013082701DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	8/27/2013	Sch IV	LORAZEPAM .5 MG TAB (30)	240	2013082701DCCASM
16	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	9/4/2013	Sch III*	HYDRO/APAP 5/500 MG TAB-30	150	2013090401DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	9/4/2013	Sch IV	LORAZEPAM 1 MG TAB (30)	120	2013090401DCCASM
17	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	9/9/2013	Sch III*	HYDRO/APAP 5/325 MG TAB-30	600	2013090901DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	9/9/2013	Sch III*	HYDRO/APAP 5/500 MG TAB-30	90	2013090901DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	9/9/2013	Sch IV	DIAZAPAM 10 MG TAB (30)	750	2013090901DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	9/9/2013	Sch IV	LORAZEPAM .5 MG TAB (30)	150	2013090901DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	9/9/2013	Sch IV	LORAZEPAM 1 MG TAB (30)	120	2013090901DCCASM
18	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	9/23/2013	Sch III	ACET/CODEINE 30 MG TABLET	150	2013092301DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	9/23/2013	Sch IV	DIAZAPAM 10 MG TAB (30)	750	2013092301DCCASM
19	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	10/3/2013	Sch III*	HYDRO/APAP 5/500 MG TAB-30	150	2013100301DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	10/3/2013	Sch IV	DIAZAPAM 10 MG TAB (30)	450	2013100301DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	10/3/2013	Sch IV	LORAZEPAM .5 MG TAB (30)	150	2013100301DCCASM
20	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	10/10/2013	Sch III	ACET/CODEINE 30 MG TABLET	150	2013101001DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	10/10/2013	Sch III*	HYDRO/APAP 5/325 MG TAB-30	150	2013101001DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	10/10/2013	Sch III*	HYDRO/APAP 5/500 MG TAB-30	150	2013101001DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	10/10/2013	Sch IIIN	DEPO-TEST 200 MG/ML SDV	2	2013101001DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	10/10/2013	Sch IV	DIAZAPAM 10 MG TAB (30)	450	2013101001DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	10/10/2013	Sch IV	LORAZEPAM .5 MG TAB (30)	150	2013101001DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	10/10/2013	Sch IV	LORAZEPAM 1 MG TAB (30)	240	2013101001DCCASM
21	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	10/11/2013	Sch IIIN	DEPO-TEST 200 MG/ML SDV	2	2013101101DCCASM
22	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	10/23/2013	Sch III	ACET/CODEINE 30 MG TABLET	150	2013102301DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	10/23/2013	Sch IV	DIAZAPAM 10 MG TAB (30)	600	2013102301DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	10/23/2013	Sch IV	LORAZEPAM .5 MG TAB (30)	150	2013102301DCCASM
23	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	10/30/2013	Sch III	ACET/CODEINE 30 MG TABLET	150	2013103001DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	10/30/2013	Sch IV	DIAZAPAM 10 MG TAB (30)	300	2013103001DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	10/30/2013	Sch IV	LORAZEPAM .5 MG TAB (30)	150	2013103001DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	10/30/2013	Sch IV	LORAZEPAM 1 MG TAB (30)	300	2013103001DCCASM
24	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	11/12/2013	Sch III	ACET/CODEINE 30 MG TABLET	150	2013111201DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	11/12/2013	Sch III*	HYDRO/APAP 5/500 MG TAB-30	150	2013111201DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	11/12/2013	Sch IV	DIAZAPAM 10 MG TAB (30)	300	2013111201DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	11/12/2013	Sch IV	LORAZEPAM .5 MG TAB (30)	90	2013111201DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	11/12/2013	Sch IV	LORAZEPAM 1 MG TAB (30)	90	2013111201DCCASM
25	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	11/19/2013	Sch III*	HYDRO/APAP 5/325 MG TAB-30	150	2013111901DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	11/19/2013	Sch IV	DIAZAPAM 10 MG TAB (30)	600	2013111901DCCASM
26	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	11/26/2013	Sch III	ACET/CODEINE 30 MG TABLET	300	2013112601DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	11/26/2013	Sch III*	HYDRO/APAP 5/500 MG TAB-30	150	2013112601DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	11/26/2013	Sch IV	DIAZAPAM 10 MG TAB (30)	300	2013112601DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	11/26/2013	Sch IV	LORAZEPAM 1 MG TAB (30)	180	2013112601DCCASM
27	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	12/2/2013	Sch III	ACET/CODEINE 30 MG TABLET	300	2013120201DCCASM

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	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	12/2/2013	Sch III*	HYDRO/APAP 5/325 MG TAB-30	300	2013120201DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	12/2/2013	Sch III*	HYDRO/APAP 5/500 MG TAB-30	150	2013120201DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	12/2/2013	Sch IV	DIAZAPAM 10 MG TAB (30)	300	2013120201DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	12/2/2013	Sch IV	LORAZEPAM .5 MG TAB (30)	150	2013120201DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	12/2/2013	Sch IV	LORAZEPAM 2 MG TAB (30)	60	2013120201DCCASM
28	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	12/9/2013	Sch III	ACET/CODEINE 30 MG TABLET	150	2013120901DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	12/9/2013	Sch IV	DIAZAPAM 10 MG TAB (30)	300	2013120901DCCASM
29	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	12/17/2013	Sch IV	DIAZAPAM 10 MG TAB (30)	300	2013121701DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	12/17/2013	Sch IV	LORAZEPAM 1 MG TAB (30)	150	2013121701DCCASM
30	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	12/18/2013	Sch IV	CDP 25 MG CAPSULE	30	2013121801DCCASM
31	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	12/26/2013	Sch IV	DIAZAPAM 10 MG TAB (30)	300	2013122601DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	12/26/2013	Sch V	DIPHENOX/ATROP 2.5 MG TAB	60	2013122601DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	12/26/2013	Sch IV	LORAZEPAM 2 MG TAB (30)	60	2013122601DCCASM
32	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	1/6/2014	Sch IV	CDP 25 MG CAPSULE	90	2014010601DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	1/6/2014	Sch IV	DIAZAPAM 10 MG TAB (30)	300	2014010601DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	1/6/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	150	2014010601DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	1/6/2014	Sch IV	LORAZEPAM 2 MG TAB (30)	30	2014010601DCCASM
33	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	1/14/2014	Sch IV	DIAZAPAM 10 MG TAB (30)	900	2014011401DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	1/14/2014	Sch IV	DIAZAPAM 5 MG TAB (30)	300	2014011401DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	1/14/2014	Sch IV	LORAZEPAM .5 MG TAB (30)	150	2014011401DCCASM
34	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	1/21/2014	Sch III	ACET/CODEINE 30 MG TABLET	150	2014012101DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	1/21/2014	Sch IV	DIAZAPAM 10 MG TAB (30)	600	2014012101DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	1/21/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	120	2014012101DCCASM
35	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	2/3/2014	Sch III	ACET/CODEINE 30 MG TABLET	150	2014020301DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	2/3/2014	Sch IV	CDP 25 MG CAPSULE	60	2014020301DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	2/3/2014	Sch IV	CLONAZEPAM 1 MG TABLET 30	60	2014020301DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	2/3/2014	Sch IV	DIAZAPAM 10 MG TAB (30)	300	2014020301DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	2/3/2014	Sch IV	LORAZEPAM .5 MG TAB (30)	150	2014020301DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	2/3/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	150	2014020301DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	2/3/2014	Sch IV	LORAZEPAM 2 MG TAB (30)	60	2014020301DCCASM
36	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	2/11/2014	Sch III	ACET/CODEINE 30 MG TABLET	150	2014021101DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	2/11/2014	Sch IV	DIAZAPAM 10 MG TAB (30)	600	2014021101DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	2/11/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	120	2014021101DCCASM
37	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	2/25/2014	Sch III*	HYDRO/APAP 10/325 MG TAB-30	300	2014022501DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	2/25/2014	Sch IV	DIAZAPAM 10 MG TAB (30)	300	2014022501DCCASM
38	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	3/4/2014	Sch IV	DIAZAPAM 10 MG TAB (30)	450	2014030401DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	3/4/2014	Sch IV	LORAZEPAM 2 MG TAB (30)	90	2014030401DCCASM
39	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	3/12/2014	Sch III	ACET/CODEINE 30 MG TABLET	120	2014031201DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	3/12/2014	Sch IV	DIAZAPAM 10 MG TAB (30)	300	2014031201DCCASM
40	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	3/20/2014	Sch IV	DIAZAPAM 10 MG TAB (30)	300	2014032001DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	3/20/2014	Sch IV	LORAZEPAM .5 MG TAB (30)	150	2014032001DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	3/20/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	150	2014032001DCCASM
41	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	3/26/2014	Sch III	ACET/CODEINE 30 MG TABLET	150	2014032601DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	3/26/2014	Sch IV	DIAZAPAM 10 MG TAB (30)	300	2014032601DCCASM
42	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	4/1/2014	Sch IV	DIAZAPAM 10 MG TAB (30)	450	2014040101DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	4/1/2014	Sch IV	LORAZEPAM .5 MG TAB (30)	150	2014040101DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	4/1/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	150	2014040101DCCASM

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43	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	4/7/2014	Sch III	ACET/CODEINE 30 MG TABLET	150	2014040701DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	4/7/2014	Sch IV	DIAZAPAM 10 MG TAB (30)	450	2014040701DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	4/7/2014	Sch IV	PHENOBARB 64.8 MG TAB-30	60	2014040701DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	4/7/2014	Sch IV	PHENOBARBITAL 32.4 MG TAB	60	2014040701DCCASM
44	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	4/14/2014	Sch IV	DIAZAPAM 10 MG TAB (30)	450	2014041401DCCASM
45	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	4/22/2014	Sch III	ACET/CODEINE 30 MG TABLET	150	2014042201DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	4/22/2014	Sch IV	DIAZEPAM 10 MG TAB (30)	300	2014042201DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	4/22/2014	Sch IV	LORAZEPAM .5 MG TAB (30)	300	2014042201DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	4/22/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	300	2014042201DCCASM
46	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	4/29/2014	Sch IV	DIAZAPAM 10 MG TAB (30)	300	2014042901DCCASM
47	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	5/1/2014	Sch III	ACET/CODEINE 30 MG TABLET	300	2014050101DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	5/1/2014	Sch IV	CDP 25 MG CAPSULE	60	2014050101DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	5/1/2014	Sch IV	DIAZAPAM 10 MG TAB (30)	300	2014050101DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	5/1/2014	Sch IV	LORAZEPAM .5 MG TAB (30)	180	2014050101DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	5/1/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	180	2014050101DCCASM
48	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	5/9/2014	Sch IV	DIAZAPAM 10 MG TAB (30)	600	2014050901DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	5/9/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	300	2014050901DCCASM
49	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	5/20/2014	Sch IV	DIAZAPAM 10 MG TAB (30)	600	2014052001DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	5/20/2014	Sch IV	LORAZEPAM 2 MG TAB (30)	60	2014052001DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	5/20/2014	Sch IV	LORAZEPAM 2 MG/ML CARPUJEC	10	2014052001DCCASM
50	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	6/3/2014	Sch III	ACET/CODEINE 30 MG TABLET	150	2014060301DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	6/3/2014	Sch III*	HYDRO/APAP 10/325 MG TAB-30	300	2014060301DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	6/3/2014	Sch IV	DIAZAPAM 10 MG TAB (30)	600	2014060301DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	6/3/2014	Sch IV	PHENOBARBITAL 32.4 MG TAB	60	2014060301DCCASM
51	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	6/10/2014	Sch IV	DIAZEPAM 10 MG TAB (30)	900	2014061001DCCASM
52	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	6/17/2014	Sch III	ACET/CODEINE 30 MG TABLET	150	2014061701DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	6/17/2014	Sch IV	CLONAZEPAM .5 MG TAB (30)	60	2014061701DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	6/17/2014	Sch IV	CLONAZEPAM 1 MG TABLET 30	60	2014061701DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	6/17/2014	Sch IV	DIAZAPAM 10 MG TAB (30)	300	2014061701DCCASM
	SONOMA COUNTY ADULT DETN CTR (CASM)	FITHIAN, WILLIAM TAYLOR (MD)	6/17/2014	Sch IV	LORAZEPAM 2 MG TAB (30)	90	2014061701DCCASM
53	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	4/14/2014	Sch IV	CDP 25 MG CAPSULE	30	2014041401DCFLM
	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	4/14/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	90	2014041401DCFLM
	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	4/14/2014	Sch IV	LORAZEPAM 2 MG TAB (30)	30	2014041401DCFLM
54	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	4/15/2014	Sch IV	CLONAZEPAM 1 MG TABLET 30	30	2014041501DCFLM
55	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	4/17/2014	Sch IV	CLONAZEPAM 1 MG TABLET 30	30	2014041701DCFLM
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	4/17/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	30	2014041701DCFLM
56	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	4/22/2014	Sch IV	CDP 25 MG CAPSULE	120	2014042201DCFLM
	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	4/22/2014	Sch IV	CDP 25 MG CAPSULE	120	2014042201DCFLM
57	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	4/22/2014	Sch III	ACET/CODEINE 30 MG TABLET	30	2014042201DCFLM
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	4/22/2014	Sch IV	CLONAZEPAM 1 MG TABLET 30	30	2014042201DCFLM
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	4/22/2014	Sch IV	LORAZEPAM .5 MG TAB (30)	30	2014042201DCFLM
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	4/22/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	60	2014042201DCFLM
58	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	4/26/2014	Sch IV	LORAZEPAM .5 MG TAB (30)	60	2014042601DCFLM
	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	4/26/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	60	2014042601DCFLM
59	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	4/28/2014	Sch III	ACET/CODEINE 30 MG TABLET	30	2014042801DCFLM

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60	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	4/29/2014	Sch IV	CDP 25 MG CAPSULE	90	2014042901DCFLMG
	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	4/29/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	90	2014042901DCFLMG
61	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	4/29/2014	Sch IV	CLONAZEPAM 1 MG TABLET 30	30	2014042901DCFLMP
62	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	4/30/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	60	2014043001DCFLMG
	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	4/30/2014	Sch IV	LORAZEPAM 2 MG/ML INJ	25	2014043001DCFLMG
63	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	4/30/2014	Sch IV	CLONAZEPAM 1 MG TABLET 30	30	2014043001DCFLMP
64	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	5/1/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	60	2014050101DCFLMG
65	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/1/2014	Sch IV	CLONAZEPAM .5 MG TABLET 30	30	2014050101DCFLMP
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/1/2014	Sch IV	LORAZEPAM .5 MG TAB (30)	30	2014050101DCFLMP
66	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	5/3/2014	Sch IV	CDP 25 MG CAPSULE	150	2014050301DCFLMG
67	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	5/5/2014	Sch III	ACET/CODEINE 30 MG TABLET	90	2014050501DCFLMG
	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	5/5/2014	Sch IV	CDP 25 MG CAPSULE	240	2014050501DCFLMG
	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	5/5/2014	Sch IV	LORAZEPAM 2 MG TAB (30)	210	2014050501DCFLMG
	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	5/5/2014	Sch IV	LORAZEPAM 2 MG/ML INJ CARPUJEC	10	2014050501DCFLMG
68	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/5/2014	Sch IV	CLONAZEPAM 1 MG TABLET 30	90	2014050501DCFLMP
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/5/2014	Sch IV	LORAZEPAM .5 MG TAB (30)	60	2014050501DCFLMP
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/5/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	30	2014050501DCFLMP
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/5/2014	Sch IV	LORAZEPAM 2 MG TAB (30)	30	2014050501DCFLMP
69	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	5/6/2014	Sch IV	CDP 25 MG CAPSULE	60	2014050601DCFLMG
	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	5/6/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	30	2014050601DCFLMG
70	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/6/2014	Sch IV	CLONAZEPAM 1 MG TABLET 30	30	2014050601DCFLMP
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/6/2014	Sch IV	LORAZEPAM .5 MG TAB (30)	30	2014050601DCFLMP
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/6/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	30	2014050601DCFLMP
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/6/2014	Sch IV	LORAZEPAM 2 MG/ML INJ	25	2014050601DCFLMP
71	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	5/13/2014	Sch IV	CDP 25 MG CAPSULE	150	2014051301DCFLMG
	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	5/13/2014	Sch IV	LORAZEPAM 2 MG TAB (30)	90	2014051301DCFLMG
72	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/13/2014	Sch IV	CDP 25 MG CAPSULE	30	2014051301DCFLMP
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/13/2014	Sch IV	CLONAZEPAM 1 MG TABLET 30	30	2014051301DCFLMP
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/13/2014	Sch IV	CLONAZEPAM 2 MG TAB (30)	30	2014051301DCFLMP
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/13/2014	Sch IV	LORAZEPAM .5 MG TAB (30)	60	2014051301DCFLMP
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/13/2014	Sch IV	LORAZEPAM .5 MG TAB (30)	30	2014051301DCFLMP
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/13/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	120	2014051301DCFLMP
73	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	5/14/2014	Sch IV	CDP 25 MG CAPSULE	60	2014051401DCFLMG
74	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	5/15/2014	Sch IV	CDP 25 MG CAPSULE	120	2014051501DCFLMG
	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	5/15/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	120	2014051501DCFLMG
75	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/15/2014	Sch IV	CDP 25 MG CAPSULE	30	2014051501DCFLMP
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/15/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	30	2014051501DCFLMP
76	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	5/19/2014	Sch III	ACET/CODEINE 30 MG TABLET	30	2014051901DCFLMG
77	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/19/2014	Sch IV	CLONAZEPAM 1 MG TABLET 30	30	2014051901DCFLMP
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/19/2014	Sch IV	CLONAZEPAM 2 MG TAB (30)	30	2014051901DCFLMP
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/19/2014	Sch IV	LORAZEPAM .5 MG TAB (30)	30	2014051901DCFLMP
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/19/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	30	2014051901DCFLMP
78	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/20/2014	Sch IV	CLONAZEPAM 1 MG TABLET 30	30	2014052001DCFLMP

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79	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/20/2014	Sch IV	CLONAZEPAM 1 MG TABLET 30	60	2014052002DCFLMP
80	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	5/21/2014	Sch IV	CDP 25 MG CAPSULE	120	2014052101DCFLMG
	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	5/21/2014	Sch IV	CLONAZEPAM 1 MG TABLET 30	30	2014052101DCFLMG
	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	5/21/2014	Sch IV	CLONAZEPAM 2 MG TABLET 30	30	2014052101DCFLMG
	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	5/21/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	90	2014052101DCFLMG
81	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	5/22/2014	Sch IV	CDP 25 MG CAPSULE	120	2014052201DCFLMG
	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	5/22/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	60	2014052201DCFLMG
	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	5/22/2014	Sch IV	LORAZEPAM 2 MG TAB (30)	90	2014052201DCFLMG
82	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	5/27/2014	Sch IV	CDP 25 MG CAPSULE	90	2014052701DCFLMG
	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	5/27/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	90	2014052701DCFLMG
83	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/27/2014	Sch IV	CDP 25 MG CAPSULE	30	2014052701DCFLMP
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/27/2014	Sch IV	CDP 25 MG CAPSULE	30	2014052701DCFLMP
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/27/2014	Sch IV	CLONAZEPAM .5 MG TABLET 30	60	2014052701DCFLMP
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/27/2014	Sch IV	CLONAZEPAM 1 MG TABLET 30	150	2014052701DCFLMP
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/27/2014	Sch IV	CLONAZEPAM 1 MG TABLET 30	30	2014052701DCFLMP
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/27/2014	Sch IV	CLONAZEPAM 2 MG TAB (30)	60	2014052701DCFLMP
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/27/2014	Sch IV	LORAZEPAM .5 MG TAB (30)	60	2014052701DCFLMP
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/27/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	120	2014052701DCFLMP
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/27/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	30	2014052701DCFLMP
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/27/2014	Sch IV	LORAZEPAM 2 MG TAB (30)	60	2014052701DCFLMP
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	5/27/2014	Sch IV	LORAZEPAM 2 MG TAB (30)	30	2014052701DCFLMP
84	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	5/28/2014	Sch III	ACET/CODEINE 30 MG TABLET	60	2014052801DCFLMG
	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	5/28/2014	Sch IV	LORAZEPAM 2 MG TAB (30)	60	2014052801DCFLMG
85	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	6/2/2014	Sch IV	LORAZEPAM .5 MG TAB (30)	30	2014060201DCFLMP
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	6/2/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	30	2014060201DCFLMP
86	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	6/3/2014	Sch IV	CDP 25 MG CAPSULE	120	2014060301DCFLMG
	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	6/3/2014	Sch IV	LORAZEPAM .5 MG TAB (30)	60	2014060301DCFLMG
	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	6/3/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	120	2014060301DCFLMG
	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	6/3/2014	Sch IV	LORAZEPAM 2 MG TAB (30)	150	2014060301DCFLMG
87	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	6/4/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	60	2014060401DCFLMG
88	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	6/5/2014	Sch IV	CLONAZEPAM 1 MG TABLET 30	30	2014060501DCFLMP
89	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	6/9/2014	Sch IV	CDP 25 MG CAPSULE	120	2014060901DCFLMG
90	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	6/10/2014	Sch IV	CDP 25 MG CAPSULE	120	2014061001DCFLMG
91	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	6/11/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	60	2014061101DCFLMG
	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	6/11/2014	Sch V	LYRICA 50 MG CAPSULE	30	2014061101DCFLMG
92	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	6/11/2014	Sch IV	LORAZEPAM .5 MG TAB (30)	30	2014061101DCFLMP
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	6/11/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	30	2014061101DCFLMP
93	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	6/12/2014	Sch IV	CLONAZEPAM 1 MG TABLET 30	30	2014061201DCFLMP
	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	6/12/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	60	2014061201DCFLMP
94	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	6/16/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	90	2014061601DCFLMG
	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	6/16/2014	Sch IV	LORAZEPAM 2 MG TAB (30)	90	2014061601DCFLMG
95	MIAMI WADE-TURNER GULIFORD KCC (FLMG)	JACKSON MEMORIAL MEDICAL CTR	6/19/2014	Sch IV	LORAZEPAM 2 MG TAB (30)	30	2014061901DCFLMG
96	MIAMI WADE-PRE-TRIAL DETN CTR (FLMP)	JACKSON MEMORIAL MEDICAL CTR	6/19/2014	Sch IV	CLONAZEPAM 2 MG TABLET 30	30	2014061901DCFLMP

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97	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	1/28/2014	Sch IV	LORAZEPAM 1 MG TAB (30)	60	2014012801DCNMSF
98	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	1/29/2014	Sch IV	CDP 25 MG CAPSULE	150	2014012901DCNMSF
99	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	2/4/2014	Sch IV	CLONAZEPAM .5 MG TABLET 30	150	2014020401DCNMSF
	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	2/4/2014	Sch IV	CLONAZEPAM 1 MG TABLET 30	150	2014020401DCNMSF
100	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	2/11/2014	Sch III	BUPRENORPHINE 8 MG SL TAB	90	2014021101DCNMSF
	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	2/11/2014	Sch IV	CDP 25 MG CAPSULE	300	2014021101DCNMSF
	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	2/11/2014	Sch IV	CLONAZEPAM .5 MG TABLET 30	90	2014021101DCNMSF
	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	2/11/2014	Sch IV	CLONAZEPAM 1 MG TABLET 30	90	2014021101DCNMSF
101	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	2/24/2014	Sch IV	CDP 25 MG CAPSULE	300	2014022401DCNMSF
	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	2/24/2014	Sch IV	CLONAZEPAM .5 MG TABLET 30	300	2014022401DCNMSF
	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	2/24/2014	Sch IV	CLONAZEPAM 1 MG TABLET 30	150	2014022401DCNMSF
102	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	2/27/2014	Sch IV	OXAZEPAM 10 MG CAPSULE	30	2014022701DCNMSF
103	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	4/3/2014	Sch IV	CDP 25 MG CAPSULE	150	2014040301DCNMSF
104	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	4/16/2014	Sch IV	CLONAZEPAM .5 MG TABLET 30	90	2014041601DCNMSF
	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	4/16/2014	Sch IV	CLONAZEPAM 2 MG TABLET 30	60	2014041601DCNMSF
105	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	4/25/2014	Sch IV	CDP 25 MG CAPSULE	300	2014042501DCNMSF
	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	4/25/2014	Sch IV	CLONAZEPAM .5 MG TABLET 30	60	2014042501DCNMSF
	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	4/25/2014	Sch IV	CLONAZEPAM 1 MG TABLET 30	30	2014042501DCNMSF
106	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	5/2/2014	Sch IV	CLONAZEPAM .5 MG TABLET 30	150	2014050201DCNMSF
107	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	5/13/2014	Sch IV	CDP 25 MG CAPSULE	90	2014051301DCNMSF
	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	5/13/2014	Sch IV	CLONAZEPAM .5 MG TABLET 30	180	2014051301DCNMSF
	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	5/13/2014	Sch IV	CLONAZEPAM 1 MG TABLET 30	120	2014051301DCNMSF
	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	5/13/2014	Sch IV	CLONAZEPAM 2 MG TABLET 30	90	2014051301DCNMSF
108	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	5/29/2014	Sch III	BUPRENORPHINE 2 MG SL TAB	60	2014052901DCNMSF
	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	5/29/2014	Sch IV	ALPRAZOLAM .5 MG TAB (30)	30	2014052901DCNMSF
	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	5/29/2014	Sch IV	CDP 25 MG CAPSULE	150	2014052901DCNMSF
	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	5/29/2014	Sch IV	CLONAZEPAM 1 MG TABLET 30	90	2014052901DCNMSF
	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	5/29/2014	Sch IV	CLONAZEPAM 2 MG TABLET 30	60	2014052901DCNMSF
109	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	6/6/2014	Sch IV	CDP 25 MG CAPSULE	90	2014060601DCNMSF
	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	6/6/2014	Sch IV	CLONAZEPAM .5 MG TABLET 30	60	2014060601DCNMSF
	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	6/6/2014	Sch IV	CLONAZEPAM 1 MG TABLET 30	90	2014060601DCNMSF
	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	6/6/2014	Sch IV	CLONAZEPAM 2 MG TABLET 30	60	2014060601DCNMSF
110	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	6/10/2014	Sch IV	CLONAZEPAM .5 MG TABLET 30	150	2014061001DCNMSF
	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	6/10/2014	Sch IV	CLONAZEPAM 1 MG TABLET 30	150	2014061001DCNMSF
111	SANTA FE CO ADULT DET FACILITY (NMSF)	SANTA FE COUNTY	6/17/2014	Sch V	LYRICA 50 MG CAPSULE	60	2014061701DCNMSF
112	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	7/17/2013	Sch IV	CLONAZEPAM 1 MG TABLET 30	30	2013071701DCOJ
113	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	7/30/2013	Sch IV	CLONAZEPAM .5 MG TAB (30)	30	2013073001DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	7/30/2013	Sch IV	CLONAZEPAM 2 MG TABLET 30	30	2013073001DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	7/30/2013	Sch IV	DIAZEPAM 10 MG TAB (30)	60	2013073001DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	7/30/2013	Sch IV	LORAZEPAM 2 MG TAB (30)	30	2013073001DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	7/30/2013	Sch IV	PHENOBARB 64.8 MG TAB-30	30	2013073001DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	7/30/2013	Sch IV	PHENOBARB 64.8 MG TAB-30	60	2013073001DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	7/30/2013	Sch IV	PHENOBARB 97.2 MG TAB-30	60	2013073001DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	7/30/2013	Sch IV	PHENOBARBITAL 32.4 MG TAB	60	2013073001DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	7/30/2013	Sch IV	PHENOBARBITAL 32.4 MG TAB	60	2013073001DCOJ

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114	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	8/8/2013	Sch IV	CLONAZEPAM .5 MG TAB (30)	60	2013080801DCOJ
115	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	8/13/2013	Sch IV	CLONAZEPAM .5 MG TAB (30)	30	2013081301DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	8/13/2013	Sch IV	PHENOBARB 64.8 MG TAB-30	60	2013081301DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	8/13/2013	Sch IV	PHENOBARB 97.2 MG TAB-30	30	2013081301DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	8/13/2013	Sch IV	PHENOBARBITAL 32.4 MG TAB	30	2013081301DCOJ
116	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	8/29/2013	Sch IV	PHENOBARB 64.8 MG TAB-30	90	2013082901DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	8/29/2013	Sch IV	PHENOBARB 97.2 MG TAB-30	90	2013082901DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	8/29/2013	Sch IV	PHENOBARBITAL 32.4 MG TAB	90	2013082901DCOJ
117	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	9/16/2013	Sch IV	PHENOBARB 64.8 MG TAB-30	30	2013090101DCOJ
118	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	9/18/2013	Sch IV	CLONAZEPAM 2 MG TABLET 30	30	2013091801DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	9/18/2013	Sch IV	LORAZEPAM 1 MG TAB (30)	60	2013091801DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	9/18/2013	Sch IV	PHENOBARB 64.8 MG TAB-30	30	2013091801DCOJ
119	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	9/20/2013	Sch IV	PHENOBARB 64.8 MG TAB-30	90	2013092001DCOJ
120	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	9/27/2013	Sch IV	PHENOBARB 97.2 MG TAB-30	60	2013092701DCOJ
121	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	10/1/2013	Sch IV	PHENOBARB 97.2 MG TAB-30	60	2013100101DCOJ
122	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	10/7/2013	Sch IV	CLONAZEPAM .5 MG TAB (30)	60	2013100701DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	10/7/2013	Sch IV	CLONAZEPAM 2 MG TABLET 30	30	2013100701DCOJ
123	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	10/15/2013	Sch IV	PHENOBARBITAL 32.4 MG TAB	90	2013101501DCOJ
124	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	11/2/2013	Sch IV	PHENOBARB 64.8 MG TAB-30	90	2013110201DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	11/2/2013	Sch IV	PHENOBARB 97.2 MG TAB-30	30	2013110201DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	11/2/2013	Sch IV	PHENOBARBITAL 32.4 MG TAB	30	2013110201DCOJ
125	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	11/14/2013	Sch IV	CLONAZEPAM .5 MG TAB (30)	90	2013111401DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	11/14/2013	Sch IV	PHENOBARBITAL 32.4 MG TAB	60	2013111401DCOJ
126	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	11/16/2013	Sch IV	CLONAZEPAM .5 MG TAB (30)	90	2013111601DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	11/16/2013	Sch IV	CLONAZEPAM 1 MG TABLET 30	90	2013111601DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	11/16/2013	Sch IV	PHENOBARB 64.8 MG TAB-30	90	2013111601DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	11/16/2013	Sch IV	PHENOBARB 97.2 MG TAB-30	60	2013111601DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	11/16/2013	Sch IV	PHENOBARBITAL 32.4 MG TAB	90	2013111601DCOJ
127	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	12/10/2013	Sch IV	DIAZAPAM 10 MG TAB (30)	90	2013121001DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	12/10/2013	Sch IV	PHENOBARB 64.8 MG TAB-30	60	2013121001DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	12/10/2013	Sch IV	PHENOBARB 64.8 MG TAB-30	90	2013121001DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	12/10/2013	Sch IV	PHENOBARBITAL 32.4 MG TAB	60	2013121001DCOJ
128	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	1/8/2014	Sch IV	CLONAZEPAM .5 MG TAB (30)	60	2014010801DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	1/8/2014	Sch IV	PHENOBARB 97.2 MG TAB-30	90	2014010801DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	1/8/2014	Sch IV	PHENOBARBITAL 32.4 MG TAB	90	2014010801DCOJ
129	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	1/25/2014	Sch IV	PHENOBARBITAL 32.4 MG TAB	90	2014012501DCOJ
130	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	2/27/2014	Sch IV	PHENOBARBITAL 32.4 MG TAB	90	2014022701DCOJ
131	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	2/28/2014	Sch IV	CLONAZEPAM 1 MG TABLET 30	30	2014022801DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	2/28/2014	Sch IV	DIAZAPAM 10 MG TAB (30)	30	2014022801DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	2/28/2014	Sch IV	PHENOBARB 64.8 MG TAB-30	30	2014022801DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	2/28/2014	Sch IV	PHENOBARB 97.2 MG TAB-30	30	2014022801DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	2/28/2014	Sch IV	PHENOBARBITAL 32.4 MG TAB	30	2014022801DCOJ
132	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	4/1/2014	Sch IV	DIAZAPAM 5 MG TAB (30)	30	2014040101DCOJ

Sch III* = Effective October 6, 2014, Hydrocodone combination products changed from Schedule III to Schedule II per DEA Final Rule

EXHIBIT 3

133	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	4/2/2014	Sch IV	CLONAZEPAM 1 MG TABLET 30	30	2014040201DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	4/2/2014	Sch IV	PHENOBARB 64.8 MG TAB-30	30	2014040201DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	4/2/2014	Sch IV	PHENOBARB 97.2 MG TAB-30	30	2014040201DCOJ
	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	4/2/2014	Sch IV	PHENOBARBITAL 32.4 MG TAB	30	2014040201DCOJ
134	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	4/10/2014	Sch IV	DIAZAPAM 5 MG TAB (30)	30	2014041001DCOJ
135	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	4/22/2014	Sch IV	PHENOBARBITAL 32.4 MG TAB	90	2014042201DCOJ
136	OPSO OPP (OJ)	ST. TAMMANY PARISH SHERIFF'S OFFICE	5/28/2014	Sch IV	PHENOBARBITAL 32.4 MG TAB	90	2014052801DCOJ
137	MUSCOGEE COUNTY PRISON (GAMP)	WOOD, RICHARD E JR (MD)	4/24/2014	Sch III	ACET/CODEINE 30 MG TABLET	60	2014042401DCGAMP

EXHIBIT B

EXHIBIT 3

"EXHIBIT B"

	Buyer's Name	Buyer's City	Buyer's State	Buyer's Zip	Drug Schedule	NDC Number	Quantity	Transaction Date	Transaction ID	Trade Name	Pkg. Size	Dosage Units
1	ALDEN, JOHN H RPA-C	JAMESVILLE	NY	13078	3	52125-0542-02	2	5/19/2015	0000000353	CODIENE PHOSPHATE/ACETA 30MG/300MG USP TABLET; 30 COUNT BLISTER	30	60
2	ALDEN, JOHN H RPA-C	JAMESVILLE	NY	13078	3	52125-0542-02	3	6/8/2015	0000000152	CODIENE PHOSPHATE/ACETA 30MG/300MG USP TABLET; 30 COUNT BLISTER	30	90
3	BENDER, JUDITH L. MSN, APN-C	BRIDGETON	NJ	08302	3	61786-0182-02	7	5/12/2015	0000000215	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	210
4	BENDER, JUDITH L. MSN, APN-C	BRIDGETON	NJ	08302	3	61786-0182-02	30	5/14/2015	0000000259	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	900
5	BENDER, JUDITH L. MSN, APN-C	BRIDGETON	NJ	08302	3	61786-0182-02	40	5/22/2015	0000000444	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	1200
6	BENDER, JUDITH L. MSN, APN-C	BRIDGETON	NJ	08302	3	52125-0542-02	2	5/22/2015	0000000440	CODIENE PHOSPHATE/ACETA 30MG/300MG USP TABLET; 30 COUNT BLISTER	30	60
7	BENDER, JUDITH L. MSN, APN-C	BRIDGETON	NJ	08302	3	61786-0182-02	9	6/1/2015	0000000007	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	270
8	BENDER, JUDITH L. MSN, APN-C	BRIDGETON	NJ	08302	3	61786-0304-02	40	6/5/2015	0000000123	CODEINE PO4/ACETAMINOPHEN 60/300MG TAB	30	1200
9	BENDER, JUDITH L. MSN, APN-C	BRIDGETON	NJ	08302	3	61786-0304-02	30	6/16/2015	0000000320	CODEINE PO4/ACETAMINOPHEN 60/300MG TAB	30	900
10	BENDER, JUDITH L. MSN, APN-C	BRIDGETON	NJ	08302	3	61786-0182-02	20	6/22/2015	0000000409	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
11	BENDER, JUDITH L. MSN, APN-C	BRIDGETON	NJ	08302	3	61786-0182-02	6	6/29/2015	0000000542	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	180
12	BENDER, JUDITH L. MSN, APN-C	BRIDGETON	NJ	08302	3	61786-0182-02	20	6/30/2015	0000000582	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
13	BENDER, JUDITH L. MSN, APN-C	BRIDGETON	NJ	08302	3	61786-0182-02	30	7/7/2015	0000000101	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	900
14	BENDER, JUDITH L. MSN, APN-C	BRIDGETON	NJ	08302	3	61786-0182-02	30	7/13/2015	0000000199	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	900
15	BENDER, JUDITH L. MSN, APN-C	BRIDGETON	NJ	08302	3	61786-0182-02	9	7/23/2015	0000000423	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	270
16	BENDER, JUDITH L. MSN, APN-C	BRIDGETON	NJ	08302	3	61786-0182-02	11	7/30/2015	0000000598	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	330
17	BENDER, JUDITH L. MSN, APN-C	BRIDGETON	NJ	08302	3	61786-0182-02	40	7/30/2015	0000000596	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	1200
18	BENDER, JUDITH L. MSN, APN-C	BRIDGETON	NJ	08302	3	61786-0182-02	40	8/6/2015	0000000107	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	1200
19	BENDER, JUDITH L. MSN, APN-C	BRIDGETON	NJ	08302	3	61786-0182-02	2	8/7/2015	0000000120	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	60
20	BENDER, JUDITH L. MSN, APN-C	BRIDGETON	NJ	08302	3	61786-0182-02	9	8/25/2015	0000000519	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	270
21	BENDER, JUDITH L. MSN, APN-C	BRIDGETON	NJ	08302	3	61786-0182-02	4	9/8/2015	0000000148	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	120
22	BENDER, JUDITH L. MSN, APN-C	BRIDGETON	NJ	08302	3	61786-0182-02	40	9/8/2015	0000000145	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	1200
23	BENDER, JUDITH L. MSN, APN-C	BRIDGETON	NJ	08302	3	61786-0182-02	40	9/17/2015	0000000425	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	1200
24	BENDER, JUDITH L. MSN, APN-C	BRIDGETON	NJ	08302	3	61786-0182-02	40	9/28/2015	0000000674	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	1200
25	BENDER, JUDITH L. MSN, APN-C	BRIDGETON	NJ	08302	3	61786-0182-02	40	10/7/2015	0000000151	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	1200
26	BENDER, JUDITH L. MSN, APN-C	BRIDGETON	NJ	08302	3	24236-0009-02	9	10/15/2015	0000000327	APAP W/CODEINE PHOSPHATE 300/30MG TABLET	30	270

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EXHIBIT 3

"EXHIBIT B"

	Buyer's Name	Buyer's City	Buyer's State	Buyer's Zip	Drug Schedule	NDC Number	Quantity	Transaction Date	Transaction ID	Trade Name	Pkg. Size	Dosage Units
27	BENDER, JUDITH L. MSN, APN-C	BRIDGETON	NJ	08302	3	61786-0182-02	40	10/19/2015	0000000413	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	1200
28	BENDER, JUDITH L. MSN, APN-C	BRIDGETON	NJ	08302	3	61786-0182-02	10	10/19/2015	0000000408	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300
29	BENDER, JUDITH L. MSN, APN-C	BRIDGETON	NJ	08302	3	61786-0182-02	30	1/21/2016	0000000514	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	900
30	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	8	5/29/2015	0000000596	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	240
31	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	3	5/29/2015	0000000592	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	90
32	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	2	6/2/2015	0000000031	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	60
33	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	10	6/2/2015	0000000021	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300
34	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	1	6/3/2015	0000000073	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	30
35	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0304-02	8	6/16/2015	0000000318	CODEINE PO4/ACETAMINOPHEN 60/300MG TAB	30	240
36	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	5	7/2/2015	0000000036	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	150
37	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	6	7/13/2015	0000000190	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	180
38	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	5	7/30/2015	0000000614	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	150
39	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	4	8/3/2015	0000000031	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	120
40	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	1	8/10/2015	0000000145	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	30
41	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	3	8/11/2015	0000000185	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	90
42	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	8	8/17/2015	0000000316	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	240
43	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	2	8/31/2015	0000000652	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	60
44	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	6	9/29/2015	0000000700	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	180
45	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	2	10/21/2015	0000000498	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	60
46	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	5	10/27/2015	0000000709	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	150
47	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	4	11/17/2015	0000000392	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	120
48	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	2	12/8/2015	0000000202	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	60
49	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	4	12/16/2015	0000000391	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	120
50	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0421-02	1	12/22/2015	0000000547	CODEINE PHOS/APAP 30MG/300MG TABLET	30	30
51	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	8	12/22/2015	0000000536	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	240
52	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	2	12/30/2015	0000000672	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	60

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EXHIBIT 3

"EXHIBIT B"

	Buyer's Name	Buyer's City	Buyer's State	Buyer's Zip	Drug Schedule	NDC Number	Quantity	Transaction Date	Transaction ID	Trade Name	Pkg. Size	Dosage Units
53	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	7	1/4/2016	0000000026	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	210
54	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0421-02	2	1/4/2016	0000000019	CODEINE PHOS/APAP 30MG/300MG TABLET	30	60
55	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	2	1/19/2016	0000000414	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	60
56	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	2	1/26/2016	0000000609	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	60
57	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	7	2/1/2016	0000000019	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	210
58	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	2	2/1/2016	0000000010	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	60
59	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	2	2/10/2016	0000000249	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	60
60	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	2	2/10/2016	0000000248	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	60
61	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	2	2/15/2016	0000000351	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	60
62	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	3	2/18/2016	0000000440	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	90
63	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	2	2/23/2016	0000000524	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	60
64	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0421-02	2	2/23/2016	0000000522	CODEINE PHOS/APAP 30MG/300MG TABLET	30	60
65	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	2	3/1/2016	0000000026	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	60
66	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	5	3/2/2016	0000000046	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	150
67	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0421-02	3	3/2/2016	0000000041	CODEINE PHOS/APAP 30MG/300MG TABLET	30	90
68	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	2	3/8/2016	0000000163	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	60
69	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	2	3/8/2016	0000000157	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	60
70	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	2	3/15/2016	0000000320	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	60
71	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	4	3/22/2016	0000000564	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	120
72	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	6	3/22/2016	0000000530	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	180
73	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	4	3/30/2016	0000000728	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	120
74	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	2	4/12/2016	0000000316	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	60
75	BENTIVEGNA, JOSEPH P. NP	LEESBURG	NJ	08327	3	61786-0182-02	2	5/11/2016	0000000271	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	60
76	BROWN OLIVER, SABRINA RENEA NP	BORDENTOWN	NJ	08505	3	61786-0421-02	1	1/7/2016	0000000125	CODEINE PHOS/APAP 30MG/300MG TABLET	30	30
77	BROWN OLIVER, SABRINA RENEA NP	BORDENTOWN	NJ	08505	3	61786-0182-02	1	1/7/2016	0000000105	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	30
78	BURKETT, DENISE A ARNP	PEWEE VALLEY	KY	40056	3	52125-0542-02	3	6/10/2015	0000000187	CODIENE PHOSPHATE/ACETA 30MG/300MG USP TABLET; 30 COUNT BLISTER	30	90

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EXHIBIT 3

"EXHIBIT B"

	Buyer's Name	Buyer's City	Buyer's State	Buyer's Zip	Drug Schedule	NDC Number	Quantity	Transaction Date	Transaction ID	Trade Name	Pkg. Size	Dosage Units
79	CONYERS-VOTAW, SHELLI E APRN	BURGIN	KY	40310	3	52125-0542-02	1	6/18/2015	0000000357	CODIENE PHOSPHATE/ACETA 30MG/300MG USP TABLET; 30 COUNT BLISTER	30	30
80	CONYERS-VOTAW, SHELLI E APRN	BURGIN	KY	40310	3	24236-0009-02	1	8/1/2015	0000000001	APAP W/CODEINE PHOSPHATE 300/30MG TABLET	30	30
81	CONYERS-VOTAW, SHELLI E APRN	BURGIN	KY	40310	3	24236-0009-02	1	8/27/2015	0000000591	APAP W/CODEINE PHOSPHATE 300/30MG TABLET	30	30
82	CONYERS-VOTAW, SHELLI E APRN	BURGIN	KY	40310	3	24236-0009-02	1	9/3/2015	0000000082	APAP W/CODEINE PHOSPHATE 300/30MG TABLET	30	30
83	CONYERS-VOTAW, SHELLI E APRN	BURGIN	KY	40310	3	24236-0009-02	1	9/5/2015	0000000137	APAP W/CODEINE PHOSPHATE 300/30MG TABLET	30	30
84	CONYERS-VOTAW, SHELLI E APRN	BURGIN	KY	40310	3	24236-0009-02	1	9/19/2015	0000000471	APAP W/CODEINE PHOSPHATE 300/30MG TABLET	30	30
85	CONYERS-VOTAW, SHELLI E APRN	BURGIN	KY	40310	3	24236-0009-02	1	10/3/2015	0000000041	APAP W/CODEINE PHOSPHATE 300/30MG TABLET	30	30
86	CONYERS-VOTAW, SHELLI E APRN	BURGIN	KY	40310	3	61786-0421-02	1	11/5/2015	0000000122	CODEINE PHOS/APAP 30MG/300MG TABLET	30	30
87	CONYERS-VOTAW, SHELLI E APRN	BURGIN	KY	40310	3	61786-0421-02	1	11/5/2015	0000000119	CODEINE PHOS/APAP 30MG/300MG TABLET	30	30
88	CURTIS, MELISSA APN	BRIDGETON	NJ	08302	3	61786-0182-02	10	6/2/2015	0000000037	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300
89	CURTIS, MELISSA APN	BRIDGETON	NJ	08302	3	52125-0542-02	2	6/12/2015	0000000238	CODIENE PHOSPHATE/ACETA 30MG/300MG USP TABLET; 30 COUNT BLISTER	30	60
90	CURTIS, MELISSA APN	BRIDGETON	NJ	08302	3	61786-0304-02	20	6/12/2015	0000000237	CODEINE PO4/ACETAMINOPHEN 60/300MG TAB	30	600
91	CURTIS, MELISSA APN	BRIDGETON	NJ	08302	3	61786-0304-02	15	6/17/2015	0000000338	CODEINE PO4/ACETAMINOPHEN 60/300MG TAB	30	450
92	CURTIS, MELISSA APN	BRIDGETON	NJ	08302	3	61786-0182-02	20	7/10/2015	0000000181	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
93	CURTIS, MELISSA APN	BRIDGETON	NJ	08302	3	61786-0182-02	10	8/6/2015	0000000102	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300
94	CURTIS, MELISSA APN	BRIDGETON	NJ	08302	3	61786-0182-02	40	8/17/2015	0000000297	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	1200
95	CURTIS, MELISSA APN	BRIDGETON	NJ	08302	3	24236-0009-02	4	8/17/2015	0000000278	APAP W/CODEINE PHOSPHATE 300/30MG TABLET	30	120
96	CURTIS, MELISSA APN	BRIDGETON	NJ	08302	3	61786-0182-02	40	8/25/2015	0000000513	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	120(
97	CURTIS, MELISSA APN	BRIDGETON	NJ	08302	3	61786-0182-02	10	9/9/2015	0000000186	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	30(
98	CURTIS, MELISSA APN	BRIDGETON	NJ	08302	3	61786-0182-02	20	11/6/2015	0000000158	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	60(
99	CURTIS, MELISSA APN	BRIDGETON	NJ	08302	3	61786-0182-02	15	11/20/2015	0000000462	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	45(
100	CURTIS, MELISSA APN	BRIDGETON	NJ	08302	3	61786-0182-02	20	12/1/2015	0000000022	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	60(
101	CURTIS, MELISSA APN	BRIDGETON	NJ	08302	3	61786-0182-02	5	1/7/2016	0000000100	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	15(
102	CURTIS, MELISSA APN	BRIDGETON	NJ	08302	3	61786-0182-02	10	2/16/2016	0000000382	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	30(
103	CURTIS, MELISSA APN	BRIDGETON	NJ	08302	3	61786-0182-02	20	3/28/2016	0000000667	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	60
104	CURTIS, MELISSA APN	BRIDGETON	NJ	08302	3	61786-0182-02	5	4/25/2016	0000000702	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	15
105	CURTIS, MELISSA APN	BRIDGETON	NJ	08302	3	61786-0182-02	3	5/11/2016	0000000281	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	9
106	CURTIS, MELISSA APN	BRIDGETON	NJ	08302	3	61786-0421-02	2	5/12/2016	0000000315	CODEINE PHOS/APAP 30MG/300MG TABLET	30	6
107	CURTIS, MELISSA APN	BRIDGETON	NJ	08302	3	61786-0182-02	15	5/12/2016	0000000314	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	45

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EXHIBIT 3

"EXHIBIT B"

	Buyer's Name	Buyer's City	Buyer's State	Buyer's Zip	Drug Schedule	NDC Number	Quantity	Transaction Date	Transaction ID	Trade Name	Pkg. Size	Dosage Units
108	CURTIS, MELISSA APN	BRIDGETON	NJ	08302	3	61786-0182-02	30	5/19/2016	0000000516	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	900
109	CURTIS, MELISSA APN	BRIDGETON	NJ	08302	3	61786-0421-02	2	5/23/2016	0000000665	CODEINE PHOS/APAP 30MG/300MG TABLET	30	60
110	CURTIS, MELISSA APN	BRIDGETON	NJ	08302	3	61786-0182-02	2	5/23/2016	0000000653	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	60
111	DEAMER, DARLENE P. NP	DELMONT	NJ	08314	3	61786-0182-02	4	7/6/2015	0000000065	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	120
112	DEAMER, DARLENE P. NP	DELMONT	NJ	08314	3	24236-0009-02	3	7/15/2015	0000000236	APAP W/CODEINE PHOSPHATE 300/30MG TABLET	30	90
113	DEAMER, DARLENE P. NP	DELMONT	NJ	08314	3	61786-0182-02	3	7/15/2015	0000000228	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	90
114	ELAM, COURTNEY R. APRN	WEST LIBERTY	KY	41472	3	24236-0009-02	1	10/7/2015	0000000111	APAP W/CODEINE PHOSPHATE 300/30MG TABLET	30	30
115	ELAM, COURTNEY R. APRN	WEST LIBERTY	KY	41472	3	61786-0421-02	1	11/3/2015	0000000089	CODEINE PHOS/APAP 30MG/300MG TABLET	30	30
116	GARTH, JANICE L, APRN FNP-C OCN	LOUISVILLE	KY	40220	3	52125-0542-02	10	5/11/2015	0000000191	CODIENE PHOSPHATE/ACETA 30MG/300MG USP TABLET; 30 COUNT BLISTER	30	300
117	GARTH, JANICE L, APRN FNP-C OCN	LOUISVILLE	KY	40220	3	52125-0542-02	50	5/18/2015	0000000330	CODIENE PHOSPHATE/ACETA 30MG/300MG USP TABLET; 30 COUNT BLISTER	30	1500
118	GARTH, JANICE L, APRN FNP-C OCN	LOUISVILLE	KY	40220	3	52125-0542-02	10	6/15/2015	0000000263	CODIENE PHOSPHATE/ACETA 30MG/300MG USP TABLET; 30 COUNT BLISTER	30	300
119	GARTH, JANICE L, APRN FNP-C OCN	LOUISVILLE	KY	40220	3	52125-0542-02	5	6/16/2015	0000000310	CODIENE PHOSPHATE/ACETA 30MG/300MG USP TABLET; 30 COUNT BLISTER	30	150
120	GARTH, JANICE L, APRN FNP-C OCN	LOUISVILLE	KY	40220	3	24236-0009-02	5	6/26/2015	0000000507	APAP W/CODEINE PHOSPHATE 300/30MG TABLET	30	150
121	GARTH, JANICE L, APRN FNP-C OCN	LOUISVILLE	KY	40220	3	24236-0009-02	15	7/7/2015	0000000104	APAP W/CODEINE PHOSPHATE 300/30MG TABLET	30	450
122	GARTH, JANICE L, APRN FNP-C OCN	LOUISVILLE	KY	40220	3	24236-0009-02	15	7/13/2015	0000000193	APAP W/CODEINE PHOSPHATE 300/30MG TABLET	30	450
123	GARTH, JANICE L, APRN FNP-C OCN	LOUISVILLE	KY	40220	3	24236-0009-02	5	7/21/2015	0000000333	APAP W/CODEINE PHOSPHATE 300/30MG TABLET	30	150
124	GARTH, JANICE L, APRN FNP-C OCN	LOUISVILLE	KY	40220	3	24236-0009-02	15	7/29/2015	0000000560	APAP W/CODEINE PHOSPHATE 300/30MG TABLET	30	450
125	HARTRANFT, CHRISTINE M (MSN)	DELMONT	NJ	08314	3	61786-0182-02	2	7/14/2015	0000000204	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	60
126	HARTRANFT, CHRISTINE M (MSN)	DELMONT	NJ	08314	3	61786-0182-02	4	7/20/2015	0000000307	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	120
127	HARTRANFT, CHRISTINE M (MSN)	DELMONT	NJ	08314	3	61786-0182-02	3	8/18/2015	0000000350	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	90
128	HARTRANFT, CHRISTINE M (MSN)	DELMONT	NJ	08314	3	61786-0182-02	3	8/25/2015	0000000534	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	90
129	HARTRANFT, CHRISTINE M (MSN)	DELMONT	NJ	08314	3	61786-0182-02	4	9/2/2015	0000000069	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	120
130	HARTRANFT, CHRISTINE M (MSN)	DELMONT	NJ	08314	3	61786-0182-02	6	9/15/2015	0000000363	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	180
131	HARTRANFT, CHRISTINE M (MSN)	DELMONT	NJ	08314	3	61786-0182-02	6	11/30/2015	0000000646	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	180
132	HARTRANFT, CHRISTINE M (MSN)	DELMONT	NJ	08314	3	61786-0182-02	7	1/21/2016	0000000524	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	210
133	HARTRANFT, CHRISTINE M (MSN)	DELMONT	NJ	08314	3	61786-0421-02	7	1/21/2016	0000000494	CODEINE PHOS/APAP 30MG/300MG TABLET	30	210
134	HARTRANFT, CHRISTINE M (MSN)	DELMONT	NJ	08314	3	61786-0182-02	6	3/22/2016	0000000566	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	180
135	HARTRANFT, CHRISTINE M (MSN)	DELMONT	NJ	08314	3	61786-0182-02	4	4/12/2016	0000000317	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	120

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EXHIBIT 3

"EXHIBIT B"

	Buyer's Name	Buyer's City	Buyer's State	Buyer's Zip	Drug Schedule	NDC Number	Quantity	Transaction Date	Transaction ID	Trade Name	Pkg. Size	Dosage Units
136	HARTRANFT, CHRISTINE M (MSN)	DELMONT	NJ	08314	3	61786-0182-02	2	5/17/2016	0000000459	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	60
137	HARTRANFT, CHRISTINE M (MSN)	DELMONT	NJ	08314	3	61786-0182-02	7	5/17/2016	0000000433	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	210
138	HUGHES, TYARA L. APRN	SANDY HOOK	KY	41171	3	24236-0009-02	1	10/13/2015	0000000232	APAP W/CODEINE PHOSPHATE 300/30MG TABLET	30	30
139	JOHNSON, CHARLENE T (APRN, MSN)	GRETNA	LA	70053	3	61786-0421-02	1	5/12/2016	0000000304	CODEINE PHOS/APAP 30MG/300MG TABLET	30	30
140	LYONS, CHRISTINA C. APRN	PEWEE VALLEY	KY	40056	3	52125-0542-02	3	5/14/2015	0000000249	CODIENE PHOSPHATE/ACETA 30MG/300MG USP TABLET; 30 COUNT BLISTER	30	90
141	LYONS, CHRISTINA C. APRN	PEWEE VALLEY	KY	40056	3	24236-0009-02	3	7/14/2015	0000000213	APAP W/CODEINE PHOSPHATE 300/30MG TABLET	30	90
142	LYONS, CHRISTINA C. APRN	PEWEE VALLEY	KY	40056	3	24236-0009-02	3	8/4/2015	0000000054	APAP W/CODEINE PHOSPHATE 300/30MG TABLET	30	90
143	LYONS, CHRISTINA C. APRN	PEWEE VALLEY	KY	40056	3	24236-0009-02	3	8/17/2015	0000000287	APAP W/CODEINE PHOSPHATE 300/30MG TABLET	30	90
144	LYONS, CHRISTINA C. APRN	PEWEE VALLEY	KY	40056	3	24236-0009-02	3	10/13/2015	0000000246	APAP W/CODEINE PHOSPHATE 300/30MG TABLET	30	90
145	LYONS, CHRISTINA C. APRN	PEWEE VALLEY	KY	40056	3	61786-0421-02	3	10/30/2015	0000000781	CODEINE PHOS/APAP 30MG/300MG TABLET	30	90
146	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	30	5/15/2015	0000000296	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	900
147	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	30	5/27/2015	0000000547	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	900
148	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0304-02	30	6/18/2015	0000000348	CODEINE PO4/ACETAMINOPHEN 60/300MG TAB	30	900
149	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	24236-0009-02	2	6/24/2015	0000000458	APAP W/CODEINE PHOSPHATE 300/30MG TABLET	30	60
150	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	10	7/2/2015	0000000047	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300
151	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	20	7/2/2015	0000000034	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
152	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	20	7/21/2015	0000000362	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
153	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	25	7/30/2015	0000000582	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	750
154	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	24236-0009-02	4	7/31/2015	0000000658	APAP W/CODEINE PHOSPHATE 300/30MG TABLET	30	120
155	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	30	8/11/2015	0000000165	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	900
156	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	40	8/21/2015	0000000444	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	1200
157	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	20	8/28/2015	0000000620	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
158	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	15	9/8/2015	0000000172	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	450
159	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	20	9/17/2015	0000000409	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
160	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	20	9/22/2015	0000000527	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
161	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	20	10/1/2015	0000000018	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
162	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	20	10/8/2015	0000000167	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
163	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	10	10/15/2015	0000000286	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300

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EXHIBIT 3

"EXHIBIT B"

	Buyer's Name	Buyer's City	Buyer's State	Buyer's Zip	Drug Schedule	NDC Number	Quantity	Transaction Date	Transaction ID	Trade Name	Pkg. Size	Dosage Units
164	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	15	10/21/2015	0000000527	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	450
165	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	25	10/30/2015	0000000789	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	750
166	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	25	11/6/2015	0000000137	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	750
167	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	20	11/20/2015	0000000465	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
168	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	20	12/7/2015	0000000185	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
169	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	20	12/11/2015	0000000284	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
170	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	20	12/29/2015	0000000657	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
171	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	2	12/31/2015	0000000704	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	60
172	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	20	1/25/2016	0000000554	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
173	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	30	2/2/2016	0000000034	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	900
174	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0421-02	2	2/10/2016	0000000254	CODEINE PHOS/APAP 30MG/300MG TABLET	30	60
175	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	10	2/10/2016	0000000242	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300
176	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	20	2/16/2016	0000000378	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
177	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	10	2/18/2016	0000000452	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300
178	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	25	2/25/2016	0000000619	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	750
179	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	30	3/7/2016	0000000138	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	900
180	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	30	3/21/2016	0000000506	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	900
181	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0421-02	15	3/30/2016	0000000729	CODEINE PHOS/APAP 30MG/300MG TABLET	30	450
182	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	15	3/31/2016	0000000775	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	450
183	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	10	4/7/2016	0000000188	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300
184	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	15	4/12/2016	0000000305	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	450
185	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	20	4/19/2016	0000000494	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
186	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0421-02	2	4/22/2016	0000000640	CODEINE PHOS/APAP 30MG/300MG TABLET	30	60
187	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0421-02	2	4/27/2016	0000000737	CODEINE PHOS/APAP 30MG/300MG TABLET	30	60
188	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	20	4/27/2016	0000000735	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
189	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	20	5/5/2016	0000000150	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600

:e: All sales recorded by the Reporter's DEA Number associated with Diamond Pharmacy Services (original registration verified on 4/16/2004)

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EXHIBIT 3

"EXHIBIT B"

	Buyer's Name	Buyer's City	Buyer's State	Buyer's Zip	Drug Schedule	NDC Number	Quantity	Transaction Date	Transaction ID	Trade Name	Pkg. Size	Dosage Units
190	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	15	5/9/2016	0000000234	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	450
191	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	20	5/18/2016	0000000493	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
192	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0182-02	20	5/24/2016	0000000702	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
193	MILLS, LISA R. NP	BRIDGETON	NJ	08302	3	61786-0421-02	2	5/24/2016	0000000686	CODEINE PHOS/APAP 30MG/300MG TABLET	30	60
194	SEREY, LAUREN APRN	DANVILLE	KY	40422	3	61786-0421-02	1	10/30/2015	0000000780	CODEINE PHOS/APAP 30MG/300MG TABLET	30	30
195	TSAKIRIS, MONICA, M. RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	15	5/19/2015	0000000348	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	450
196	TSAKIRIS, MONICA, M. RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	10	5/21/2015	0000000418	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300
197	TSAKIRIS, MONICA, M. RNAPN-C	BRIDGETON	NJ	08302	3	52125-0542-02	5	5/27/2015	0000000544	CODIENE PHOSPHATE/ACETA 30MG/300MG USP TABLET; 30 COUNT BLISTER	30	150
198	TSAKIRIS, MONICA, M. RNAPN-C	BRIDGETON	NJ	08302	3	52125-0542-02	5	6/4/2015	0000000112	CODIENE PHOSPHATE/ACETA 30MG/300MG USP TABLET; 30 COUNT BLISTER	30	150
199	TSAKIRIS, MONICA, M. RNAPN-C	BRIDGETON	NJ	08302	3	61786-0304-02	10	6/4/2015	0000000099	CODEINE PO4/ACETAMINOPHEN 60/300MG TAB	30	300
200	TSAKIRIS, MONICA, M. RNAPN-C	BRIDGETON	NJ	08302	3	61786-0304-02	15	6/18/2015	0000000354	CODEINE PO4/ACETAMINOPHEN 60/300MG TAB	30	450
201	TSAKIRIS, MONICA, M. RNAPN-C	BRIDGETON	NJ	08302	3	24236-0009-02	5	6/30/2015	0000000588	APAP W/CODEINE PHOSPHATE 300/30MG TABLET	30	150
202	TSAKIRIS, MONICA, M. RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	15	6/30/2015	0000000576	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	450
203	TSAKIRIS, MONICA, M. RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	8	7/8/2015	0000000141	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	240
204	TSAKIRIS, MONICA, M. RNAPN-C	BRIDGETON	NJ	08302	3	24236-0009-02	3	7/17/2015	0000000294	APAP W/CODEINE PHOSPHATE 300/30MG TABLET	30	90
205	TSAKIRIS, MONICA, M. RNAPN-C	BRIDGETON	NJ	08302	3	24236-0009-02	3	7/29/2015	0000000565	APAP W/CODEINE PHOSPHATE 300/30MG TABLET	30	90
206	TSAKIRIS, MONICA, M. RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	20	7/30/2015	0000000590	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
207	TSAKIRIS, MONICA, M. RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	10	8/11/2015	0000000182	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300
208	TSAKIRIS, MONICA, M. RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	15	8/27/2015	0000000603	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	450
209	TSAKIRIS, MONICA, M. RNAPN-C	BRIDGETON	NJ	08302	3	24236-0009-02	4	8/27/2015	0000000596	APAP W/CODEINE PHOSPHATE 300/30MG TABLET	30	120
210	TSAKIRIS, MONICA, M. RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	10	9/4/2015	0000000130	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300
211	TSAKIRIS, MONICA, M. RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	15	9/14/2015	0000000318	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	450
212	TSAKIRIS, MONICA, M. RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	15	9/24/2015	0000000604	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	450
213	TSAKIRIS, MONICA, M. RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	15	10/13/2015	0000000240	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	450
214	TSAKIRIS, MONICA, M. RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	15	10/26/2015	0000000634	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	450
215	TSAKIRIS, MONICA, M. RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	5	11/16/2015	0000000358	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	150
216	TSAKIRIS, MONICA, M. RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	10	11/24/2015	0000000575	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300
217	TSAKIRIS, MONICA, M. RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	6	12/3/2015	0000000113	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	180

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EXHIBIT 3

"EXHIBIT B"

	Buyer's Name	Buyer's City	Buyer's State	Buyer's Zip	Drug Schedule	NDC Number	Quantity	Transaction Date	Transaction ID	Trade Name	Pkg. Size	Dosage Units
18	TSAKIRIS, MONICA, M, RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	5	12/3/2015	0000000101	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	150
19	TSAKIRIS, MONICA, M, RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	5	12/9/2015	0000000241	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	150
20	TSAKIRIS, MONICA, M, RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	5	12/28/2015	0000000623	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	150
21	TSAKIRIS, MONICA, M, RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	10	1/6/2016	0000000095	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300
22	TSAKIRIS, MONICA, M, RNAPN-C	BRIDGETON	NJ	08302	3	61786-0421-02	3	1/14/2016	0000000303	CODEINE PHOS/APAP 30MG/300MG TABLET	30	90
23	TSAKIRIS, MONICA, M, RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	10	1/21/2016	0000000493	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300
24	TSAKIRIS, MONICA, M, RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	5	1/28/2016	0000000637	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	150
25	TSAKIRIS, MONICA, M, RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	15	2/5/2016	0000000153	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	450
26	TSAKIRIS, MONICA, M, RNAPN-C	BRIDGETON	NJ	08302	3	61786-0421-02	4	2/5/2016	0000000124	CODEINE PHOS/APAP 30MG/300MG TABLET	30	120
27	TSAKIRIS, MONICA, M, RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	5	2/12/2016	0000000287	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	150
28	TSAKIRIS, MONICA, M, RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	20	2/23/2016	0000000539	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
29	TSAKIRIS, MONICA, M, RNAPN-C	BRIDGETON	NJ	08302	3	61786-0421-02	5	2/23/2016	0000000526	CODEINE PHOS/APAP 30MG/300MG TABLET	30	150
30	TSAKIRIS, MONICA, M, RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	5	3/9/2016	0000000182	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	150
31	TSAKIRIS, MONICA, M, RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	10	3/16/2016	0000000364	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300
32	TSAKIRIS, MONICA, M, RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	10	3/21/2016	0000000505	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300
33	TSAKIRIS, MONICA, M, RNAPN-C	BRIDGETON	NJ	08302	3	61786-0421-02	5	3/21/2016	0000000498	CODEINE PHOS/APAP 30MG/300MG TABLET	30	150
34	TSAKIRIS, MONICA, M, RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	10	3/28/2016	0000000657	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300
35	TSAKIRIS, MONICA, M, RNAPN-C	BRIDGETON	NJ	08302	3	61786-0421-02	5	3/28/2016	0000000656	CODEINE PHOS/APAP 30MG/300MG TABLET	30	150
36	TSAKIRIS, MONICA, M, RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	20	4/7/2016	0000000198	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
37	TSAKIRIS, MONICA, M, RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	10	4/7/2016	0000000191	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300
38	TSAKIRIS, MONICA, M, RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	5	4/14/2016	0000000394	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	150
39	TSAKIRIS, MONICA, M, RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	10	4/15/2016	0000000415	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300
40	TSAKIRIS, MONICA, M, RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	10	4/21/2016	0000000599	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300
41	TSAKIRIS, MONICA, M, RNAPN-C	BRIDGETON	NJ	08302	3	61786-0421-02	2	4/28/2016	0000000775	CODEINE PHOS/APAP 30MG/300MG TABLET	30	60
42	TSAKIRIS, MONICA, M, RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	10	4/28/2016	0000000766	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300
43	TSAKIRIS, MONICA, M, RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	20	5/3/2016	0000000074	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
44	TSAKIRIS, MONICA, M, RNAPN-C	BRIDGETON	NJ	08302	3	61786-0421-02	3	5/4/2016	0000000124	CODEINE PHOS/APAP 30MG/300MG TABLET	30	90
45	TSAKIRIS, MONICA, M, RNAPN-C	BRIDGETON	NJ	08302	3	61786-0421-02	5	5/12/2016	0000000318	CODEINE PHOS/APAP 30MG/300MG TABLET	30	150

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EXHIBIT 3

"EXHIBIT B"

	Buyer's Name	Buyer's City	Buyer's State	Buyer's Zip	Drug Schedule	NDC Number	Quantity	Transaction Date	Transaction ID	Trade Name	Pkg. Size	Dosage Units
246	TSAKIRIS, MONICA, M. RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	10	5/12/2016	0000000303	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300
247	TSAKIRIS, MONICA, M. RNAPN-C	BRIDGETON	NJ	08302	3	61786-0182-02	5	5/20/2016	0000000545	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	150
248	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	15	8/10/2015	0000000157	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	450
249	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	10	8/27/2015	0000000607	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300
250	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	10	8/27/2015	0000000600	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300
251	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	10	9/16/2015	0000000368	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300
252	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	15	9/22/2015	0000000533	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	450
253	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	10	9/23/2015	0000000583	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300
254	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	10	10/5/2015	0000000071	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300
255	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	24236-0009-02	5	10/5/2015	0000000064	APAP W/CODEINE PHOSPHATE 300/30MG TABLET	30	150
256	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	15	11/2/2015	0000000014	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	450
257	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	9	11/6/2015	0000000138	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	270
258	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	30	11/6/2015	0000000135	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	900
259	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	15	11/12/2015	0000000298	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	450
260	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0421-02	3	11/12/2015	0000000310	CODEINE PHOS/APAP 30MG/300MG TABLET	30	90
261	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	20	11/24/2015	0000000554	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
262	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	35	11/30/2015	0000000650	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	1050
263	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0421-02	4	11/30/2015	0000000634	CODEINE PHOS/APAP 30MG/300MG TABLET	30	120
264	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	20	12/14/2015	0000000330	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
265	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0421-02	4	12/14/2015	0000000321	CODEINE PHOS/APAP 30MG/300MG TABLET	30	120
266	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	6	12/14/2015	0000000312	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	180
267	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	30	12/22/2015	0000000533	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	900
268	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0421-02	4	12/29/2015	0000000655	CODEINE PHOS/APAP 30MG/300MG TABLET	30	120
269	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	20	12/29/2015	0000000635	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
270	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	10	1/4/2016	0000000027	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300
271	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	20	1/13/2016	0000000296	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
272	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	20	1/14/2016	0000000318	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600

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ote: All sales recorded by the Reporter's DEA Number associated with Diamond Pharmacy Services (original registration verified on 4/16/2004)

EXHIBIT 3

"EXHIBIT B"

	Buyer's Name	Buyer's City	Buyer's State	Buyer's Zip	Drug Schedule	NDC Number	Quantity	Transaction Date	Transaction ID	Trade Name	Pkg. Size	Dosage Units
273	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	19	1/21/2016	0000000498	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	570
274	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	4	1/28/2016	0000000653	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	120
275	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0421-02	4	1/29/2016	0000000682	CODEINE PHOS/APAP 30MG/300MG TABLET	30	120
276	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	8	2/1/2016	0000000014	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	240
277	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	30	2/2/2016	0000000032	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	900
278	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	15	2/11/2016	0000000266	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	450
279	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	20	2/16/2016	0000000405	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
280	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	20	2/25/2016	0000000610	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
281	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	30	3/3/2016	0000000073	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	900
282	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	10	3/11/2016	0000000268	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300
283	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	30	3/23/2016	0000000588	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	900
284	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	20	3/31/2016	0000000757	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
285	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	30	4/8/2016	0000000207	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	900
286	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	8	4/18/2016	0000000486	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	240
287	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	30	4/27/2016	0000000746	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	900
288	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	10	5/18/2016	0000000485	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	300
289	WILLIAMS HALL, STACY L. NP	BRIDGETON	NJ	08302	3	61786-0182-02	20	5/24/2016	0000000677	CODEINE PHOSPHATE/ACETA 60MG/300MG TABLET	30	600
290	WITCHER, KEVIN D (APRN)	LINCOLN	NE	68528	3	24236-0009-02	2	10/13/2015	0000000261	APAP W/CODEINE PHOSPHATE 300/30MG TABLET	30	60
291	WITCHER, KEVIN D (APRN)	LINCOLN	NE	68528	3	61786-0421-02	3	11/2/2015	0000000032	CODEINE PHOS/APAP 30MG/300MG TABLET	30	90
292	WITCHER, KEVIN D (APRN)	LINCOLN	NE	68528	3	61786-0421-02	2	2/11/2016	0000000260	CODEINE PHOS/APAP 30MG/300MG TABLET	30	60

e: All sales recorded by the Reporter's DEA Number associated with Diamond Pharmacy Services (original registration verified on 4/16/2004)

EXHIBIT 3

2693

EXHIBIT C

EXHIBIT 3

"EXHIBIT C"

	Transaction Date	Transaction ID	Trade Name	Dosage Units
1	8/26/2015	0000000542	APAP W/Codeine Phosphate 300/30MG Tablet	12
2	8/26/2015	0000000580	APAP W/Codeine Phosphate 300/30MG Tablet	12
3	8/26/2015	0000000546	APAP W/Codeine Phosphate 300/30MG Tablet	12
4	8/26/2015	0000000548	APAP W/Codeine Phosphate 300/30MG Tablet	12
5	8/26/2015	0000000550	APAP W/Codeine Phosphate 300/30MG Tablet	12
6	8/26/2015	0000000551	APAP W/Codeine Phosphate 300/30MG Tablet	12
7	8/26/2015	0000000552	APAP W/Codeine Phosphate 300/30MG Tablet	12
8	8/26/2015	0000000553	APAP W/Codeine Phosphate 300/30MG Tablet	12
9	8/26/2015	0000000554	APAP W/Codeine Phosphate 300/30MG Tablet	12
10	8/26/2015	0000000555	APAP W/Codeine Phosphate 300/30MG Tablet	12
11	8/26/2015	0000000559	APAP W/Codeine Phosphate 300/30MG Tablet	12
12	8/26/2015	0000000560	APAP W/Codeine Phosphate 300/30MG Tablet	12
13	8/26/2015	0000000563	APAP W/Codeine Phosphate 300/30MG Tablet	12
14	8/26/2015	0000000565	APAP W/Codeine Phosphate 300/30MG Tablet	12
15	8/26/2015	0000000566	APAP W/Codeine Phosphate 300/30MG Tablet	12
16	8/26/2015	0000000568	APAP W/Codeine Phosphate 300/30MG Tablet	12
17	8/26/2015	0000000569	APAP W/Codeine Phosphate 300/30MG Tablet	12
18	8/26/2015	0000000573	APAP W/Codeine Phosphate 300/30MG Tablet	12
19	8/26/2015	0000000579	APAP W/Codeine Phosphate 300/30MG Tablet	12
20	8/26/2015	0000000545	APAP W/Codeine Phosphate 300/30MG Tablet	12

EXHIBIT 3

EXHIBIT 4

NABP
National Association of Boards of Pharmacy

Main Menu

Adjudication of Concurrent Disciplinary Actions (Resolution 113-5-17)

Larissa Doucette
847-391-4405
help@nabp.pharmacy

Resolution No: 113-5-17
Title: Adjudication of Concurrent Disciplinary Actions
Action: PASS

WHEREAS, the authority of state boards of pharmacy to enforce concurrent sister-state disciplinary actions can be an effective mechanism for regulating multi-state practices; and

WHEREAS, the potential for concurrent sister-state disciplinary actions may impact the initiating state board of pharmacy to fully adjudicate a matter;

THEREFORE BE IT RESOLVED that NABP encourage state boards of pharmacy that are reviewing another board's imposition of a disciplinary action to consider forgoing sister-state disciplinary action absent direct patient impact or harm in their own states; and

BE IT FURTHER RESOLVED that NABP collaborate with state boards of pharmacy to provide guidance on defining and enforcing qualifying concurrent sister-state disciplinary actions, particularly those that involve direct patient impact or harm in states other than the initiating board.

(Resolution passed at the 113th Annual Meeting in Orlando, FL.)

Related Articles



RE: Diamond Drugs, License No.: PH01640, WH01578 January 24, 2019

To Whom It May Concern:

Diamond Drugs, Inc. specializes in providing pharmacy services for institutional clients throughout the United States. We serve two major categories of clients – Correctional Facilities and Long-Term Care Homes, with separate business units within Diamond dedicated to each line of business. In 2013, Diamond began servicing various facilities in the Northern District of Ohio. Standard procedure for set-up of the facilities was followed whereby our pharmacist/account manager visited each site and evaluated their then-existing service model. We implemented procedures that mirrored that model as closely as possible while making modifications to adapt to our ordering/fulfillment systems and capabilities.

During the set-up process, it was determined that these facilities were capable of receiving stock from Diamond provided that each facility secured a valid Ohio Contingent Stock License. Once these state licenses were obtained, Diamond's Account Manager/Pharmacist ensure that security protocols were in place and followed, and periodically visited each site to review and audit the use of the controlled medication stock. The periodic visits occurred every 6 months, more frequently if necessary but as Diamond discovered later, the Ohio (and DEA) rules for handling of stock varied greatly from how facilities must handle their own stock orders.

In approximately July 2014, Diamond's facility in Indiana, PA was subjected to a regular DEA inspection from the Pittsburgh, PA field office. The inspectors noticed discrepancies in Diamond's handling of the Ohio facilities' stock as sold to the facility on delivery instead of contingent stock. The recommendation from the inspectors was to treat such stock as Emergency Drug Kits (EDKs) for these facilities. Our account manager/pharmacist contacted the DEA office for the Northern Ohio region in late July or early August of 2014, and explained the business model under which Diamond and the facilities were operating, and requested guidance as to how to convert the facilities to a DEA registration that would allow for compliance with DEA regulations.

After this conversation with the DEA, Agent Carter issued subpoenas for records at Oriana House. Counsel for Diamond and Diamond's Pharmacist/Account Manager had several telephone conferences with Agent Carter and other members of the DEA's Ohio office in mid-to-late August during which time a plan of action was agreed upon, and Diamond provided guidance to its Northern Ohio facilities as to the process for securing a license that would allow us to move forward with a compliant process. The DEA registration(s)

O/K to file per Dave 2/20/19

were in place for most locations by September 2014, with the final site securing its DEA-compliant registration in approximately December 2014. Since that time, Diamond did not send any contingency stock to any Northern Ohio location.

Thereafter, the DEA began investigating whether or not the prior procedure for handling controlled substance stock resulted in Diamond either (1) shipping controlled substances to non-registered locations and/or (2) dispensing drugs without a proper prescription..

As noted in its Complaint (Attached hereto as Exhibit A), the DEA viewed these prior procedures as being in conflict with DEA regulations. This discrepancy is rooted in the fact that once the emergency stock was on site at the facility, the medications were not dispensed by Diamond, but rather, administered by the facility to the ultimate user. It was Diamond's position that the subsequent delivery of the medications to the ultimate user was governed by the rules for practitioner administration (21 C.F.R. §1306.21). Therefore, Diamond did not retain copies of prescriptions nor did Diamond require a telephone order from the practitioner that was to be subsequently reduced to writing by Diamond.

It is worth noting that it was specifically stated to Diamond by both the DEA and Assistant United States Attorney (AUSA) that no part of the Complaint or investigation alleged or concerned diversion of controlled substances.

Diamond initiated the conversations with the DEA's Northern Ohio District in order to ensure that our transactions with these facilities would be in compliance with DEA regulations. When DEA noted discrepancies between their interpretation of the regulations and our policies and procedures for these facilities, Diamond took immediate action to bring these transactions in line with DEA's interpretations.

Once the DEA brought this action, Diamond cooperated fully with the DEA and the Assistant United States Attorney. As noted in the Consent Judgment (Attached as Exhibit B) Diamond and Settled all claims with the U.S. in exchange for dismissal of the Complaint.

Thank you, in advance, for your consideration of this matter. If you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

Gerald O'Brien
Chief Counsel
Diamond Pharmacy Services
645 Kolter Drive
Indiana, PA 15701
gobrien@diamondpharmacy.com

EXHIBIT
A

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

UNITED STATES OF AMERICA,	)	Case No.
	)	
Plaintiff,	)	
	)	JUDGE
v.	)	
	)	
DIAMOND DRUG, INC., DBA DIAMOND PHARMACY SERVICES,	)	COMPLAINT
	)	
Defendant.	)	

This is an action by the United States of America to recover civil penalties from Defendant, Diamond Drug, Inc., DBA Diamond Pharmacy Services, for violation of the Controlled Substances Act (CSA) of 1970, 21 U.S.C. § 801-904 and regulations under the CSA. The United States seeks civil penalties against Defendant for permitting controlled substances to be dispensed and/or administered from its controlled contingency stock, also called an emergency kit, without a valid prescription during the period April 2013 through August 2014 at the following facilities:

- Oriana House ADM Crisis Center (Oriana House ADM)
  15 Frederick Ave, Akron, Ohio
- Oriana House Felony Drug Court
  15 Frederick Ave, Akron, Ohio
- Judge Nancy McDonnell Community Based Correctional Facility (CBCF)
  3540 Croton Ave. Cleveland, Ohio

- Lake Erie Correctional Institution
  501 Thompson Rd, Conneaut, Ohio
- Tuscarawas County Jail
  2295 Reiser Ave SE, New Philadelphia, Ohio
- Cliff Skeen CBCF for Women
  941 Sherman St. Akron, Ohio
- Summit County CBCF
  264 Crosier St. Akron, Ohio
- Lake County Adult Detention Facility
  104 East Erie St., Painesville, Ohio

PARTIES

1. The Plaintiff in this action is the United States of America.

2. The Defendant, Diamond Drug, Inc., DBA Diamond Pharmacy Services (Diamond), is registered under 21 U.S.C. §§ 822 and 823 as a person authorized to dispense and distribute Schedule II, III, IV, and V controlled substances to the extent permitted by federal law, and has been assigned Registration Number BD1753640 by the Drug Enforcement Administration (DEA). Without a registration number, Diamond could not lawfully distribute or dispense controlled substances.

3. Diamond is a Pennsylvania corporation doing business in the Northern District of Ohio and advertises itself as the nation's largest correctional pharmacy provider and Pennsylvania's largest independently owned long-term care pharmacy.

JURISDICTION AND VENUE

4. This court has subject matter jurisdiction over this action pursuant to 21 U.S.C. § 842(c)(1)(A) and 28 U.S.C. §§ 1345 and 1355.

5. Venue is proper in this district pursuant to 28 U.S.C. § 1395(a) because Diamond is found in this district and the cause of action accrued in this district.

STATUTORY AND REGULATORY BACKGROUND

6. The CSA and its implementing regulations establish a closed system of distribution to reduce the likelihood that pharmaceutical controlled substances will be diverted into illicit channels and thereby harm public health and safety. This closed system, which includes registration, security, recordkeeping, and reporting requirements, ensures strict accountability for controlled substances and provides mechanisms to prevent and detect diversion. The Attorney General is authorized to promulgate regulations for "the registration and control of the manufacture, distribution, and dispensing of controlled substances." 21 U.S.C. §.821.

7. Controlled substances are organized into schedules according to the characteristics of each substance: drugs included in Schedule I have the greatest potential for abuse and do not have legitimate medical uses. Drugs included in Schedule II have a high potential for abuse but do have a legitimate medical use. Drugs included in Schedule III and IV also have a legitimate medical use but their potential for abuse is less than Schedule I or II drugs. Drugs included in Schedule V have legitimate medical uses and have the least potential for abuse. 21 U.S.C. § 812 (b).

8. For a controlled substance prescription to be valid, it must be issued for a legitimate medical purpose by a practitioner acting in the usual course of professional practice. 21 C.F.R. § 1306.04(a). There is no statutory or regulatory basis for a physician to delegate this responsibility to an agent or subordinate.

9. Under the CSA, a practitioner is a physician, dentist, veterinarian, or other individual licensed, registered, or otherwise permitted, by the United States or the jurisdiction in

which he/she practices, to dispense a controlled substance in the course of professional practice, but does not include a pharmacist or a pharmacy. 21 C.F.R. § 1300.01(b).

10. A pharmacist has a "corresponding responsibility" to fill only those prescriptions for controlled substances that have been issued in accordance with the CSA. 21 C.F.R. §§ 1306.04(a) and 1305.04(a).

11. Prescriptions are orders for medications dispensed to an ultimate user (patient) and are required to contain specific information including: patient name; address; drug name and strength; quantity prescribed; directions for use; and name, address, and DEA number of issuing practitioner and be dated as of and signed on, the day when issued. 21 C.F.R. §§ 1306.05(a); 1306.21(a).

12. Entities that dispense controlled substances, called "registrants" in DEA regulations, are required to have a valid DEA registration number. 21 C.F.R. §§ 1301.11(a); 1300.01.

13. No drugs listed in Schedule III through V may be dispensed without an electronic or signed written prescription of a practitioner, or an oral prescription of a practitioner. 21 U.S.C. §§ 829(b)(c); 353(b)(1); 21 C.F.R. § 1306.21.

FACTS

14. Diamond is a registrant under 21 U.S.C. §§ 822 and 823 and is therefore prohibited from dispensing Schedule II-V controlled substances without a written or oral prescription issued by a licensed practitioner. 21 U.S.C. § 829(b) and (c); 353(b)(1); 21 C.F.R. § 1306.21(a).

15. At all times relevant to the Complaint, Oriana House ADM, Oriana House Felony Drug Court Judge Nancy McDonnell CBCF, Lake Erie Correctional Institution, Tuscarawas

County Jail, Cliff Skeen CBCF for Women, and Summit County CBCF were not DEA registrants and thus could not lawfully dispense controlled substances to its resident patients without a valid prescription.

16. At all times relevant to the Complaint, Diamond dispensed Schedule III-IV drugs to resident patients of Oriana House ADM, Oriana House Felony Drug Court, Judge Nancy McDonnell CBCF, Lake Erie Correctional Institution, Tuscarawas County Jail, Cliff Skeen CBCF for Women, and Summit County CBCF through contingency stock located in these facilities.

17. Oriana House ADM is a twenty-four-hour, sixteen-bed, sub-acute drop-in center in Akron, Ohio, that accepts patients addicted to drugs and/or alcohol for detoxification. Oriana House ADM is operated by Oriana House, Inc., a community corrections and chemical dependency treatment agency, and is affiliated with the Summit County Alcohol, Drug Addiction & Mental Health (ADM) Services Board.

18. Oriana House Felony Drug Court operates under the control of Oriana House ADM in coordination with the Summit County Court of Common Pleas. Oriana House Felony Drug Court helps to accelerate the prosecution process and mandates substance abuse treatment and drug education for eligible offenders.

19. Judge Nancy McDonnell CBCF, Lake Erie Correctional Institution, Tuscarawas County Jail, Cliff Skeen CBCF for Women, and Summit County CBCF are correctional facilities located in the Northern District of Ohio.

20. At all times relevant to this Complaint, Diamond was approved by the State of Ohio Board of Pharmacy to maintain contingency stocks of controlled substances on the

premises of Oriana House ADM, Judge Nancy McDonnell CBCF, Lake Erie Correctional Institution, Tuscarawas County Jail, Cliff Skeen CBCF for Women, and Summit County CBCF.

21. At all times relevant to this Complaint, controlled substances were used to treat resident patients at Oriana House ADM, Oriana House Felony Drug Court, Judge Nancy McDonnell CBCF, Lake Erie Correctional Institution, Tuscarawas County Jail, Cliff Skeen CBCF for Women, and Summit County CBCF.

22. At all times relevant to this Complaint, the controlled substances present at Oriana House ADM, Oriana House Felony Drug Court, Judge Nancy McDonnell CBCF, Lake Erie Correctional Institution, Tuscarawas County Jail, Cliff Skeen CBCF for Women, and Summit County CBCF were supplied by Diamond as part of contingency stock. As a result, the controlled substances were under the control of Diamond and could only be removed for administration or dispensing to a patient pursuant to a legitimate prescription. 21 U.S.C. §§ 353(b), 829, and 842(a)(1); 21 C.F.R. §§ 1306.11 and 1306.21(a).

23. At all times relevant to this Complaint, the controlled substances at Oriana House ADM, Oriana House Felony Drug Court, Judge Nancy McDonnell CBCF, Lake Erie Correctional Institution, Tuscarawas County Jail, Cliff Skeen CBCF for Women, and Summit County CBCF were dispensed without a prescription in violation of 21 U.S.C. §§ 353(b); 829; and 842(a)(1); 21 C.F.R. §§ 1306.11 and 1306.21(a).

COUNT I

24. Plaintiff realleges and readopts the allegations set forth in paragraphs 1 through 23 as if fully rewritten herein.

25. Beginning on or about April 3, 2013, and thereafter until on or about August 14, 2014, Diamond dispensed or administered Schedule III and IV controlled substances without the

written or oral authorization of a practitioner in violation of 21 U.S.C. §§ 829(b) and 842(a)(1) and 21 C.F.R. § 1306.21(a). Each such instance was a violation of 21 U.S.C. § 842(a)(1) and is subject to a civil penalty of up to $25,000 for each violation pursuant to 21 U.S.C. § 842 (c)(1)(A).

26. Pursuant to 21 U.S.C. § 842(c)(1)(A), Diamond's failure to dispense Schedule III and IV controlled substances without a prescription subjects Diamond to civil penalties of not more than $25,000 for each violation.

PRAYER FOR RELIEF

WHEREFORE, the Plaintiff United States of America respectfully requests this Court to:

1. Enter judgment for the Plaintiff on Count I of the Complaint;

2. Impose a civil penalty on Defendant, Diamond Drug, Inc., DBA Diamond Pharmacy Services, of not more than $25,000 for each and every violation of 21 U.S.C. §§ 829(b) and 842(a)(1), the total amount of violations to be determined at trial;

3. Award the United States its costs in this action; and

4. Grant such other and further relief as is just and proper.

Respectfully submitted,

JUSTIN E. HERDMAN
United States Attorney

By: s/Steven J. Paffilas
Steven J. Paffilas (OH 0037376)
Patricia M. Fitzgerald (PA 308973)
Assistant U.S. Attorneys
United States Courthouse
801 West Superior Avenue
Suite 400
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Patricia.Fitzgerald2@usdoj.gov

Attorneys for the
United States of America

JS 44 (Rev. 06/17)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. *(SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)*

I. (a) PLAINTIFFS

United States of America

(b) County of Residence of First Listed Plaintiff
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys *(Firm Name, Address, and Telephone Number)*
Steven J. Paffilas and Patricia M. Fitzgerald, Assistant U.S. Attorneys
U.S. Attorney's Office, 801 W. Superior Avenue, Suite 400
Cleveland, OH 44113 Ph: (216) 622-3600

DEFENDANTS

Diamond Drug, Inc., DBA Diamond Pharmacy Services

County of Residence of First Listed Defendant Summit
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED

Attorneys *(If Known)*

II. BASIS OF JURISDICTION *(Place an "X" in One Box Only)*

- ☒ 1 U.S. Government Plaintiff
- ☐ 3 Federal Question *(U.S. Government Not a Party)*
- ☐ 2 U.S. Government Defendant
- ☐ 4 Diversity *(Indicate Citizenship of Parties in Item III)*

III. CITIZENSHIP OF PRINCIPAL PARTIES *(Place an "X" in One Box for Plaintiff and One Box for Defendant)*
(For Diversity Cases Only)

	PTF	DEF		PTF	DEF
Citizen of This State	☐ 1	☐ 1	Incorporated or Principal Place of Business In This State	☐ 4	☐ 4
Citizen of Another State	☐ 2	☐ 2	Incorporated and Principal Place of Business In Another State	☐ 5	☐ 5
Citizen or Subject of a Foreign Country	☐ 3	☐ 3	Foreign Nation	☐ 6	☐ 6

IV. NATURE OF SUIT *(Place an "X" in One Box Only)*

Click here for: Nature of Suit Code Descriptions.

CONTRACT	TORTS		FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
☐ 110 Insurance	PERSONAL INJURY	PERSONAL INJURY	☐ 625 Drug Related Seizure of Property 21 USC 881	☐ 422 Appeal 28 USC 158	☐ 375 False Claims Act
☐ 120 Marine	☐ 310 Airplane	☐ 365 Personal Injury - Product Liability	☐ 690 Other	☐ 423 Withdrawal 28 USC 157	☐ 376 Qui Tam (31 USC 3729(a))
☐ 130 Miller Act	☐ 315 Airplane Product Liability	☐ 367 Health Care/ Pharmaceutical Personal Injury Product Liability		PROPERTY RIGHTS	☐ 400 State Reapportionment
☐ 140 Negotiable Instrument	☐ 320 Assault, Libel & Slander	☐ 368 Asbestos Personal Injury Product Liability		☐ 820 Copyrights	☐ 410 Antitrust
☐ 150 Recovery of Overpayment & Enforcement of Judgment	☐ 330 Federal Employers' Liability	PERSONAL PROPERTY		☐ 830 Patent	☐ 430 Banks and Banking
☐ 151 Medicare Act	☐ 340 Marine	☐ 370 Other Fraud		☐ 835 Patent - Abbreviated New Drug Application	☐ 450 Commerce
☐ 152 Recovery of Defaulted Student Loans (Excludes Veterans)	☐ 345 Marine Product Liability	☐ 371 Truth in Lending		☐ 840 Trademark	☐ 460 Deportation
☐ 153 Recovery of Overpayment of Veteran's Benefits	☐ 350 Motor Vehicle	☐ 380 Other Personal Property Damage	LABOR	SOCIAL SECURITY	☐ 470 Racketeer Influenced and Corrupt Organizations
☐ 160 Stockholders' Suits	☐ 355 Motor Vehicle Product Liability	☐ 385 Property Damage Product Liability	☐ 710 Fair Labor Standards Act	☐ 861 HIA (1395ff)	☐ 480 Consumer Credit
☐ 190 Other Contract	☐ 360 Other Personal Injury		☐ 720 Labor/Management Relations	☐ 862 Black Lung (923)	☐ 490 Cable/Sat TV
☐ 195 Contract Product Liability	☐ 362 Personal Injury - Medical Malpractice		☐ 740 Railway Labor Act	☐ 863 DIWC/DIWW (405(g))	☐ 850 Securities/Commodities/ Exchange
☐ 196 Franchise			☐ 751 Family and Medical Leave Act	☐ 864 SSID Title XVI	☒ 890 Other Statutory Actions
REAL PROPERTY	CIVIL RIGHTS	PRISONER PETITIONS	☐ 790 Other Labor Litigation	☐ 865 RSI (405(g))	☐ 891 Agricultural Acts
☐ 210 Land Condemnation	☐ 440 Other Civil Rights	Habeas Corpus:	☐ 791 Employee Retirement Income Security Act	FEDERAL TAX SUITS	☐ 893 Environmental Matters
☐ 220 Foreclosure	☐ 441 Voting	☐ 463 Alien Detainee	IMMIGRATION	☐ 870 Taxes (U.S. Plaintiff or Defendant)	☐ 895 Freedom of Information Act
☐ 230 Rent Lease & Ejectment	☐ 442 Employment	☐ 510 Motions to Vacate Sentence	☐ 462 Naturalization Application	☐ 871 IRS—Third Party 26 USC 7609	☐ 896 Arbitration
☐ 240 Torts to Land	☐ 443 Housing/ Accommodations	☐ 530 General	☐ 465 Other Immigration Actions		☐ 899 Administrative Procedure Act/Review or Appeal of Agency Decision
☐ 245 Tort Product Liability	☐ 445 Amer. w/Disabilities - Employment	☐ 535 Death Penalty			☐ 950 Constitutionality of State Statutes
☐ 290 All Other Real Property	☐ 446 Amer. w/Disabilities - Other	Other:			
	☐ 448 Education	☐ 540 Mandamus & Other			
		☐ 550 Civil Rights			
		☐ 555 Prison Condition			
		☐ 560 Civil Detainee - Conditions of Confinement			

V. ORIGIN *(Place an "X" in One Box Only)*

☒ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District *(specify)* ☐ 6 Multidistrict Litigation - Transfer ☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing *(Do not cite jurisdictional statutes unless diversity)*:
21 U.S.C. §§ 801-904

Brief description of cause:
Violations of the Controlled Substances Act

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.C.P.

DEMAND $

CHECK YES only if demanded in complaint.
JURY DEMAND: ☐ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions)

JUDGE

DOCKET NUMBER

DATE
11/08/2017

SIGNATURE OF ATTORNEY OF RECORD
s/ Steven J. Paffilas

FOR OFFICE USE ONLY

RECEIPT # AMOUNT APPLYING IFP JUDGE MAG. JUDGE

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO

I. Civil Categories: (Please check one category only).

1. ☑ General Civil
2. ☐ Administrative Review/Social Security
3. ☐ Habeas Corpus Death Penalty

*If under Title 28, §2255; name the SENTENCING JUDGE:

CASE NUMBER:

II. RELATED OR REFILED CASES. See LR 3.1 which provides in pertinent part: "If an action is filed or removed to this Court and assigned to a District Judge after which it is discontinued, dismissed or remanded to a State court, and subsequently refiled, it shall be assigned to the same Judge who received the initial case assignment without regard for the place of holding court in which the case was refiled. Counsel or a party without counsel shall be responsible for bringing such cases to the attention of the Court by responding to the questions included on the Civil Cover Sheet."

This action is ☐ RELATED to another PENDING civil case. This action is ☐ REFILED pursuant to LR 3.1.

If applicable, please indicate on page 1 in section VIII, the name of the Judge and case number.

III. In accordance with Local Civil Rule 3.8, actions involving counties in the Eastern Division shall be filed at any of the divisional offices therein. Actions involving counties in the Western Division shall be filed at the Toledo office. For the purpose of determining the proper division, and for statistical reasons, the following information is requested.

ANSWER ONE PARAGRAPH ONLY. ANSWER PARAGRAPHS 1 THRU 3 IN ORDER. UPON FINDING WHICH PARAGRAPH APPLIES TO YOUR CASE, ANSWER IT AND STOP.

(1) Resident defendant. If the defendant resides in a county within this district, please set forth the name of such county

COUNTY:

Corporation For the purpose of answering the above, a corporation is deemed to be a resident of that county in which it has its principal place of business in that district.

(2) Non-Resident defendant. If no defendant is a resident of a county in this district, please set forth the county wherein the cause of action arose or the event complained of occurred.

COUNTY: Summit

(3) Other Cases. If no defendant is a resident of this district, or if the defendant is a corporation not having a principle place of business within the district, and the cause of action arose or the event complained of occurred outside this district, please set forth the county of the plaintiff's residence.

COUNTY:

IV. The Counties in the Northern District of Ohio are divided into divisions as shown below. After the county is determined in Section III, please check the appropriate division.

EASTERN DIVISION

☑ AKRON (Counties: Carroll, Holmes, Portage, Stark, Summit, Tuscarawas and Wayne)
☐ CLEVELAND (Counties: Ashland, Ashtabula, Crawford, Cuyahoga, Geauga, Lake, Lorain, Medina and Richland)
☐ YOUNGSTOWN (Counties: Columbiana, Mahoning and Trumbull)

WESTERN DIVISION

☐ TOLEDO (Counties: Allen, Auglaize, Defiance, Erie, Fulton, Hancock, Hardin, Henry, Huron, Lucas, Marion, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca VanWert, Williams, Wood and Wyandot)

INSTRUCTIONS FOR ATTORNEYS COMPLETING CIVIL COVER SHEET FORM JS 44

Authority For Civil Cover Sheet

The JS 44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and service of pleading or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. The attorney filing a case should complete the form as follows:

I.(a) **Plaintiffs-Defendants.** Enter names (last, first, middle initial) of plaintiff and defendant. If the plaintiff or defendant is a government agency, use only the full name or standard abbreviations. If the plaintiff or defendant is an official within a government agency, identify first the agency and then the official, giving both name and title.

(b) **County of Residence.** For each civil case filed, except U.S. plaintiff cases, enter the name of the county where the first listed plaintiff resides at the time of filing. In U.S. plaintiff cases, enter the name of the county in which the first listed defendant resides at the time of filing. (NOTE: In land condemnation cases, the county of residence of the "defendant" is the location of the tract of land involved.)

(c) **Attorneys.** Enter the firm name, address, telephone number, and attorney of record. If there are several attorneys, list them on an attachment, noting in this section "(see attachment)".

II. **Jurisdiction.** The basis of jurisdiction is set forth under Rule 8(a), F.R.Cv.P., which requires that jurisdictions be shown in pleadings. Place an "X" in one of the boxes. If there is more than one basis of jurisdiction, precedence is given in the order shown below.
United States plaintiff. (1) Jurisdiction based on 28 U.S.C. 1345 and 1348. Suits by agencies and officers of the United States are included here.
United States defendant. (2) When the plaintiff is suing the United States, its officers or agencies, place an "X" in this box.
Federal question. (3) This refers to suits under 28 U.S.C. 1331, where jurisdiction arises under the Constitution of the United States, an amendment to the Constitution, an act of Congress or a treaty of the United States. In cases where the U.S. is a party, the U.S. plaintiff or defendant code takes precedence, and box 1 or 2 should be marked.
Diversity of citizenship. (4) This refers to suits under 28 U.S.C. 1332, where parties are citizens of different states. When Box 4 is checked, the citizenship of the different parties must be checked. (See Section III below; NOTE: federal question actions take precedence over diversity cases.)

III. **Residence (citizenship) of Principal Parties.** This section of the JS 44 is to be completed if diversity of citizenship was indicated above. Mark this section for each principal party.

IV. **Nature of Suit.** Place an "X" in the appropriate box. If there are multiple nature of suit codes associated with the case, pick the nature of suit code that is most applicable. Click here for: Nature of Suit Code Descriptions.

V. **Origin.** Place an "X" in one of the seven boxes.
Original Proceedings. (1) Cases which originate in the United States district courts.
Removed from State Court. (2) Proceedings initiated in state courts may be removed to the district courts under Title 28 U.S.C., Section 1441. When the petition for removal is granted, check this box.
Remanded from Appellate Court. (3) Check this box for cases remanded to the district court for further action. Use the date of remand as the filing date.
Reinstated or Reopened. (4) Check this box for cases reinstated or reopened in the district court. Use the reopening date as the filing date.
Transferred from Another District. (5) For cases transferred under Title 28 U.S.C. Section 1404(a). Do not use this for within district transfers or multidistrict litigation transfers.
Multidistrict Litigation – Transfer. (6) Check this box when a multidistrict case is transferred into the district under authority of Title 28 U.S.C. Section 1407.
Multidistrict Litigation – Direct File. (8) Check this box when a multidistrict case is filed in the same district as the Master MDL docket.
PLEASE NOTE THAT THERE IS NOT AN ORIGIN CODE 7. Origin Code 7 was used for historical records and is no longer relevant due to changes in statue.

VI. **Cause of Action.** Report the civil statute directly related to the cause of action and give a brief description of the cause. Do not cite jurisdictional statutes unless diversity. Example: U.S. Civil Statute: 47 USC 553 Brief Description: Unauthorized reception of cable service

VII. **Requested in Complaint.** Class Action. Place an "X" in this box if you are filing a class action under Rule 23, F.R.Cv.P.
Demand. In this space enter the actual dollar amount being demanded or indicate other demand, such as a preliminary injunction.
Jury Demand. Check the appropriate box to indicate whether or not a jury is being demanded.

VIII. **Related Cases.** This section of the JS 44 is used to reference related pending cases, if any. If there are related pending cases, insert the docket numbers and the corresponding judge names for such cases.

Date and Attorney Signature. Date and sign the civil cover sheet.

EXHIBIT B

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

UNITED STATES OF AMERICA,	)	Case No. 5:17CV2348
Plaintiff,	)	JUDGE SARA LIOI
v.	)	
DIAMOND DRUGS, INC., DBA DIAMOND PHARMACY SERVICES,	)	CONSENT JUDGMENT
Defendant.	)	

On this day came to be heard the Complaint of the United States of America against the Defendant, Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services. The United States filed this action to recover civil penalties from Defendant's alleged violations of the Controlled Substances Act (CSA), 21 U.S.C. §§ 801 - 904, and its implementing regulations, 21 C.F.R. §§ 1306.01 - 1306.27.

The Defendant, having received a copy of the Complaint filed herein, and having read and understood the allegations of the United States contained therein, consents to the entry of this Consent Judgment and to each and every provision thereof without contest, and before any testimony has been taken; and the United States consents to the entry of this Consent Judgment and to each and every provision thereof.

WHEREAS, in order to settle all claims that the United States has against the Defendant as a result of the facts alleged in the Complaint, and in accordance with the Settlement Agreement previously entered into by all of the parties to this case, the Defendant, Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services, agrees that a judgment may be entered against it in the amount of $312,500, plus interest at 2.125 % per annum in order to secure the remaining unpaid balance which is due and payable no later than May 30, 2019.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED:

1. That this Court has jurisdiction of the subject matter hereof and of all persons and parties hereto pursuant to 28 U.S.C. § 1345 and that the Complaint states a cause of action against the Defendant.

2. That a judgment is rendered in favor of the United States against Defendant Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services, in the amount of $312,500, plus interest at 2.125 % per annum which is due and payable no later than May 30, 2019.

Date: November 29, 2018

UNITED STATES DISTRICT JUDGE SARA LIOI

APPROVED BY:
JUSTIN E. HERDMAN
United States Attorney

By: Patricia M. Fitzgerald
Steven J. Paffilas
Assistant United States Attorneys

Date: 11/27/18

DIAMOND DRUGS, INC. D/B/A DIAMOND PHARMACY SERVICES

By: _____ Date: 11/21/18
Mark J. Zilner, Chief Operating Officer
Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services

By: _____ Date: 11/26/18
Kevin M. Tierney
Frost Brown Todd LLC
Counsel for Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services



RECEIVED
MAR - 4 2020
NEVADA STATE BOARD
OF PHARMACY

March 2, 2020

Nevada Board of Pharmacy
License No. PH01640
License No. WH01578

Please accept this correspondence as Diamond's notification to your Board of the "Stipulation and Final Agency Order" ("Order" attached as Exhibit A) entered the Colorado State Board of Pharmacy ("CO BOP"). Per the terms of this Order, Diamond was issued a Letter of Admonition and required to pay a $500.00 fine. It is Diamond's sincerely held belief that the a "Letter of Admonishment" does not amount to a formal disciplinary action. However, in the interest of full transparency and in an effort to use an abundance of caution in the reporting of disciplinary events, Diamond hereby notifies your Honorable Board of the Order.

Diamond is a corporation organized under the laws of the Commonwealth of Pennsylvania and licensed by the Pennsylvania Board of Pharmacy. At our Indiana, PA headquarters, we operate a closed-door pharmacy that employs approximately 85 full-time pharmacists, all of whom are licensed in the Commonwealth of Pennsylvania, and many of whom hold licenses across 48 states and the District of Columbia. From Indiana, PA, we provide pharmacy services to correctional facilities throughout the United States and its territories. Additionally, we have separate divisions and wholly-owned subsidiaries that include Diamond Wholesale. Diamond's wholesale division is licensed to operate in several jurisdictions throughout the United States. As discussed below, the action taken by the CO BOP relates to Diamond Pharmacy's failure to timely notify the CO BOP of an Administrative Action taken against Diamond's wholesale division.

As noted above, the CO BOP's action against Diamond stems from a civil case initiated by the United States Drug Enforcement Agency in 2017. That DEA case was brought against Diamond's wholesale distribution division for events that took place between 2013 and 2014 in the Northern District of Ohio. Diamond entered into a Settlement Agreement with the DEA in late 2018. In accordance with applicable laws, Diamond sent a notification/explanation letter to all boards of pharmacy on or about January 25, 2019. For reference, a copy of this letter and its supporting documentation are attached as Exhibit B. The DEA's civil case did not impact patient safety or implicate diversion of controlled substances. Instead, the DEA alleged deficiencies in how Diamond distributed and documented the use of emergency drug kits in several correctional facilities.

Diamond acknowledges its disciplinary history, and the informal action taken against it by the CO BOP, but urges other boards of pharmacy to follow the recommendation of the National Association of Boards of Pharmacy ("NABP") and consider foregoing any further sister-state discipline for these events. NABP Resolution 113-5-17 encourages state boards of pharmacy deciding whether to impose sister-state discipline to "consider forgoing sister-state

disciplinary action absent direct patient impact or harm in their own states." It was important to the NABP and its state members when passing Resolution 113-5-17 to ensure that the nation-wide practice of sister-state discipline does not exceed practical bounds. Specifically, the purpose of the Resolution is to encourage state boards of pharmacy to consider the practical implications of imposing sister-state discipline and whether the discipline imposed is based on actions that actually implicate patients in the state.

Therefore, given the absence of patient harm in both the Order and the underlying action that gave rise to the Order, we respectfully request your board to follow the direction of the NABP and decide to not impose any disciplinary action against Diamond in relation to the Order.

Thank you very much for your consideration of this matter. Please do not hesitate to contact me if you have any questions or require additional information.

Sincerely,
/s/ Gerald O'Brien
Gerald O'Brien
Chief Counsel
Diamond Pharmacy Services
645 Kolter Drive
Indiana, PA 15701
gobrien@diamondpharmacy.com

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2019-890

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF DIAMOND PHARMACY SERVICES, REGISTRATION NO. OSP 5266,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Diamond Pharmacy Services ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2019-890, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2018).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about May 24, 2001, being issued registration number OSP 5266 and has been so registered at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 645 Kolter Dr., Indiana, Pennsylvania 15701-3570.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. On or around November 2017, Respondent Pharmacy was disciplined in another jurisdiction for failing to dispense Schedule III and IV controlled substances without a prescription. Respondent Pharmacy failed to notify the Board in writing within 30 days of this disciplinary action.

6. Respondent Pharmacy admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board

Rules and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a non-resident prescription drug outlet:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(q) Has failed to notify the board of any discipline against his or her license in another state within thirty days after the discipline.

12-42.5-124. Disciplinary actions. (1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that the applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

Pharmacy Board Rules and Regulations

9.00.10(b). Reporting. All licensees or registrants shall notify the Board in writing within 30 days of any disciplinary action against them in another state.

DISPOSITION

7. Letter of Admonition. This Final Agency Order shall constitute a Letter of Admonition as set forth in section 12-42.5-124(6)(b) and (c), C.R.S. The Board hereby admonishes Respondent Pharmacy for the acts and omissions described in paragraphs 5-6 above.

8. Waiver of Right to Contest. By entering into this Final Agency Order, Respondent Pharmacy agrees to waive the right provided by section 12-42.5-124(6)(b) and (c), C.R.S., to contest this Letter of Admonition.

9. Fine with Surcharge. Pursuant to section 12-42.5-124(5)(a)(I), C.R.S., Respondent Pharmacy shall pay a fine of Five Hundred Dollars ($500.00). Respondent Pharmacy understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 15% of this fine. Respondent Pharmacy shall therefore pay a total amount of Five Hundred Seventy Five Dollars ($575.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board. Respondent Pharmacy shall write its registration number (OSP 5266) and the case number (2019-890) on the check.

10. Other Requirements. Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:

a. promptly pay all its own fees and costs associated with this Final Agency Order;

b. comply fully with this Final Agency Order; and

c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

11. Violations. Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

12. Advisements and Waivers. Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

a. To have a formal notice of hearing and charges served upon it;

b. To respond to said formal notice of charges;

c. to have a formal disciplinary hearing pursuant to sections 12-42.5-123 and 12-42.5-124, C.R.S.; and

d. To appeal this Board order.

Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

13. Acknowledgments. The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so,

that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

14. Integration and Severability. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

15. Public Record. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

16. Board Order. This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.

17. Effective Date. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

Authorized Representative / Title — Dated: 1/9/2020

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 24 day of February, ~~2019.~~ 2020

State Board of Pharmacy

BY: _____

Dmitry Kunin
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within fully executed **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 24th day of February 2020, addressed as follows:

Diamond Pharmacy Services
ATTN: Pharmacist Manager
645 Kolter Dr.
Indiana, PA 15701-3570
By email: sgetty@diamondpharmacy.com

Gerald O'Brien
Chief Counsel
645 Kolter Dr.
Indiana, PA 15701-3570
By email: GObrien@DiamondPharmacy.com

Linda Stanko
Agent of the Board

PAID
500
1640613

DPO 922
JAN2420 [illegible]

DIAMOND

RE: Diamond Drugs, License No.: PH01640, WH01578 January 24, 2019

To Whom It May Concern:

Diamond Drugs, Inc. specializes in providing pharmacy services for institutional clients throughout the United States. We serve two major categories of clients – Correctional Facilities and Long-Term Care Homes, with separate business units within Diamond dedicated to each line of business. In 2013, Diamond began servicing various facilities in the Northern District of Ohio. Standard procedure for set-up of the facilities was followed whereby our pharmacist/account manager visited each site and evaluated their then-existing service model. We implemented procedures that mirrored that model as closely as possible while making modifications to adapt to our ordering/fulfillment systems and capabilities.

During the set-up process, it was determined that these facilities were capable of receiving stock from Diamond provided that each facility secured a valid Ohio Contingent Stock License. Once these state licenses were obtained, Diamond's Account Manager/Pharmacist ensure that security protocols were in place and followed, and periodically visited each site to review and audit the use of the controlled medication stock. The periodic visits occurred every 6 months, more frequently if necessary but as Diamond discovered later, the Ohio (and DEA) rules for handling of stock varied greatly from how facilities must handle their own stock orders.

In approximately July 2014, Diamond's facility in Indiana, PA was subjected to a regular DEA inspection from the Pittsburgh, PA field office. The inspectors noticed discrepancies in Diamond's handling of the Ohio facilities' stock as sold to the facility on delivery instead of contingent stock. The recommendation from the inspectors was to treat such stock as Emergency Drug Kits (EDKs) for these facilities. Our account manager/pharmacist contacted the DEA office for the Northern Ohio region in late July or early August of 2014, and explained the business model under which Diamond and the facilities were operating, and requested guidance as to how to convert the facilities to a DEA registration that would allow for compliance with DEA regulations.

After this conversation with the DEA, Agent Carter issued subpoenas for records at Oriana House. Counsel for Diamond and Diamond's Pharmacist/Account Manager had several telephone conferences with Agent Carter and other members of the DEA's Ohio office in mid-to-late August during which time a plan of action was agreed upon, and Diamond provided guidance to its Northern Ohio facilities as to the process for securing a license that would allow us to move forward with a compliant process. The DEA registration(s)

were in place for most locations by September 2014, with the final site securing its DEA-compliant registration in approximately December 2014. Since that time, Diamond did not send any contingency stock to any Northern Ohio location.

Thereafter, the DEA began investigating whether or not the prior procedure for handling controlled substance stock resulted in Diamond either (1) shipping controlled substances to non-registered locations and/or (2) dispensing drugs without a proper prescription..

As noted in its Complaint (Attached hereto as Exhibit A), the DEA viewed these prior procedures as being in conflict with DEA regulations. This discrepancy is rooted in the fact that once the emergency stock was on site at the facility, the medications were not dispensed by Diamond, but rather, administered by the facility to the ultimate user. It was Diamond's position that the subsequent delivery of the medications to the ultimate user was governed by the rules for practitioner administration (21 C.F.R. §1306.21). Therefore, Diamond did not retain copies of prescriptions nor did Diamond require a telephone order from the practitioner that was to be subsequently reduced to writing by Diamond.

It is worth noting that it was specifically stated to Diamond by both the DEA and Assistant United States Attorney (AUSA) that no part of the Complaint or investigation alleged or concerned diversion of controlled substances.

Diamond initiated the conversations with the DEA's Northern Ohio District in order to ensure that our transactions with these facilities would be in compliance with DEA regulations. When DEA noted discrepancies between their interpretation of the regulations and our policies and procedures for these facilities, Diamond took immediate action to bring these transactions in line with DEA's interpretations.

Once the DEA brought this action, Diamond cooperated fully with the DEA and the Assistant United States Attorney. As noted in the Consent Judgment (Attached as Exhibit B) Diamond and Settled all claims with the U.S. in exchange for dismissal of the Complaint.

Thank you, in advance, for your consideration of this matter. If you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

Gerald O'Brien
Chief Counsel
Diamond Pharmacy Services
645 Kolter Drive
Indiana, PA 15701
gobrien@diamondpharmacy.com

- Lake Erie Correctional Institution
  501 Thompson Rd, Conneaut, Ohio
- Tuscarawas County Jail
  2295 Reiser Ave SE, New Philadelphia, Ohio
- Cliff Skeen CBCF for Women
  941 Sherman St. Akron, Ohio
- Summit County CBCF
  264 Crosier St. Akron, Ohio
- Lake County Adult Detention Facility
  104 East Erie St., Painesville, Ohio

PARTIES

1. The Plaintiff in this action is the United States of America.

2. The Defendant, Diamond Drug, Inc., DBA Diamond Pharmacy Services (Diamond), is registered under 21 U.S.C. §§ 822 and 823 as a person authorized to dispense and distribute Schedule II, III, IV, and V controlled substances to the extent permitted by federal law, and has been assigned Registration Number BD1753640 by the Drug Enforcement Administration (DEA). Without a registration number, Diamond could not lawfully distribute or dispense controlled substances.

3. Diamond is a Pennsylvania corporation doing business in the Northern District of Ohio and advertises itself as the nation's largest correctional pharmacy provider and Pennsylvania's largest independently owned long-term care pharmacy.

JURISDICTION AND VENUE

4. This court has subject matter jurisdiction over this action pursuant to 21 U.S.C. § 842(c)(1)(A) and 28 U.S.C. §§ 1345 and 1355.

5. Venue is proper in this district pursuant to 28 U.S.C. § 1395(a) because Diamond is found in this district and the cause of action accrued in this district.

which he/she practices, to dispense a controlled substance in the course of professional practice, but does not include a pharmacist or a pharmacy. 21 C.F.R. § 1300.01(b).

10. A pharmacist has a "corresponding responsibility" to fill only those prescriptions for controlled substances that have been issued in accordance with the CSA. 21 C.F.R. §§ 1306.04(a) and 1305.04(a).

11. Prescriptions are orders for medications dispensed to an ultimate user (patient) and are required to contain specific information including: patient name; address; drug name and strength; quantity prescribed; directions for use; and name, address, and DEA number of issuing practitioner and be dated as of and signed on the day when issued. 21 C.F.R. §§ 1306.05(a); 1306.21(a).

12. Entities that dispense controlled substances, called "registrants" in DEA regulations, are required to have a valid DEA registration number. 21 C.F.R. §§ 1301.11(a); 1300.01.

13. No drugs listed in Schedule III through V may be dispensed without an electronic or signed written prescription of a practitioner, or an oral prescription of a practitioner. 21 U.S.C. §§ 829(b)(c); 353(b)(1); 21 C.F.R. § 1306.21.

FACTS

14. Diamond is a registrant under 21 U.S.C. §§ 822 and 823 and is therefore prohibited from dispensing Schedule II-V controlled substances without a written or oral prescription issued by a licensed practitioner. 21 U.S.C. § 829(b) and (c); 353(b)(1); 21 C.F.R. § 1306.21(a).

15. At all times relevant to the Complaint, Oriana House ADM, Oriana House Felony Drug Court, Judge Nancy McDonnell CBCF, Lake Erie Correctional Institution, Tuscarawas

premises of Oriana House ADM, Judge Nancy McDonnell CBCF, Lake Erie Correctional Institution, Tuscarawas County Jail, Cliff Skeen CBCF for Women, and Summit County CBCF.

21. At all times relevant to this Complaint, controlled substances were used to treat resident patients at Oriana House ADM, Oriana House Felony Drug Court, Judge Nancy McDonnell CBCF, Lake Erie Correctional Institution, Tuscarawas County Jail, Cliff Skeen CBCF for Women, and Summit County CBCF.

22. At all times relevant to this Complaint, the controlled substances present at Oriana House ADM, Oriana House Felony Drug Court, Judge Nancy McDonnell CBCF, Lake Erie Correctional Institution, Tuscarawas County Jail, Cliff Skeen CBCF for Women, and Summit County CBCF were supplied by Diamond as part of contingency stock. As a result, the controlled substances were under the control of Diamond and could only be removed for administration or dispensing to a patient pursuant to a legitimate prescription. 21 U.S.C. §§ 353(b), 829, and 842(a)(1); 21 C.F.R. §§ 1306.11 and 1306.21(a).

23. At all times relevant to this Complaint, the controlled substances at Oriana House ADM, Oriana House Felony Drug Court, Judge Nancy McDonnell CBCF, Lake Erie Correctional Institution, Tuscarawas County Jail, Cliff Skeen CBCF for Women, and Summit County CBCF were dispensed without a prescription in violation of 21 U.S.C. §§ 353(b), 829, and 842(a)(1); 21 C.F.R. §§ 1306.11 and 1306.21(a).

COUNT I

24. Plaintiff realleges and readopts the allegations set forth in paragraphs 1 through 23 as if fully rewritten herein.

25. Beginning on or about April 3, 2013, and thereafter until on or about August 14, 2014, Diamond dispensed or administered Schedule III and IV controlled substances without the

Respectfully submitted,

JUSTIN E. HERDMAN
United States Attorney

By: s/Steven J. Paffilas
Steven J. Paffilas (OH 0037376)
Patricia M. Fitzgerald (PA 308973)
Assistant U.S. Attorneys
United States Courthouse
801 West Superior Avenue
Suite 400
Cleveland, OH 44113
Phone: 216-622-3698/3779
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Steven.Paffilas@usdoj.gov
Patricia.Fitzgerald2@usdoj.gov

Attorneys for the
United States of America

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO

I. Civil Categories. (Please check one category only).

1. ☑ General Civil
2. ☐ Administrative Review/Social Security
3. ☐ Habeas Corpus Death Penalty

*If under Title 28, §2255, name the SENTENCING JUDGE:

CASE NUMBER:

II. RELATED OR REFILED CASES. See LR 3.1 which provides in pertinent part: "If an action is filed or removed to this Court and assigned to a District Judge after which it is discontinued, dismissed or remanded to a State court, and subsequently refiled, it shall be assigned to the same Judge who received the initial case assignment without regard for the place of holding court in which the case was refiled. Counsel or a party without counsel shall be responsible for bringing such cases to the attention of the Court by responding to the questions included on the Civil Cover Sheet."

This action is ☐ RELATED to another PENDING civil case. This action is ☐ REFILED pursuant to LR 3.1.

If applicable, please indicate on page 1 in section VIII, the name of the Judge and case number.

III. In accordance with Local Civil Rule 3.8, actions involving counties in the Eastern Division shall be filed at any of the divisional offices therein. Actions involving counties in the Western Division shall be filed at the Toledo office. For the purpose of determining the proper division, and for statistical reasons, the following information is requested.

ANSWER ONE PARAGRAPH ONLY. ANSWER PARAGRAPHS 1 THRU 3 IN ORDER. UPON FINDING WHICH PARAGRAPH APPLIES TO YOUR CASE, ANSWER IT AND STOP.

(1) Resident defendant. If the defendant resides in a county within this district, please set forth the name of such county

COUNTY:

Corporation For the purpose of answering the above, a corporation is deemed to be a resident of that county in which it has its principal place of business in that district.

(2) Non-Resident defendant. If no defendant is a resident of a county in this district, please set forth the county wherein the cause of action arose or the event complained of occurred.

COUNTY: Summit

(3) Other Cases. If no defendant is a resident of this district, or if the defendant is a corporation not having a principle place of business within the district, and the cause of action arose or the event complained of occurred outside this district, please set forth the county of the plaintiff's residence.

COUNTY:

IV. The Counties in the Northern District of Ohio are divided into divisions as shown below. After the county is determined in Section III, please check the appropriate division.

EASTERN DIVISION

☑ AKRON (Counties: Carroll, Holmes, Portage, Stark, Summit, Tuscarawas and Wayne)
☐ CLEVELAND (Counties: Ashland, Ashtabula, Crawford, Cuyahoga, Geauga, Lake, Lorain, Medina and Richland)
☐ YOUNGSTOWN (Counties: Columbiana, Mahoning and Trumbull)

WESTERN DIVISION

☐ TOLEDO (Counties: Allen, Auglaize, Defiance, Erie, Fulton, Hancock, Hardin, Henry, Huron, Lucas, Marion, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca VanWert, Williams, Wood and Wyandot)



IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

UNITED STATES OF AMERICA,	)	Case No. 5:17CV2348
	)	
Plaintiff,	)	
	)	JUDGE SARA LIOI
v.	)	
	)	
DIAMOND DRUGS, INC., DBA	)	
DIAMOND PHARMACY SERVICES,	)	**CONSENT JUDGMENT**
	)	
Defendant.	)	

On this day came to be heard the Complaint of the United States of America against the Defendant, Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services. The United States filed this action to recover civil penalties from Defendant's alleged violations of the Controlled Substances Act (CSA), 21 U.S.C. §§ 801 - 904, and its implementing regulations, 21 C.F.R. §§ 1306.01 - 1306.27.

The Defendant, having received a copy of the Complaint filed herein, and having read and understood the allegations of the United States contained therein, consents to the entry of this Consent Judgment and to each and every provision thereof without contest, and before any testimony has been taken; and the United States consents to the entry of this Consent Judgment and to each and every provision thereof.

APPROVED BY:
JUSTIN E. HERDMAN
United States Attorney

Date: 11,27|18

By: Patricia M. Fitzgerald
Steven J. Paffilas
Assistant United States Attorneys

DIAMOND DRUGS, INC. D/B/A DIAMOND PHARMACY SERVICES

By: _____ Date: 11/21/18
Mark J. Zilner, Chief Operating Officer
Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services

By: _____ Date: 11/20/18
Kevin M. Tierney
Frost Brown Todd LLC
Counsel for Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services

DIAMOND
PHARMACY SERVICES



RECEIVED
OCT 14 2020
NEVADA STATE BOARD
OF PHARMACY

October 9, 2020

Nevada Board of Pharmacy
RE: Maine State Board of Pharmacy: 2019-PHA-16503
License No. PH01640, WH01578

Please accept this correspondence as Diamond's notification to your Board of a "Consent Agreement" ("Agreement" attached as Exhibit A) entered into by Diamond Drugs, Inc., d/b/a Diamond Pharmacy Services ("Diamond") and the Maine State Board of Pharmacy ("ME BOP"). In the interest of full transparency and in in accordance with applicable statutes and regulations, Diamond hereby notifies your honorable Board of the Agreement.

Diamond is a corporation organized under the laws of the Commonwealth of Pennsylvania and licensed by the Pennsylvania Board of Pharmacy. At our Indiana, PA headquarters, we operate a closed-door pharmacy that employs approximately 85 full-time pharmacists, all of whom are licensed in the Commonwealth of Pennsylvania, and many of whom hold out-of-state licenses in 48 states and the District of Columbia. From Indiana, PA, we provide pharmacy services to correctional facilities throughout the United States and its territories. Additionally, we have separate divisions and wholly-owned subsidiaries that include Diamond Wholesale. Diamond's wholesale division is licensed to operate in several jurisdictions throughout the United States. This Agreement relates to Diamond's Wholesale Division. Diamond's Pharmacy division entered a separate (but substantively identical) agreement with the ME BOP earlier this year and reported said agreement to all Pharmacy Boards on or about April 23, 2020.

ME BOP's allegations against Diamond are based two sets of sister-state discipline brought against Diamond which were previously reported to your Board. The first, stems from a civil case initiated by the United States Drug Enforcement Agency in 2017. That DEA case was brought against Diamond's wholesale distribution division for events that took place between 2013 and 2014 in the Northern District of Ohio. Diamond entered into a Settlement Agreement with the DEA in late 2018. In accordance with applicable laws, Diamond sent a notification/explanation letter to all boards of pharmacy on or about January 25, 2019. Although we reported this action to the ME BOP and your Honorable Board, Diamond did not report this action within the timeframe prescribed by Maine statute.

The second, stems from a 2015 Consent Order Diamond entered into with the Oklahoma Board of Pharmacy. Diamond reported this action to the ME BOP and your Honorable Board on or about 2016. More specifically, as a result of the OK Order, several jurisdictions took formal and informal action against Diamond's Non-Resident Pharmacy licenses in 2017, 2018, and 2019. Many of these actions did not amount to formal disciplinary actions. Nonetheless, Diamond reported these events to the ME BOP and your Honorable Board within 30 days of the actions becoming final.

As previously reported to your Honorable Board, Colorado, Michigan, and Hawaii took action against Diamond in 2017. When Diamond submitted its 2017 Maine Non-Resident Wholesaler License renewal application, Diamond did not disclose the CO, MI, and HI actions because Diamond misinterpreted the questions on Maine's renewal application. However, it is important to note that these actions were reported to Maine before Diamond submitted its 2017 renewal application. Additionally, these actions were levied against Diamond's Pharmacy division not its Wholesaler division.

When completing its Maine 2018 renewal application, Diamond recognized that it should have listed the CO, MI, and HI events on its 2017 renewal application. Therefore, in an effort to resolve this oversight, Diamond disclosed these actions (and other related sister-state actions) on its 2018 Maine renewal application. However, Diamond's efforts to mitigate its 2017 error did not preclude the ME BOP from bringing an action against Diamond for failing to disclose CO, MI, and HI on its 2017 renewal application.

Lastly, despite having reported the 2017, 2018, and 2019 actions to the ME BOP, Diamond failed to report them within the timeframe prescribed by Maine statute because Maine's timeframe is the shortest in the country.

As a result of the administrative failures discussed above, in March 2020, the ME BOP sent Diamond an agreement wherein it stated that the ME BOP will forgo bringing an action against Diamond's Non-Resident Pharmacy License provided Diamond accepts a "Reprimand" and pays a $1,725.00 Civil Penalty. In an effort to promptly resolve Maine's allegation of sister-state discipline and continue providing pharmacy services to its Maine clients, Diamond agreed to enter into the Agreement. Thereafter, in August 2020, the ME BOP sent Diamond a nearly identical Agreement (Exhibit A) to be entered into by Diamond's Wholesale Division. In an effort to promptly resolve the allegation now levied against Diamond's Wholesale Division and continue servicing its Maine customers, Diamond once again accepted the ME BOP's offer. Please note, this Consent Agreement does NOT prohibit or restrict Diamond's ability to practice pharmacy in Maine.

Diamond acknowledges its disciplinary history, and the reprimand imposed by the ME BOP, but urges other boards of pharmacy to follow the recommendation of the National Association of Boards of Pharmacy ("NABP") and consider foregoing any further sister-state discipline for these events. NABP Resolution 113-5-17 (Attached hereto as "Exhibit B") encourages state boards of pharmacy deciding whether to impose sister-state discipline to "consider forgoing sister-state disciplinary action absent direct patient impact or harm in their own states." It was important to the NABP and its state members when passing Resolution 113-5-17 to ensure that the nation-wide practice of sister-state discipline does not exceed practical bounds. Specifically, the purpose of the Resolution is to encourage state boards of pharmacy to consider the practical implications of imposing sister-state discipline and whether the discipline imposed is based on actions that actually implicate patients in the state.

Therefore, given the absence of patient harm in both the Agreement and the underlying action that gave rise to the Agreement, we respectfully request your board to follow the direction of the NABP and decide to not impose any disciplinary action against Diamond in relation to the Agreement.

Thank you very much for your consideration of this matter. Please do not hesitate to contact me if you have any questions or require additional information.

Sincerely,
/s/ Gerald O'Brien
Gerald O'Brien
Chief Counsel
Diamond Pharmacy Services
645 Kolter Drive
Indiana, PA 15701
gobrien@diamondpharmacy.com



STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
DIAMOND PHARMACY SERVICES	)	CONSENT AGREEMENT
	)	
	)	

Complaint No. 2019-PHA-16503

PARTIES

This document is a Consent Agreement regarding the pending application of Diamond Pharmacy Services, for the renewal of its pharmaceutical wholesaler license. The parties to this Consent Agreement are: Diamond Pharmacy Services ("Diamond"), the Maine Board of Pharmacy ("the Board"), and the Office of the Maine Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

STATEMENT OF FACTS

1. Since June 17, 2004, Diamond has been licensed in Maine as a pharmaceutical wholesaler with a registered location of 665 Kolter Drive in Indiana, Pennsylvania (license number WH70000698).

2. On November 30, 2015, the Oklahoma State Board of Pharmacy imposed discipline against Diamond's Oklahoma non-resident pharmacy license pursuant to an Agreed Findings of Fact, Conclusions of Law and Final Order in Case No. 1368 for failing to employ a pharmacy manager and misrepresenting on a license application that it had employed a pharmacy manager ("the 2015 Oklahoma Discipline").

3. On March 15, 2017, the Colorado State Board of Pharmacy imposed discipline against Diamond's Non-Resident Prescription Drug Outlet license (OSP 5266) pursuant to a

Stipulation and Final Agency Order in Case No. 2016-776, for failing to report the 2015 Oklahoma Discipline ("the 2017 Colorado Discipline").

4. On June 15, 2017, the Hawaii Board of Pharmacy imposed discipline against Diamond's Hawaii pharmacy permit (#PMP-85) pursuant to Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order #PHA-2017-0021-L failing to timely report the 2015 Oklahoma Discipline ("the 2017 Hawaii Discipline").

5. On August 6, 2017, the Michigan Board of Pharmacy imposed discipline against Diamond's Michigan pharmacy license (#53-01-007149) pursuant to Final Order #53-16-144536, for failing to timely report the 2015 Oklahoma Discipline ("the 2017 Michigan Discipline").

6. On November 7, 2017, Diamond filed an online renewal application with the Board and responded "No" to the following question: "Since your last renewal, has any jurisdiction taken disciplinary action against any professional license you hold (except this license) or have held or denied your application for licensure?" Diamond then failed to report the 2017 Colorado, 2017 Michigan, and 2017 Hawaii Discipline.

7. The Board accordingly renewed Diamond's pharmaceutical wholesaler license.

8. On April 26, 2018, the Texas State Board of Pharmacy imposed discipline against Diamond's Texas pharmacy license (#16925) pursuant to Agreed Board Order #F-17-035, for failing to report the 2015 Oklahoma Discipline the 2017 Colorado Discipline, and the 2017 Michigan Discipline ("the 2018 Texas Discipline").

9. On October 12, 2018, the Colorado State Board of Pharmacy imposed discipline against Diamond 's Colorado pharmacy license (#OSP 5266) pursuant to a Letter of Admonition Case No. 2018-6085, for failing to timely report the 2018 Texas Discipline ("the 2018 Colorado Discipline").

10. On November 5, 2018, Diamond filed a renewal application with the Board and reported to the Board for the first time the 2017 Colorado Discipline, the 2017 Michigan Discipline, the 2017 Hawaii Discipline, and the 2018 Texas Discipline.

11. On November 14, 2018, the Louisiana Board of Pharmacy imposed discipline against Diamond's Louisiana permit (#4594) pursuant to a Consent Order in Case No.178-0080, for failing to disclose the 2017 Colorado Discipline, and the 2017 Michigan Discipline ("the 2018 Louisiana Discipline").

12. On November 29, 2018, the United States District Court for the Northern District of Ohio Eastern Division entered a consent judgment that settled an action by the United States against Diamond's DEA registration (#BD1753640) in Case No. 5:17-cv-02348, and imposed civil penalties for violating the Controlled Substances Act of 1970 for dispensing controlled drugs from its emergency kit without a valid prescription ("the 2018 DEA Judgment").

13. On December 10, 2018, Diamond reported to the Board for the first time the 2018 Louisiana Discipline.

14. Diamond failed to report all of the discipline from other jurisdictions to the Board within 10 days as required by 10 M.R.S. § 8003-G(2)(C).

15. Pursuant to 10 M.R.S. § 8003(5-A)(A)(11) and 10 M.R.S. § 8003-G(2)(C), the Board may deny, refuse to renew, suspend, or revoke a license and impose other discipline for failing to report a license disciplinary action to the Board within 10 days of that action.

16. At its meeting on November 7, 2019, the Board reviewed the above information and voted to preliminarily deny Diamond's application for renewal of its license to be a pharmaceutical wholesaler. In lieu of the denial, the Board also voted to offer Diamond this Consent Agreement. Unless Diamond either requests, in writing, a hearing regarding the appeal of the preliminary denial

within thirty (30) days of receipt of the Notice of Preliminary Denial, or accepts this Consent Agreement by signing and dating it and returning it to Maine Board of Pharmacy, Compliance Division, Office of Professional and Occupational Regulation, 35 State House Station, Augusta, ME 04333, by **September 13, 2020**, the preliminary denial of Diamond's application for licensure as a pharmaceutical wholesaler will become final.

COVENANTS

17. Diamond admits to the facts above and admits that such conduct constitutes grounds for denial of or refusal to renew its license and for the imposition of discipline as follows:

a. Pursuant to 10 M.R.S. §§ 8003(5-A)(A)(11), and 10 M.R.S. § 8003-G(2)(C) for failing to report disciplinary action taken against a license in another jurisdiction within 10 days after the action was taken; and

b. Pursuant to 10 M.R.S. § 8003(5-A)(A)(1), for making a misrepresentation to the Board on its November 7, 2017 application for renewal of licensure.

18. As discipline for the violation admitted to in paragraph 17 above, Diamond agrees to accept the following DISCIPLINARY ACTION:

a) A REPRIMAND; and

b) A CIVIL PENALTY in the amount of one thousand seven hundred fifty dollars ($1,750.00), which penalty is comprised of a $1,500.00 for misrepresentation on its application and $250.00 for failing to report discipline within 10 days, payment of which shall be made by certified check or money order payable to the "Treasurer, State of Maine" and delivered to Maine Board of Pharmacy, Compliance Division, Office of Professional and Occupational

Regulation, 35 State House Station, Augusta, Maine 04333, and must be submitted with the signed Consent Agreement.

19. Upon receipt of this signed Consent Agreement with the enclosed payment of the civil penalty from Diamond, the Board will renew Diamond's license contingent upon it meeting all other eligibility criteria.

20. Violation of any of the terms or conditions of this Consent Agreement by Diamond shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.

21. The Board and Diamond agree that no further agency action will be initiated against its license by the Board based upon the specific violations admitted to herein, except or unless Diamond fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct if other allegations are brought against Diamond, and this Consent Agreement will be admitted into evidence in any future adjudicatory hearing involving Diamond. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining appropriate discipline in any further complaints against Diamond .

22. This Consent Agreement is not appealable and is effective until modified or rescinded by the parties hereto.

23. The Board and the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

24. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.

25. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

26. Diamond acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

DATED: 9/1/2020 DIAMOND PHARMACY SERVICES

By: _____

Print Name: Gerald R. O'Brien, Jr.

Title: Chief Counsel

DATED: 9/14/2020

JOSEPH BRUNO, R.Ph., PRESIDENT
Maine Board of Pharmacy

DATED: 9/14/2020

ANDREW L. BLACK
Assistant Attorney General

DIAMOND
PHARMACY SERVICES



April 23, 2020

Nevada Board of Pharmacy
License No. PH01640
License No. WHO1578

Please accept this correspondence as Diamond's notification to your Board of a "Consent Agreement" ("Agreement" attached as Exhibit A) entered into by Diamond Drugs, Inc., d/b/a Diamond Pharmacy Services ("Diamond") and the Maine State Board of Pharmacy ("ME BOP"). In the interest of full transparency and in in accordance with applicable statutes and regulations, Diamond hereby notifies your honorable Board of the Agreement.

Diamond is a corporation organized under the laws of the Commonwealth of Pennsylvania and licensed by the Pennsylvania Board of Pharmacy. At our Indiana, PA headquarters, we operate a closed-door pharmacy that employs approximately 85 full-time pharmacists, all of whom are licensed in the Commonwealth of Pennsylvania, and many of whom hold out-of-state licenses in 48 states and the District of Columbia. From Indiana, PA, we provide pharmacy services to correctional facilities throughout the United States and its territories. Additionally, we have separate divisions and wholly-owned subsidiaries that include Diamond Wholesale. Diamond's wholesale division is licensed to operate in several jurisdictions throughout the United States.

ME BOP's allegations against Diamond are based two sets of sister-state discipline which Diamond previously reported to your Board. The first, stems from a civil case initiated by the United States Drug Enforcement Agency in 2017. That DEA case was brought against Diamond's wholesale distribution division for events that took place between 2013 and 2014 in the Northern District of Ohio. Diamond entered into a Settlement Agreement with the DEA in late 2018. In accordance with applicable laws, Diamond sent a notification/explanation letter to all boards of pharmacy on or about January 25, 2019. Although we reported this action to the ME BOP and your Honorable Board, Diamond did not report this action within the timeframe prescribed by Maine statute.

The second, stems from a 2015 Consent Order Diamond entered into with the Oklahoma Board of Pharmacy. Diamond reported this action to the ME BOP and your Honorable Board on or about 2016. More specifically, as a result of the OK Order, several jurisdictions took formal and informal action against Diamond's Non-Resident Pharmacy licenses in 2017, 2018, and 2019. Many of these actions did not amount to formal disciplinary actions. Nonetheless, Diamond reported these events to the ME BOP and your Honorable Board within 30 days of the actions becoming final.

As previously reported to your Honorable Board, Colorado, Michigan, and Hawaii took action against Diamond in 2017. When Diamond submitted its 2017 Maine Non-Resident Pharmacy License renewal application, Diamond did not disclose the CO, MI, and HI actions because Diamond misinterpreted the questions on Maine's renewal application. However, it is

important to note that these actions were reported to Maine before Diamond submitted its 2017 renewal application.

When completing its Maine 2018 renewal application, Diamond recognized that it should have listed the CO, MI, and HI events on its 2017 renewal application. Therefore, in an effort to resolve this oversight, Diamond disclosed these actions (and other related sister-state actions) on its 2018 Maine renewal application. However, Diamond's efforts to mitigate its 2017 error did not preclude the ME BOP from bringing an action against Diamond for failing to disclose CO, MI, and HI on its 2017 renewal application.

Lastly, despite having reported the 2017, 2018, and 2019 actions to the ME BOP, Diamond failed to report them within the timeframe prescribed by Maine statute because Maine's timeframe is the shortest in the country.

As a result of the administrative failures discussed above, in March 2020, the ME BOP sent Diamond the Agreement wherein it states that the ME BOP will forgo bringing an action against Diamond provided Diamond accepts a "Reprimand" and pays a $1,725.00 Civil Penalty. In an effort to promptly resolve Maine's allegation of sister-state discipline and continue providing pharmacy services to its Maine clients, Diamond agreed to enter into the Agreement. Please note, this Consent Agreement does NOT prohibit or restrict Diamond's ability to practice pharmacy in Maine.

Diamond acknowledges its disciplinary history, and the reprimand imposed by the ME BOP, but urges other boards of pharmacy to follow the recommendation of the National Association of Boards of Pharmacy ("NABP") and consider foregoing any further sister-state discipline for these events. NABP Resolution 113-5-17 (Attached hereto as "Exhibit B") encourages state boards of pharmacy deciding whether to impose sister-state discipline to "consider forgoing sister-state disciplinary action absent direct patient impact or harm in their own states." It was important to the NABP and its state members when passing Resolution 113-5-17 to ensure that the nation-wide practice of sister-state discipline does not exceed practical bounds. Specifically, the purpose of the Resolution is to encourage state boards of pharmacy to consider the practical implications of imposing sister-state discipline and whether the discipline imposed is based on actions that actually implicate patients in the state.

Therefore, given the absence of patient harm in both the Agreement and the underlying action that gave rise to the Agreement, we respectfully request your board to follow the direction of the NABP and decide to not impose any disciplinary action against Diamond in relation to the Agreement.

Thank you very much for your consideration of this matter. Please do not hesitate to contact me if you have any questions or require additional information.

Sincerely,
/s/ Gerald O'Brien
Gerald O'Brien, Chief Counsel
Diamond Pharmacy Services
645 Kolter Drive
Indiana, PA 15701
gobrien@diamondpharmacy.com



STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
DIAMOND DRUGS, INC	)	CONSENT AGREEMENT
	)	
Complaint No. 2019-PHA-16202	)	

PARTIES

This document is a Consent Agreement regarding the pending application of DIAMOND DRUGS, INC , for the renewal of its mail order prescription pharmacy license. The parties to this Consent Agreement are: Diamond Drugs, Inc ("Diamond"), the Maine Board of Pharmacy ("the Board"), and the Office of the Maine Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

STATEMENT OF FACTS

1. Since April 23, 2004, Diamond has been licensed in Maine as a mail order prescription pharmacy with a registered location of 645 Kolter Drive, Indiana, Pennsylvania (license number **MO40000555**).

2. On November 30, 2015, the Oklahoma State Board of Pharmacy imposed discipline against Diamond's Oklahoma non-resident pharmacy license pursuant to an Agreed Findings of Fact, Conclusions of Law and Final Order in Case No. 1368 for failing to employ a pharmacy manager and misrepresenting on a license application that it had employed a pharmacy manager ("the 2015 Oklahoma Discipline").

STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
DIAMOND DRUGS, INC	)	CONSENT AGREEMENT
	)	
Complaint No. 2019-PHA-16202	)	

PARTIES

This document is a Consent Agreement regarding the pending application of DIAMOND DRUGS, INC , for the renewal of its mail order prescription pharmacy license. The parties to this Consent Agreement are: Diamond Drugs, Inc ("Diamond"), the Maine Board of Pharmacy ("the Board"), and the Office of the Maine Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

STATEMENT OF FACTS

1. Since April 23, 2004, Diamond has been licensed in Maine as a mail order prescription pharmacy with a registered location of 645 Kolter Drive, Indiana, Pennsylvania (license number MO40000555).

2. On November 30, 2015, the Oklahoma State Board of Pharmacy imposed discipline against Diamond's Oklahoma non-resident pharmacy license pursuant to an Agreed Findings of Fact, Conclusions of Law and Final Order in Case No. 1368 for failing to employ a pharmacy manager and misrepresenting on a license application that it had employed a pharmacy manager ("the 2015 Oklahoma Discipline").

3. On March 15, 2017, the Colorado State Board of Pharmacy imposed discipline against Diamond's Non-Resident Prescription Drug Outlet license (OSP 5266) pursuant to a Stipulation and Final Agency Order in Case No. 2016-776, for failing to report the 2015 Oklahoma Discipline ("the 2017 Colorado Discipline").

4. On June 15, 2017, the Hawaii Board of Pharmacy imposed discipline against Diamond's Hawaii pharmacy permit (#PMP-85) pursuant to Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order #PHA-2017-0021-L failing to timely report the 2015 Oklahoma Discipline ("the 2017 Hawaii Discipline").

5. On August 6, 2017, the Michigan State Board of Pharmacy imposed discipline against Diamond's Michigan pharmacy license (#53-01-007149) pursuant to Final Order #53-16-144536, for failing to timely report the 2015 Oklahoma Discipline ("the 2017 Michigan Discipline").

6. On its November 28, 2017 renewal application Diamond responded "No" to the following question: "Since your last renewal, has any jurisdiction taken disciplinary action against any professional license you hold (except this license) or have held or denied your application for licensure?" Diamond then failed to report the 2017 Colorado, 2017 Michigan, and 2017 Hawaii Discipline.

7. The Board accordingly renewed Diamond's mail order prescription pharmacy license number MO40000555.

8. On April 26, 2018, the Texas State Board of Pharmacy imposed discipline against Diamond's Texas pharmacy license (#16925) pursuant to Agreed Board Order #F-17-035, for failing to report the 2015 Oklahoma Discipline the 2017 Colorado Discipline, and the 2017 Michigan Discipline ("the 2018 Texas Discipline").

9. On October 12, 2018, the Colorado State Board of Pharmacy imposed discipline against Diamond 's Colorado pharmacy license (#OSP 5266) pursuant to a Letter of Admonition Case No. 2018-6085, for failing to timely report the 2018 Texas Discipline ("the 2018 Colorado Discipline").

10. On its November 5, 2018, renewal application Diamond reported to the Board for the first time the 2017 and 2018 Colorado Discipline, the 2017 Michigan Discipline, the 2017 Hawaii Discipline, the 2018 Texas Discipline, and the 2015 Oklahoma Discipline.

11. On November 14, 2018, the Louisiana Board of Pharmacy imposed discipline against Diamond's Louisiana permit (#4594) pursuant to a Consent Order in Case No.18-0080, for failing to disclose the 2017 Colorado Discipline, and the 2017 Michigan Discipline ("the 2018 Louisiana Discipline").

12. On November 29, 2018, the United States District Court for the Northern District of Ohio Eastern Division entered a consent judgment that settled an action by the United States against Diamond's DEA registration (#BD1753640) in Case No. 5:17-cv-02348, and imposed civil penalties for violating the Controlled Substances Act of 1970 for dispensing controlled drugs from its emergency kit without a valid prescription ("the 2018 DEA Judgment").

13. On September 24, 2019, the Alabama State Board of Pharmacy imposed discipline against Diamond's Alabama non-resident pharmacy permit (#112716) pursuant to the Final Order in Case Nos. 16-L-0126, 18-L-0098, and 19-L-0036 for failing to disclose the 2015 Oklahoma, 2018 Louisiana, 2018 Texas, and 2017 Colorado Discipline, and the 2018 DEA Judgment ("the 2019 Alabama Discipline").

14. On December 10, 2018, Diamond reported to the Board for the first time the 2018 Louisiana Discipline.

15. On November 6, 2019, Diamond reported to the Board for the first time the 2019 Alabama Discipline.

16. Diamond failed to report all of the discipline from other jurisdictions to the Board within 10 days as required by 10 M.R.S. § 8003-G(2)(C).

17. Pursuant to 10 M.R.S. § 8003(5-A)(A)(11) and 10 M.R.S. § 8003-G(2)(C), the Board may deny, refuse to renew, suspend, or revoke a license and impose other discipline for failing to report a license disciplinary action to the Board within 10 days of that action.

18. At its meeting on October 3, 2019, the Board reviewed the above information and voted to preliminarily deny Diamond's application for renewal of its license to be a mail order prescription pharmacy. In lieu of the denial, the Board also voted to offer Diamond this Consent Agreement. Unless Diamond either requests, in writing, a hearing regarding the appeal of the preliminary denial within thirty (30) days of receipt of the Notice of Preliminary Denial, or accepts this Consent Agreement by signing and dating it and returning it to Complaint Division, 35 State House Station, Augusta, ME 04333, by March 30, 2020, the preliminary denial of Diamond 's application for licensure as a mail order prescription pharmacy will become final.

COVENANTS

19. Diamond admits to the facts above and admits that such conduct constitutes grounds for denial of or refusal to renew its license and for the imposition of discipline as follows:

a. Pursuant to 10 M.R.S. §§ 8003(5-A)(A)(11), and 10 M.R.S. § 8003-G(2)(C) for failing to report disciplinary action taken against a license in another jurisdiction within 10 days after the action was taken; and

b. Pursuant to 10 M.R.S. § 8003(5-A)(A)(1), for making a misrepresentation to the Board on its November 28, 2017 application for renewal of licensure.

20. As discipline for the violation admitted to in paragraph 19 above, Diamond agrees to accept the following DISCIPLINARY ACTION:

a) A REPRIMAND; and

b) A CIVIL PENALTY in the amount of one thousand seven hundred fifty dollars ($1,750.00), which penalty is comprised of a $1,500.00 ($1,500 misrepresentations on application) and $ 250.00 ($250.00 for failing to report discipline within 10 days), payment of which shall be made by certified check or money order payable to the "Treasurer, State of Maine" and delivered to Complaint Division, Board of Pharmacy, Maine Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333, and must be submitted with the signed Consent Agreement;

21. Upon receipt of this signed Consent Agreement with the enclosed payment of the civil penalty from Diamond , the Board will renew Diamond's license.

22. Violation of any of the terms or conditions of this Consent Agreement by Diamond shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.

23. The Board and Diamond agree that no further agency action will be initiated against its license by the Board based upon the specific violations admitted to herein, except or unless Diamond fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct if other allegations are brought against Diamond and this Consent Agreement will be admitted into evidence

in any future adjudicatory hearing involving Diamond . The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining appropriate discipline in any further complaints against Diamond .

24. This Consent Agreement is not appealable and is effective until modified or rescinded by the parties hereto.

25. The Board and the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

26. Upon receipt of the signed Consent Agreement and the civil penalty payment, the Board will renew Diamond 's license contingent upon it meeting all other eligibility criteria.

27. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.

28. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

29. Diamond acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

DATED: 4/7/2020 DIAMOND DRUGS, INC

By: _____

Print Name: Mark J. Zilner

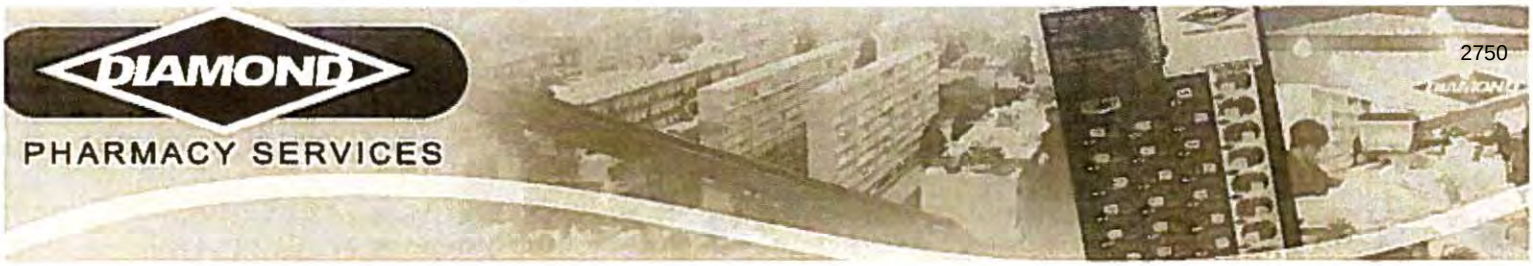
Title: Owner & Chief Operating Officer

DATED: 4/9/2020

JOSEPH BRUNO, R.Ph., PRESIDENT
Maine Board of Pharmacy

DATED: 4/10/2020

ANDREW L. BLACK
Assistant Attorney General



RECEIVED
FEB 13 2020

February 6, 2020

To: Whom It May Concern:
Board: **Nevada Board of Pharmacy**
RE: License No. **PH01640**
License No. **WHO1578**

Please accept this correspondence as Diamond's notification to your Board of a "Settlement Agreement Prior to the Filing of Petition for Formal Disciplinary Action and Board's Final Order" ("Agreement" attached as Exhibit A) entered into by Diamond Drugs, Inc., d/b/a Diamond Pharmacy Services ("Diamond") and the Hawaii Department of Commerce and Consumer Affairs ("Hawaii"). It is Diamond's sincerely held belief that the Agreement with Hawaii does not amount to a formal disciplinary action. However, in the interest of full transparency and in an effort to use an abundance of caution in the reporting of disciplinary events, Diamond hereby notifies your honorable Board of the Agreement.

Diamond is a corporation organized under the laws of the Commonwealth of Pennsylvania and licensed by the Pennsylvania Board of Pharmacy. At our Indiana, PA headquarters, we operate a closed-door pharmacy that employs approximately 85 full-time pharmacists, all of whom are licensed in the Commonwealth of Pennsylvania, and many of whom hold out-of-state licenses in 48 states and the District of Columbia. From Indiana, PA, we provide pharmacy services to correctional facilities throughout the United States and its territories. Additionally, we have separate divisions and wholly-owned subsidiaries that include Diamond Wholesale. Diamond's wholesale division is licensed to operate in several jurisdictions throughout the United States. As discussed below, the action taken by Hawaii relates to activities by Diamond's wholesale division, and not the actions of Diamond Pharmacy Services, although Hawaii's allegation is against Diamond's Hawaii out-of-state pharmacy license.

Hawaii's allegation against Diamond is based on sister-state discipline stemming from a civil case initiated by the United States Drug Enforcement Agency in 2017. That DEA case was brought against Diamond's wholesale distribution division for events that took place between 2013 and 2014 in the Northern District of Ohio. Diamond entered into a Settlement Agreement with the DEA in late 2018. In accordance with applicable laws, Diamond sent a notification/explanation letter to all boards of pharmacy on or about January 25, 2019. For reference, a copy of this letter and its supporting documentation are attached as Exhibit B. The DEA's civil case did not impact patient safety or implicate diversion of controlled substances. Instead, the DEA alleged deficiencies in how Diamond distributed and documented the use of emergency drug kits in several correctional facilities.

After receiving Diamond's notification of the settlement with the DEA, Hawaii alleged that an adverse action in another jurisdiction (the Northern District of Ohio) amounts to a violation of Hawaii pharmacy law. In an effort to promptly resolve Hawaii's allegation of sister-

state discipline, Diamond agreed to enter into the Agreement with Hawaii in exchange for Hawaii forgoing a formal disciplinary action against Diamond.

Diamond acknowledges its disciplinary history, and the informal action taken against it by Hawaii, but urges other boards of pharmacy to follow the recommendation of the National Association of Boards of Pharmacy ("NABP") and consider foregoing any further sister-state discipline for these events. NABP Resolution 113-5-17 encourages state boards of pharmacy deciding whether to impose sister-state discipline to "consider forgoing sister-state disciplinary action absent direct patient impact or harm in their own states." It was important to the NABP and its state members when passing Resolution 113-5-17 to ensure that the nation-wide practice of sister-state discipline does not exceed practical bounds. Specifically, the purpose of the Resolution is to encourage state boards of pharmacy to consider the practical implications of imposing sister-state discipline and whether the discipline imposed is based on actions that actually implicate patients in the state.

Therefore, given the absence of patient harm in both the Agreement and the underlying action that gave rise to the Agreement, we respectfully request your board to follow the direction of the NABP and decide to not impose any disciplinary action against Diamond in relation to the Agreement.

Thank you very much for your consideration of this matter. Please do not hesitate to contact me if you have any questions or require additional information.

Sincerely,
/s/ Gerald O'Brien
Gerald O'Brien
Chief Counsel
Diamond Pharmacy Services
645 Kolter Drive
Indiana, PA 15701
gobrien@diamondpharmacy.com

EXHIBIT
A
Pg. 1 of 10

STACIA M. SILVA 6760
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

DEPT OF COMMERCE AND CONSUMER AFFAIRS
2020 JAN 23 P 2:33
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permit of	PHA 2019-43-L
DIAMOND DRUG, INC., doing business as DIAMOND PHARMACY SERVICES,	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER;
Respondent.	EXHIBIT "1"

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s) and Respondent DIAMOND DRUG, INC., doing business as DIAMOND PHARMACY SERVICES (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted as a miscellaneous permit holder by the Board of Pharmacy (hereinafter the "Board") under permit number PMP 85. The permit was issued on or about August 21, 1997. The permit is set to expire or forfeit on or about December 31, 2019.

2. Respondent's mailing address for purposes of this action is 645 Kolter Drive, Indiana, PA 15701.

3. On or about February 4, 2019, Respondent reported it was disciplined in the United States Federal District Court in Ohio.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

4. A Consent Judgment was filed on or about November 29, 2018 in Case No. 5:17CV2348 (hereinafter the "Consent Judgment") (Exhibit "1"). The Consent Judgment was based on Respondent's alleged violation of the Controlled Substances Act. Pursuant to the terms of the Consent Judgment, Respondent was ordered to pay a judgment of $312,500.00.

5. RICO alleges Respondent was disciplined by the United States and that Respondent failed to timely report the action.

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state or federal agency) and § 436B-19(15) (failure to timely report disciplinary action).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein permitted as a miscellaneous permit holder by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permit and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent further understands that RICO enters into this Settlement Agreement, and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

6. Respondent represents Exhibit "1" is a true and correct copy of the Consent Judgment.

7. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

8. Respondent does not admit to violating any law or rule but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permit

9. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

10. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2019-43-L.

11. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes Chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Stacia M. Silva, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraphs C.1. above, Respondent's permit shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new permit until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for a new permit pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of miscellaneous permit holders in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., C.7., and C.8. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against

Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Indiana (City), Pennsylvania (State), December 5, 2019 (Date)

DIAMOND DRUG, INC., doing business as
DIAMOND PHARMACY SERVICES
Respondent,
By: _____
(Signature)

LouAnn Bowser
(Print Name)

Its C.F.O.

DATED: Honolulu, Hawaii, DEC 18 2019

STACIA M. SILVA
Attorney for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF DIAMOND DRUG, INC., DOING BUSINESS AS DIAMOND PHARMACY SERVICES; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"; RICO CASE NO. PHA 2019-43-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE
Chairperson

1/23/20
DATE

JULIE YURIE TAKISHIMA-LACASA
Vice Chair

MARY JO KEEFE

SHERI TOKUMARU

KENNETH VANDENBUSSCHE

CATALINA CROSS

PVL 11 2019

STATE OF Pennsylvania)
) SS.
COUNTY OF Indiana)

On this 5th day of December, 2019, before me personally appeared LouAnn Bowser, to me known to be the person described, and who executed the foregoing instrument on behalf of DIAMOND DRUG, INC., doing business as DIAMOND PHARMACY SERVICES as its Corporate Financial Officer, and acknowledged that he/she executed the same as his/her free act and deed.

This 6 -page *Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order* document dated December 5, (DATE DOCUMENT SIGNED BY RESPONDENT), 2019 was acknowledged before me by LouAnn Bowser (NAME OF PERSON SIGNING THIS DOCUMENT) this 6th day of December, 2019, in the City of Indiana, in the County of Indiana, in the 3rd Circuit, in the State of Pennsylvania.

Notary Signature: Linda M. Heidenthal
Print Notary Name: Linda M. Heidenthal
Notary Public, State of Pennsylvania
My Commission expires: 3-31-22

Commonwealth of Pennsylvania – Notary Seal
LINDA M HEIDENTHAL – Notary Public
Indiana County
My Commission Expires Mar 31, 2022
Commission Number 1222905

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

UNITED STATES OF AMERICA,	)	Case No. 5:17CV2348
	)	
Plaintiff,	)	
	)	JUDGE SARA LIOI
v.	)	
	)	
DIAMOND DRUGS, INC., DBA	)	
DIAMOND PHARMACY SERVICES,	)	CONSENT JUDGMENT
	)	
Defendant.	)	

On this day came to be heard the Complaint of the United States of America against the Defendant, Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services. The United States filed this action to recover civil penalties from Defendant's alleged violations of the Controlled Substances Act (CSA), 21 U.S.C. §§ 801 - 904, and its implementing regulations, 21 C.F.R. §§ 1306.01 - 1306.27.

The Defendant, having received a copy of the Complaint filed herein, and having read and understood the allegations of the United States contained therein, consents to the entry of this Consent Judgment and to each and every provision thereof without contest, and before any testimony has been taken; and the United States consents to the entry of this Consent Judgment and to each and every provision thereof.

EXHIBIT _____

WHEREAS, in order to settle all claims that the United States has against the Defendant as a result of the facts alleged in the Complaint, and in accordance with the Settlement Agreement previously entered into by all of the parties to this case, the Defendant, Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services, agrees that a judgment may be entered against it in the amount of $312,500, plus interest at 2.125 % per annum in order to secure the remaining unpaid balance which is due and payable no later than May 30, 2019.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED:

1. That this Court has jurisdiction of the subject matter hereof and of all persons and parties hereto pursuant to 28 U.S.C. § 1345 and that the Complaint states a cause of action against the Defendant.

2. That a judgment is rendered in favor of the United States against Defendant Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services, in the amount of $312,500, plus interest at 2.125 % per annum which is due and payable no later than May 30, 2019.

Sara Lioi

Date: November 29, 2018

UNITED STATES DISTRICT JUDGE SARA LIOI

APPROVED BY:
JUSTIN E. HERDMAN
United States Attorney

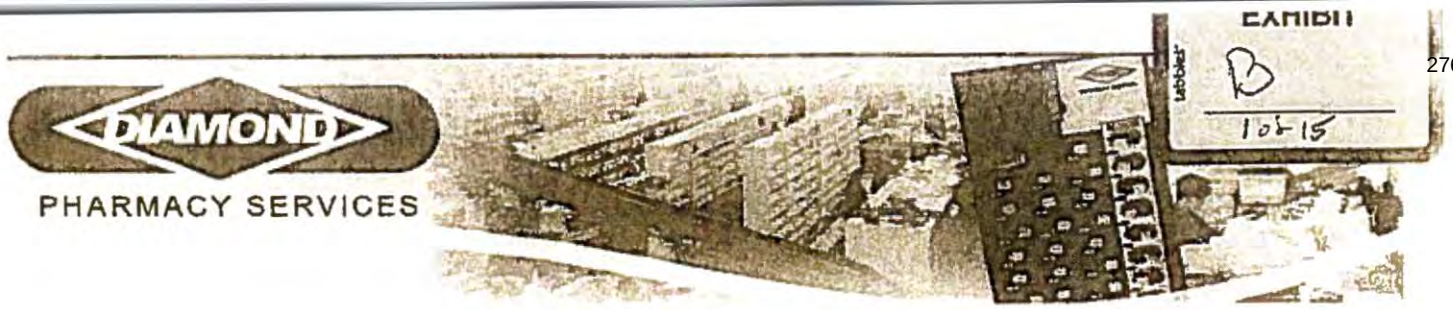
Date: 11-21-18

By: Patricia M. Fitzgerald
Steven J. Paffilas
Assistant United States Attorneys

DIAMOND DRUGS, INC. D/B/A DIAMOND PHARMACY SERVICES

By: _____ Date: 11/21/18
Mark J. Zilner, Chief Operating Officer
Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services

By: _____ Date: 11/20/18
Kevin M. Tierney
Frost Brown Todd LLC
Counsel for Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services



January 24, 2019

RE: Diamond Drugs, License No.: _____

To Whom It May Concern:

Diamond Drugs, Inc. specializes in providing pharmacy services for institutional clients throughout the United States. We serve two major categories of clients – Correctional Facilities and Long-Term Care Homes, with separate business units within Diamond dedicated to each line of business. In 2013, Diamond began servicing various facilities in the Northern District of Ohio. Standard procedure for set-up of the facilities was followed whereby our pharmacist/account manager visited each site and evaluated their then-existing service model. We implemented procedures that mirrored that model as closely as possible while making modifications to adapt to our ordering/fulfillment systems and capabilities.

During the set-up process, it was determined that these facilities were capable of receiving stock from Diamond provided that each facility secured a valid Ohio Contingent Stock License. Once these state licenses were obtained, Diamond's Account Manager/Pharmacist ensure that security protocols were in place and followed, and periodically visited each site to review and audit the use of the controlled medication stock. The periodic visits occurred every 6 months, more frequently if necessary but as Diamond discovered later, the Ohio (and DEA) rules for handling of stock varied greatly from how facilities must handle their own stock orders.

In approximately July 2014, Diamond's facility in Indiana, PA was subjected to a regular DEA inspection from the Pittsburgh, PA field office. The inspectors noticed discrepancies in Diamond's handling of the Ohio facilities' stock as sold to the facility on delivery instead of contingent stock. The recommendation from the inspectors was to treat such stock as Emergency Drug Kits (EDKs) for these facilities. Our account manager/pharmacist contacted the DEA office for the Northern Ohio region in late July or early August of 2014, and explained the business model under which Diamond and the facilities were operating, and requested guidance as to how to convert the facilities to a DEA registration that would allow for compliance with DEA regulations.

After this conversation with the DEA, Agent Carter issued subpoenas for records at Oriana House. Counsel for Diamond and Diamond's Pharmacist/Account Manager had several telephone conferences with Agent Carter and other members of the DEA's Ohio office in mid-to-late August during which time a plan of action was agreed upon, and Diamond provided guidance to its Northern Ohio facilities as to the process for securing a license that would allow us to move forward with a compliant process. The DEA registration(s)

were in place for most locations by September 2014, with the final site securing its DEA-compliant registration in approximately December 2014. Since that time, Diamond did not send any contingency stock to any Northern Ohio location.

Thereafter, the DEA began investigating whether or not the prior procedure for handling controlled substance stock resulted in Diamond either (1) shipping controlled substances to non-registered locations and/or (2) dispensing drugs without a proper prescription..

As noted in its Complaint (Attached hereto as Exhibit A), the DEA viewed these prior procedures as being in conflict with DEA regulations. This discrepancy is rooted in the fact that once the emergency stock was on site at the facility, the medications were not dispensed by Diamond, but rather, administered by the facility to the ultimate user. It was Diamond's position that the subsequent delivery of the medications to the ultimate user was governed by the rules for practitioner administration (21 C.F.R. §1306.21). Therefore, Diamond did not retain copies of prescriptions nor did Diamond require a telephone order from the practitioner that was to be subsequently reduced to writing by Diamond.

It is worth noting that it was specifically stated to Diamond by both the DEA and Assistant United States Attorney (AUSA) that no part of the Complaint or investigation alleged or concerned diversion of controlled substances.

Diamond initiated the conversations with the DEA's Northern Ohio District in order to ensure that our transactions with these facilities would be in compliance with DEA regulations. When DEA noted discrepancies between their interpretation of the regulations and our policies and procedures for these facilities, Diamond took immediate action to bring these transactions in line with DEA's interpretations.

Once the DEA brought this action, Diamond cooperated fully with the DEA and the Assistant United States Attorney. As noted in the Consent Judgment (Attached as Exhibit B) Diamond and Settled all claims with the U.S. in exchange for dismissal of the Complaint.

Thank you, in advance, for your consideration of this matter. If you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

Gerald O'Brien
Chief Counsel
Diamond Pharmacy Services
645 Kolter Drive
Indiana, PA 15701
gobrien@diamondpharmacy.com



IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

UNITED STATES OF AMERICA,	)	Case No.
	)	
Plaintiff,	)	
	)	JUDGE
v.	)	
	)	
DIAMOND DRUG, INC., DBA	)	
DIAMOND PHARMACY SERVICES,	)	COMPLAINT
	)	
Defendant.	)	

This is an action by the United States of America to recover civil penalties from Defendant, Diamond Drug, Inc., DBA Diamond Pharmacy Services, for violation of the Controlled Substances Act (CSA) of 1970, 21 U.S.C. § 801-904 and regulations under the CSA. The United States seeks civil penalties against Defendant for permitting controlled substances to be dispensed and/or administered from its controlled contingency stock, also called an emergency kit, without a valid prescription during the period April 2013 through August 2014 at the following facilities:

- Oriana House ADM Crisis Center (Oriana House ADM)
  15 Frederick Ave, Akron, Ohio
- Oriana House Felony Drug Court
  15 Frederick Ave, Akron, Ohio
- Judge Nancy McDonnell Community Based Correctional Facility (CBCF)
  3540 Croton Ave. Cleveland, Ohio

- Lake Erie Correctional Institution
  501 Thompson Rd, Conneaut, Ohio
- Tuscarawas County Jail
  2295 Reiser Ave SE, New Philadelphia, Ohio
- Cliff Skeen CBCF for Women
  941 Sherman St. Akron, Ohio
- Summit County CBCF
  264 Crosier St. Akron, Ohio
- Lake County Adult Detention Facility
  104 East Erie St., Painesville, Ohio

PARTIES

1. The Plaintiff in this action is the United States of America.

2. The Defendant, Diamond Drug, Inc., DBA Diamond Pharmacy Services (Diamond), is registered under 21 U.S.C. §§ 822 and 823 as a person authorized to dispense and distribute Schedule II, III, IV, and V controlled substances to the extent permitted by federal law, and has been assigned Registration Number BD1753640 by the Drug Enforcement Administration (DEA). Without a registration number, Diamond could not lawfully distribute or dispense controlled substances.

3. Diamond is a Pennsylvania corporation doing business in the Northern District of Ohio and advertises itself as the nation's largest correctional pharmacy provider and Pennsylvania's largest independently owned long-term care pharmacy.

JURISDICTION AND VENUE

4. This court has subject matter jurisdiction over this action pursuant to 21 U.S.C. § 842(c)(1)(A) and 28 U.S.C. §§ 1345 and 1355.

5. Venue is proper in this district pursuant to 28 U.S.C. § 1395(a) because Diamond is found in this district and the cause of action accrued in this district.

STATUTORY AND REGULATORY BACKGROUND

6. The CSA and its implementing regulations establish a closed system of distribution to reduce the likelihood that pharmaceutical controlled substances will be diverted into illicit channels and thereby harm public health and safety. This closed system, which includes registration, security, recordkeeping, and reporting requirements, ensures strict accountability for controlled substances and provides mechanisms to prevent and detect diversion. The Attorney General is authorized to promulgate regulations for "the registration and control of the manufacture, distribution, and dispensing of controlled substances." 21 U.S.C. §821.

7. Controlled substances are organized into schedules according to the characteristics of each substance: drugs included in Schedule I have the greatest potential for abuse and do not have legitimate medical uses. Drugs included in Schedule II have a high potential for abuse but do have a legitimate medical use. Drugs included in Schedule III and IV also have a legitimate medical use but their potential for abuse is less than Schedule I or II drugs. Drugs included in Schedule V have legitimate medical uses and have the least potential for abuse. 21 U.S.C. § 812 (b).

8. For a controlled substance prescription to be valid, it must be issued for a legitimate medical purpose by a practitioner acting in the usual course of professional practice. 21 C.F.R. § 1306.04(a). There is no statutory or regulatory basis for a physician to delegate this responsibility to an agent or subordinate.

9. Under the CSA, a practitioner is a physician, dentist, veterinarian, or other individual licensed, registered, or otherwise permitted, by the United States or the jurisdiction in

which he/she practices, to dispense a controlled substance in the course of professional practice, but does not include a pharmacist or a pharmacy. 21 C.F.R. § 1300.01(b).

10. A pharmacist has a "corresponding responsibility" to fill only those prescriptions for controlled substances that have been issued in accordance with the CSA. 21 C.F.R. §§ 1306.04(a) and 1305.04(a).

11. Prescriptions are orders for medications dispensed to an ultimate user (patient) and are required to contain specific information including: patient name; address; drug name and strength; quantity prescribed; directions for use; and name, address, and DEA number of issuing practitioner and be dated as of and signed on, the day when issued. 21 C.F.R. §§ 1306.05(a); 1306.21(a).

12. Entities that dispense controlled substances, called "registrants" in DEA regulations, are required to have a valid DEA registration number. 21 C.F.R. §§ 1301.11(a); 1300.01.

13. No drugs listed in Schedule III through V may be dispensed without an electronic or signed written prescription of a practitioner, or an oral prescription of a practitioner. 21 U.S.C. §§ 829(b)(c); 353(b)(1); 21 C.F.R. § 1306.21.

FACTS

14. Diamond is a registrant under 21 U.S.C. §§ 822 and 823 and is therefore prohibited from dispensing Schedule II-V controlled substances without a written or oral prescription issued by a licensed practitioner. 21 U.S.C. § 829(b) and (c); 353(b)(1); 21 C.F.R. § 1306.21(a).

15. At all times relevant to the Complaint, Oriana House ADM, Oriana House Felony Drug Court, Judge Nancy McDonnell CBCF, Lake Erie Correctional Institution, Tuscarawas

County Jail, Cliff Skeen CBCF for Women, and Summit County CBCF were not DEA registrants and thus could not lawfully dispense controlled substances to its resident patients without a valid prescription.

16. At all times relevant to the Complaint, Diamond dispensed Schedule III-IV drugs to resident patients of Oriana House ADM, Oriana House Felony Drug Court, Judge Nancy McDonnell CBCF, Lake Erie Correctional Institution, Tuscarawas County Jail, Cliff Skeen CBCF for Women, and Summit County CBCF through contingency stock located in these facilities.

17. Oriana House ADM is a twenty-four-hour, sixteen-bed, sub-acute drop-in center in Akron, Ohio, that accepts patients addicted to drugs and/or alcohol for detoxification. Oriana House ADM is operated by Oriana House, Inc., a community corrections and chemical dependency treatment agency, and is affiliated with the Summit County Alcohol, Drug Addiction & Mental Health (ADM) Services Board.

18. Oriana House Felony Drug Court operates under the control of Oriana House ADM in coordination with the Summit County Court of Common Pleas. Oriana House Felony Drug Court helps to accelerate the prosecution process and mandates substance abuse treatment and drug education for eligible offenders.

19. Judge Nancy McDonnell CBCF, Lake Erie Correctional Institution, Tuscarawas County Jail, Cliff Skeen CBCF for Women, and Summit County CBCF are correctional facilities located in the Northern District of Ohio.

20. At all times relevant to this Complaint, Diamond was approved by the State of Ohio Board of Pharmacy to maintain contingency stocks of controlled substances on the

premises of Oriana House ADM, Judge Nancy McDonnell CBCF, Lake Erie Correctional Institution, Tuscarawas County Jail, Cliff Skeen CBCF for Women, and Summit County CBCF.

21. At all times relevant to this Complaint, controlled substances were used to treat resident patients at Oriana House ADM, Oriana House Felony Drug Court, Judge Nancy McDonnell CBCF, Lake Erie Correctional Institution, Tuscarawas County Jail, Cliff Skeen CBCF for Women, and Summit County CBCF.

22. At all times relevant to this Complaint, the controlled substances present at Oriana House ADM, Oriana House Felony Drug Court, Judge Nancy McDonnell CBCF, Lake Erie Correctional Institution, Tuscarawas County Jail, Cliff Skeen CBCF for Women, and Summit County CBCF were supplied by Diamond as part of contingency stock. As a result, the controlled substances were under the control of Diamond and could only be removed for administration or dispensing to a patient pursuant to a legitimate prescription. 21 U.S.C. §§ 353(b), 829, and 842(a)(1); 21 C.F.R. §§ 1306.11 and 1306.21(a).

23. At all times relevant to this Complaint, the controlled substances at Oriana House ADM, Oriana House Felony Drug Court, Judge Nancy McDonnell CBCF, Lake Erie Correctional Institution, Tuscarawas County Jail, Cliff Skeen CBCF for Women, and Summit County CBCF were dispensed without a prescription in violation of 21 U.S.C. §§ 353(b), 829, and 842(a)(1); 21 C.F.R. §§ 1306.11 and 1306.21(a).

COUNT I

24. Plaintiff realleges and readopts the allegations set forth in paragraphs 1 through 23 as if fully rewritten herein.

25. Beginning on or about April 3, 2013, and thereafter until on or about August 14, 2014, Diamond dispensed or administered Schedule III and IV controlled substances without the

written or oral authorization of a practitioner in violation of 21 U.S.C. §§ 829(b) and 842(a)(1) and 21 C.F.R. § 1306.21(a). Each such instance was a violation of 21 U.S.C. § 842(a)(1) and is subject to a civil penalty of up to $25,000 for each violation pursuant to 21 U.S.C. § 842 (c)(1)(A).

26. Pursuant to 21 U.S.C. § 842(c)(1)(A), Diamond's failure to dispense Schedule III and IV controlled substances without a prescription subjects Diamond to civil penalties of not more than $25,000 for each violation.

PRAYER FOR RELIEF

WHEREFORE, the Plaintiff United States of America respectfully requests this Court to:

1. Enter judgment for the Plaintiff on Count I of the Complaint;

2. Impose a civil penalty on Defendant, Diamond Drug, Inc., DBA Diamond Pharmacy Services, of not more than $25,000 for each and every violation of 21 U.S.C. §§ 829(b) and 842(a)(1), the total amount of violations to be determined at trial;

3. Award the United States its costs in this action; and

4. Grant such other and further relief as is just and proper.

Respectfully submitted,

JUSTIN E. HERDMAN
United States Attorney

By: s/Steven J. Paffilas
Steven J. Paffilas (OH 0037376)
Patricia M. Fitzgerald (PA 308973)
Assistant U.S. Attorneys
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Cleveland, OH 44113
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Steven.Paffilas@usdoj.gov
Patricia.Fitzgerald2@usdoj.gov

Attorneys for the
United States of America

JS 44 (Rev. 06/17)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. *(SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)*

I. (a) PLAINTIFFS

United States of America

(b) County of Residence of First Listed Plaintiff
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys *(Firm Name, Address, and Telephone Number)*
Steven J. Paffilas and Patricia M. Fitzgerald, Assistant U.S. Attorneys
U.S. Attorney's Office, 801 W. Superior Avenue, Suite 400
Cleveland, OH 44113 Ph: (216) 622-3800

DEFENDANTS

Diamond Drug, Inc., DBA Diamond Pharmacy Services

County of Residence of First Listed Defendant Summit
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED

Attorneys *(If Known)*

II. BASIS OF JURISDICTION *(Place an "X" in One Box Only)*

- ☒ 1 U.S. Government Plaintiff
- ☐ 3 Federal Question *(U.S. Government Not a Party)*
- ☐ 2 U.S. Government Defendant
- ☐ 4 Diversity *(Indicate Citizenship of Parties in Item III)*

III. CITIZENSHIP OF PRINCIPAL PARTIES *(Place an "X" in One Box for Plaintiff and One Box for Defendant)*
(For Diversity Cases Only)

	PTF	DEF		PTF	DEF
Citizen of This State	☐ 1	☐ 1	Incorporated or Principal Place of Business In This State	☐ 4	☐ 4
Citizen of Another State	☐ 2	☐ 2	Incorporated and Principal Place of Business In Another State	☐ 5	☐ 5
Citizen or Subject of a Foreign Country	☐ 3	☐ 3	Foreign Nation	☐ 6	☐ 6

IV. NATURE OF SUIT *(Place an "X" in One Box Only)*

Click here for: Nature of Suit Code Descriptions.

CONTRACT	TORTS		FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
☐ 110 Insurance ☐ 120 Marine ☐ 130 Miller Act ☐ 140 Negotiable Instrument ☐ 150 Recovery of Overpayment & Enforcement of Judgment ☐ 151 Medicare Act ☐ 152 Recovery of Defaulted Student Loans (Excludes Veterans) ☐ 153 Recovery of Overpayment of Veteran's Benefits ☐ 160 Stockholders' Suits ☐ 190 Other Contract ☐ 195 Contract Product Liability ☐ 196 Franchise	PERSONAL INJURY ☐ 310 Airplane ☐ 315 Airplane Product Liability ☐ 320 Assault, Libel & Slander ☐ 330 Federal Employers' Liability ☐ 340 Marine ☐ 345 Marine Product Liability ☐ 350 Motor Vehicle ☐ 355 Motor Vehicle Product Liability ☐ 360 Other Personal Injury ☐ 362 Personal Injury - Medical Malpractice	PERSONAL INJURY ☐ 365 Personal Injury - Product Liability ☐ 367 Health Care/ Pharmaceutical Personal Injury Product Liability ☐ 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY ☐ 370 Other Fraud ☐ 371 Truth in Lending ☐ 380 Other Personal Property Damage ☐ 385 Property Damage Product Liability	☐ 625 Drug Related Seizure of Property 21 USC 881 ☐ 690 Other LABOR ☐ 710 Fair Labor Standards Act ☐ 720 Labor/Management Relations ☐ 740 Railway Labor Act ☐ 751 Family and Medical Leave Act ☐ 790 Other Labor Litigation ☐ 791 Employee Retirement Income Security Act IMMIGRATION ☐ 462 Naturalization Application ☐ 465 Other Immigration Actions	☐ 422 Appeal 28 USC 158 ☐ 423 Withdrawal 28 USC 157 PROPERTY RIGHTS ☐ 820 Copyrights ☐ 830 Patent ☐ 835 Patent - Abbreviated New Drug Application ☐ 840 Trademark SOCIAL SECURITY ☐ 861 HIA (1395ff) ☐ 862 Black Lung (923) ☐ 863 DIWC/DIWW (405(g)) ☐ 864 SSID Title XVI ☐ 865 RSI (405(g))	☐ 375 False Claims Act ☐ 376 Qui Tam (31 USC 3729(a)) ☐ 400 State Reapportionment ☐ 410 Antitrust ☐ 430 Banks and Banking ☐ 450 Commerce ☐ 460 Deportation ☐ 470 Racketeer Influenced and Corrupt Organizations ☐ 480 Consumer Credit ☐ 490 Cable/Sat TV ☐ 850 Securities/Commodities/ Exchange ☒ 890 Other Statutory Actions ☐ 891 Agricultural Acts ☐ 893 Environmental Matters ☐ 895 Freedom of Information Act ☐ 896 Arbitration ☐ 899 Administrative Procedure Act/Review or Appeal of Agency Decision ☐ 950 Constitutionality of State Statutes
REAL PROPERTY	CIVIL RIGHTS	PRISONER PETITIONS		FEDERAL TAX SUITS	
☐ 210 Land Condemnation ☐ 220 Foreclosure ☐ 230 Rent Lease & Ejectment ☐ 240 Torts to Land ☐ 245 Tort Product Liability ☐ 290 All Other Real Property	☐ 440 Other Civil Rights ☐ 441 Voting ☐ 442 Employment ☐ 443 Housing/ Accommodations ☐ 445 Amer. w/Disabilities - Employment ☐ 446 Amer. w/Disabilities - Other ☐ 448 Education	Habeas Corpus ☐ 463 Alien Detainee ☐ 510 Motions to Vacate Sentence ☐ 530 General ☐ 535 Death Penalty Other: ☐ 540 Mandamus & Other ☐ 550 Civil Rights ☐ 555 Prison Condition ☐ 560 Civil Detainee - Conditions of Confinement		☐ 870 Taxes (U.S. Plaintiff or Defendant) ☐ 871 IRS—Third Party 26 USC 7609	

V. ORIGIN *(Place an "X" in One Box Only)*

☒ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District (specify) ☐ 6 Multidistrict Litigation - Transfer ☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing *(Do not cite jurisdictional statutes unless diversity)*:
21 U.S.C. §§ 801-904

Brief description of cause:
Violations of the Controlled Substances Act

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND $

CHECK YES only if demanded in complaint.
JURY DEMAND: ☐ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions)

JUDGE

DOCKET NUMBER

DATE
11/08/2017

SIGNATURE OF ATTORNEY OF RECORD
s/ Steven J. Paffilas

FOR OFFICE USE ONLY

RECEIPT # AMOUNT APPLYING IFP JUDGE MAG. JUDGE

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO

I. Civil Categories: (Please check one category only).

1. ☑ General Civil
2. ☐ Administrative Review/Social Security
3. ☐ Habeas Corpus Death Penalty

*If under Title 28, §2255, name the SENTENCING JUDGE:

CASE NUMBER:

II. RELATED OR REFILED CASES. See LR 3.1 which provides in pertinent part: "If an action is filed or removed to this Court and assigned to a District Judge after which it is discontinued, dismissed or remanded to a State court, and subsequently refiled, it shall be assigned to the same Judge who received the initial case assignment without regard for the place of holding court in which the case was refiled. Counsel or a party without counsel shall be responsible for bringing such cases to the attention of the Court by responding to the questions included on the Civil Cover Sheet."

This action is ☐ RELATED to another PENDING civil case. This action is ☐ REFILED pursuant to LR 3.1.

If applicable, please indicate on page 1 in section VIII, the name of the Judge and case number.

III. In accordance with Local Civil Rule 3.8, actions involving counties in the Eastern Division shall be filed at any of the divisional offices therein. Actions involving counties in the Western Division shall be filed at the Toledo office. For the purpose of determining the proper division, and for statistical reasons, the following information is requested.

ANSWER ONE PARAGRAPH ONLY. ANSWER PARAGRAPHS 1 THRU 3 IN ORDER. UPON FINDING WHICH PARAGRAPH APPLIES TO YOUR CASE, ANSWER IT AND STOP.

(1) Resident defendant. If the defendant resides in a county within this district, please set forth the name of such county

COUNTY:

Corporation For the purpose of answering the above, a corporation is deemed to be a resident of that county in which it has its principal place of business in that district.

(2) Non-Resident defendant. If no defendant is a resident of a county in this district, please set forth the county wherein the cause of action arose or the event complained of occurred.

COUNTY: Summit

(3) Other Cases. If no defendant is a resident of this district, or if the defendant is a corporation not having a principle place of business within the district, and the cause of action arose or the event complained of occurred outside this district, please set forth the county of the plaintiff's residence.

COUNTY:

IV. The Counties in the Northern District of Ohio are divided into divisions as shown below. After the county is determined in Section III, please check the appropriate division.

EASTERN DIVISION

☑ AKRON (Counties: Carroll, Holmes, Portage, Stark, Summit, Tuscarawas and Wayne)
☐ CLEVELAND (Counties: Ashland, Ashtabula, Crawford, Cuyahoga, Geauga, Lake, Lorain, Medina and Richland)
☐ YOUNGSTOWN (Counties: Columbiana, Mahoning and Trumbull)

WESTERN DIVISION

☐ TOLEDO (Counties: Allen, Auglaize, Defiance, Erie, Fulton, Hancock, Hardin, Henry, Huron, Lucas, Marion, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca VanWert, Williams, Wood and Wyandot)

INSTRUCTIONS FOR ATTORNEYS COMPLETING CIVIL COVER SHEET FORM JS 44

Authority For Civil Cover Sheet

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I.(a) **Plaintiffs-Defendants.** Enter names (last, first, middle initial) of plaintiff and defendant. If the plaintiff or defendant is a government agency, use only the full name or standard abbreviations. If the plaintiff or defendant is an official within a government agency, identify first the agency and then the official, giving both name and title.

(b) **County of Residence.** For each civil case filed, except U.S. plaintiff cases, enter the name of the county where the first listed plaintiff resides at the time of filing. In U.S. plaintiff cases, enter the name of the county in which the first listed defendant resides at the time of filing. (NOTE: In land condemnation cases, the county of residence of the "defendant" is the location of the tract of land involved.)

(c) **Attorneys.** Enter the firm name, address, telephone number, and attorney of record. If there are several attorneys, list them on an attachment, noting in this section "(see attachment)".

II. **Jurisdiction.** The basis of jurisdiction is set forth under Rule 8(a), F.R.Cv.P., which requires that jurisdictions be shown in pleadings. Place an "X" in one of the boxes. If there is more than one basis of jurisdiction, precedence is given in the order shown below.
United States plaintiff. (1) Jurisdiction based on 28 U.S.C. 1345 and 1348. Suits by agencies and officers of the United States are included here.
United States defendant. (2) When the plaintiff is suing the United States, its officers or agencies, place an "X" in this box.
Federal question. (3) This refers to suits under 28 U.S.C. 1331, where jurisdiction arises under the Constitution of the United States, an amendment to the Constitution, an act of Congress or a treaty of the United States. In cases where the U.S. is a party, the U.S. plaintiff or defendant code takes precedence, and box 1 or 2 should be marked.
Diversity of citizenship. (4) This refers to suits under 28 U.S.C. 1332, where parties are citizens of different states. When Box 4 is checked, the citizenship of the different parties must be checked. (See Section III below; NOTE: federal question actions take precedence over diversity cases.)

III. **Residence (citizenship) of Principal Parties.** This section of the JS 44 is to be completed if diversity of citizenship was indicated above. Mark this section for each principal party.

IV. **Nature of Suit.** Place an "X" in the appropriate box. If there are multiple nature of suit codes associated with the case, pick the nature of suit code that is most applicable. Click here for: Nature of Suit Code Descriptions.

V. **Origin.** Place an "X" in one of the seven boxes.
Original Proceedings. (1) Cases which originate in the United States district courts.
Removed from State Court. (2) Proceedings initiated in state courts may be removed to the district courts under Title 28 U.S.C., Section 1441. When the petition for removal is granted, check this box.
Remanded from Appellate Court. (3) Check this box for cases remanded to the district court for further action. Use the date of remand as the filing date.
Reinstated or Reopened. (4) Check this box for cases reinstated or reopened in the district court. Use the reopening date as the filing date.
Transferred from Another District. (5) For cases transferred under Title 28 U.S.C. Section 1404(a). Do not use this for within district transfers or multidistrict litigation transfers.
Multidistrict Litigation – Transfer. (6) Check this box when a multidistrict case is transferred into the district under authority of Title 28 U.S.C. Section 1407.
Multidistrict Litigation – Direct File. (8) Check this box when a multidistrict case is filed in the same district as the Master MDL docket.
PLEASE NOTE THAT THERE IS NOT AN ORIGIN CODE 7. Origin Code 7 was used for historical records and is no longer relevant due to changes in statue.

VI. **Cause of Action.** Report the civil statute directly related to the cause of action and give a brief description of the cause. **Do not cite jurisdictional statutes unless diversity.** Example: U.S. Civil Statute: 47 USC 553 Brief Description: Unauthorized reception of cable service

VII. **Requested in Complaint.** Class Action. Place an "X" in this box if you are filing a class action under Rule 23, F.R.Cv.P.
Demand. In this space enter the actual dollar amount being demanded or indicate other demand, such as a preliminary injunction.
Jury Demand. Check the appropriate box to indicate whether or not a jury is being demanded.

VIII. **Related Cases.** This section of the JS 44 is used to reference related pending cases, if any. If there are related pending cases, insert the docket numbers and the corresponding judge names for such cases.

Date and Attorney Signature. Date and sign the civil cover sheet.

EXHIBIT B

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

UNITED STATES OF AMERICA,	)	Case No. 5:17CV2348
	)	
Plaintiff,	)	
	)	JUDGE SARA LIOI
v.	)	
	)	
DIAMOND DRUGS, INC., DBA	)	
DIAMOND PHARMACY SERVICES,	)	**CONSENT JUDGMENT**
	)	
Defendant.	)	

On this day came to be heard the Complaint of the United States of America against the Defendant, Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services. The United States filed this action to recover civil penalties from Defendant's alleged violations of the Controlled Substances Act (CSA), 21 U.S.C. §§ 801 - 904, and its implementing regulations, 21 C.F.R. §§ 1306.01 - 1306.27.

The Defendant, having received a copy of the Complaint filed herein, and having read and understood the allegations of the United States contained therein, consents to the entry of this Consent Judgment and to each and every provision thereof without contest, and before any testimony has been taken; and the United States consents to the entry of this Consent Judgment and to each and every provision thereof.

WHEREAS, in order to settle all claims that the United States has against the Defendant as a result of the facts alleged in the Complaint, and in accordance with the Settlement Agreement previously entered into by all of the parties to this case, the Defendant, Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services, agrees that a judgment may be entered against it in the amount of $312,500, plus interest at 2.125 % per annum in order to secure the remaining unpaid balance which is due and payable no later than May 30, 2019.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED:

1. That this Court has jurisdiction of the subject matter hereof and of all persons and parties hereto pursuant to 28 U.S.C. § 1345 and that the Complaint states a cause of action against the Defendant.

2. That a judgment is rendered in favor of the United States against Defendant Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services, in the amount of $312,500, plus interest at 2.125 % per annum which is due and payable no later than May 30, 2019.

Date: November 29, 2018

UNITED STATES DISTRICT JUDGE SARA LIOI

APPROVED BY:
JUSTIN E. HERDMAN
United States Attorney

Date: 11/27/18

By: Patricia M. Fitzgerald
Steven J. Paffilas
Assistant United States Attorneys

DIAMOND DRUGS, INC. D/B/A DIAMOND PHARMACY SERVICES

By: _____ Date: 11/21/18
Mark J. Zilner, Chief Operating Officer
Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services

By: _____ Date: 11/20/18
Kevin M. Tierney
Frost Brown Todd LLC
Counsel for Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services

SETTLEMENT AGREEMENT

This Settlement Agreement ("Agreement") is entered into among the United States of America, acting through the United States Department of Justice and on behalf of the Drug Enforcement Administration (DEA), (collectively the "United States"); and Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services, ("Diamond Drugs") (hereafter collectively referred to as "the Parties"), through their authorized representatives.

RECITALS

A. Diamond Drugs provides pharmacy-related services to correctional and long-term care facilities in the United States. Diamond Drugs operates pursuant to Certificates of Registration issued by the DEA authorizing it to dispense controlled substances in accordance with the Controlled Substances Act (CSA), 21 U.S.C. §§ 801 - 904, and its implementing regulations, 21 C.F.R. §§ 1306.01 - 1306.27.

B. Diamond Drugs acknowledges that it is required to operate in accordance with the statutory and regulatory provisions of the CSA, 21 U.S.C. §§ 801 - 904 and 21 C.F.R. §§ 1306.01 - 1306.27.

C. On November 8, 2017, the United States filed an action in the United States District Court for the Northern District of Ohio captioned *United States v. Diamond Drug, Inc. d/b/a Diamond Pharmacy Services*, Case No. 5:17-cv-02348 (the "Civil Action").

D. The United States contends that it has certain civil penalty claims against Diamond Drugs arising from conduct and transactions during the period from April 2013 through August 2014, as specifically set forth in the United States' Amended Complaint filed on December 6, 2017 (ECF No. 10). This conduct is referred to below as the Covered Conduct.

E. At all times relevant to the Covered Conduct, the CSA, 21 U.S.C. § 842(c)(1)(A), authorized a civil penalty of not more than $25,000 for each violation of 21 U.S.C. § 842(a)(1).

F. This Settlement Agreement is neither an admission of liability by Diamond Drugs nor a concession by the United States that its claims are not well founded.

To avoid the delay, uncertainty, inconvenience, and expense of protracted litigation of the above claims, and in consideration of the mutual promises and obligations of this Settlement Agreement, the Parties agree and covenant as follows:

TERMS AND CONDITIONS

1. Diamond Drugs shall pay to the United States the sum of six hundred and twenty-five thousand dollars ($625,000.00) (the "Settlement Amount"). No later than twenty days after the effective date of this Agreement, Diamond Drugs will make an initial payment to the United States in the amount of three hundred and twelve thousand and five hundred dollars ($312,500). No later than May 30, 2019, Diamond Drugs will pay the remaining three hundred and twelve thousand and five hundred dollars ($312,500). All payments under this Agreement shall be made by electronic funds transfer pursuant to written instructions to be provided by the Office of the United States Attorney for the Northern District of Ohio.

2. Subject to the exceptions in Paragraph 4 (concerning excluded claims) below, and conditioned upon Diamond Drugs' full payment of the Settlement Amount, the United States releases Diamond Drugs from any civil penalty claims the United States has for the Covered Conduct under the CSA, 21 U.S.C. §§ 842(a)(1) and 842(c)(1)(A).

3. Notwithstanding the release given in paragraph 2 of this Agreement, or any other term of this Agreement, the following claims of the United States are specifically reserved and are not released:

a. Any liability arising under Title 26, U.S. Code (Internal Revenue Code);

b. Any criminal liability;

c. Except as explicitly stated in this Agreement, any administrative liability;

d. Any liability to the United States (or its agencies) for any conduct other than the Covered Conduct;

e. Any liability based upon obligations created by this Agreement;

f. Any liability of individuals.

g. Any liability for express or implied warranty claims or other claims for defective or deficient products of services, including quality of goods or services;

h. Any liability for failure to deliver goods or services due;

i. Any liability for personal injury or property damage or for other consequential damages arising from the Covered Conduct.

4. Should DEA initiate any administrative action, including denial, suspension, or revocation of Diamond Drugs' registration based on conduct that occurs after the Effective Date of this Agreement, nothing in this Agreement shall in any way preclude DEA from introducing evidence of any historical conduct on the part of Diamond Drugs, including conduct that gave rise to this Agreement. Should such an administrative proceeding arise, DEA may use such evidence as additional bases to support its proposed administrative action.

5. Diamond Drugs waives and shall not assert any defenses Diamond Drugs may have to any criminal prosecution or administrative action relating to the Covered Conduct that may be based in whole or in part on a contention that under the Double Jeopardy Clause in the Fifth Amendment of the Constitution, or under the Excessive Fines Clause in the Eighth Amendment of the Constitution, this Agreement bars a remedy sought in such criminal prosecution or administrate action.

6. Diamond Drugs fully and finally releases the United States, its agencies, officers, agents, employees, and servants, from any claims (including attorneys' fees, costs, and expenses of every kind and however denominated) that Diamond Drugs has asserted, could have asserted, or may assert in the future against the United States, its agencies, officers, agents, employees,

and servants, related to the Covered Conduct and the United States' investigation and prosecution thereof.

7. Diamond Drugs agrees to the following:

a. Unallowable Costs Defined: All costs (as defined in the Federal Acquisition Regulation, 48 C.F.R. § 31.205-47); and in Titles XVIII and XIX of the Social Security Act, 42 U.S.C. §§ 1395-1395kkk-1 and 1396-1396w-5; and the regulations and official program directives promulgated thereunder) incurred by or on behalf of Diamond Drugs, and its present or former officers, directors, employees, shareholders, and agents in connection with:

(1) the matters covered by this Agreement;

(2) the United States' audit(s) and civil and any criminal investigation(s) of the matters covered by this Agreement;

(3) Diamond Drugs' investigation, defense, and corrective actions undertaken in response to the United States' audit(s) and civil and any criminal investigation(s) in connection with the matters covered by this Agreement (including attorney's fees);

(4) the negotiation and performance of this Agreement; and

(5) the payment Diamond Drugs makes to the United States pursuant to this Agreement

are unallowable costs for government contracting purposes and under the Medicare Program, Medicaid Program, TRICARE Program, and Federal Employees Health Benefits Program (FEHBP) (hereinafter referred to as Unallowable Costs).

b. Future Treatment of Unallowable Costs: Unallowable Costs will be separately determined and accounted for by Diamond Drugs, and Diamond Drugs shall not charge such Unallowable Costs directly or indirectly to any contracts with the United States or any State Medicaid program, or seek payment for such Unallowable Costs through any cost report, cost

statement, information statement, or payment request submitted by Diamond Drugs or any of its subsidiaries or affiliates to the Medicare, Medicaid, TRICARE, or FEHBP Programs.

c. Treatment of Unallowable Costs Previously Submitted for Payment: Diamond Drugs further agrees that within ninety days of the Effective Date of this Agreement it shall identify to applicable Medicare and TRICARE fiscal intermediaries, carriers, and/or contractors, and Medicaid and FEHBP fiscal agents, any Unallowable Costs (as defined in this Paragraph) included in payments previously sought from the United States, or any State Medicaid program, including, but not limited to, payments sought in any cost reports, cost statements, information reports, or payment requests already submitted by Diamond Drugs or any of its subsidiaries or affiliates, and shall request, and agree, that such cost reports, cost statements, information reports, or payment requests, even if already settled, be adjusted to account for the effect of the inclusion of the Unallowable Costs. Diamond Drugs agrees that the United States, at a minimum, shall be entitled to recoup from Diamond Drugs any overpayment plus applicable interest and penalties as a result of the inclusion of such Unallowable Costs on previously-submitted cost reports, information reports, cost statements, or requests for payment.

Any payments due after the adjustments have been made shall be paid to the United States pursuant to the direction of the Department of Justice and/or the affected agencies. The United States reserves its rights to disagree with any calculations submitted by Diamond Drugs or any of its subsidiaries or affiliates on the effect of inclusion of Unallowable Costs (as defined in this Paragraph) on Diamond Drugs or any of its subsidiaries or affiliates' cost reports, cost statements, or information reports.

d. Does Not Constitute a Waiver: Nothing in this Agreement shall constitute a waiver of the rights of the United States to audit, examine, or re-examine Diamond Drugs' books and

records to determine that no Unallowable Costs have been claimed in accordance with the provisions of this Paragraph.

8. This Agreement is intended to be for the benefit of the Parties only. The Parties do not release any claims against any other person or entity.

9. Diamond Drugs shall enter into the Consent Judgment (attached as Exhibit 1) in the amount of the unpaid balance of three hundred and twelve thousand and five hundred dollars ($312,500). Diamond Drugs will pay interest on $312,500 at 2.125% per annum. Diamond Drugs agrees to execute the Consent Judgment and deliver it to the United States Attorney for the Northern District of Ohio no later than the Effective Date of this Agreement. In the event that Diamond Drugs fails to pay any amount as provided in Paragraph 1 within five (5) business days of the date on which such payment is due, it shall be in default of its payment obligations ("Default"). The United States will provide written notice of the Default to Diamond Drugs, and it shall have the opportunity to cure such Default within five (5) business days from the date of receipt of the notice. Notice of Default will be delivered to Diamond Drugs and its attorney, Kevin M. Tierney, in writing. If Diamond Drugs fails to cure such Default within five (5) business days of receiving the Notice of Default, the remaining unpaid balance of the Settlement Amount shall become immediately due and payable, and interest shall accrue at the rate of 12% per annum compounded annually from the date of Default on the remaining unpaid total (principal and interest) balance. In the event of Default, the United States, at its sole option, may collect the entire unpaid balance of the Settlement Amount, plus interest, including 12% interest from the date of Default.

10. Each Party shall bear its own legal and other costs incurred in connection with this matter, including the preparation and performance of this Agreement.

11. Each party and signatory to this Agreement represents that it freely and voluntarily enters into this Agreement without any degree of duress or compulsion.

12. This Agreement is governed by the laws of the United States. The exclusive jurisdiction and venue for any dispute relating to this Agreement is the United States District Court for the Northern District of Ohio. For purposes of construing this Agreement, this Agreement shall be deemed to have been drafted by all Parties to this Agreement and shall not, therefore, be construed against any Party for that reason in any subsequent dispute.

13. This Agreement constitutes the complete agreement between the Parties. This Agreement may not be amended except by written consent of the Parties.

14. The undersigned counsel represent and warrant that they are fully authorized to execute this Agreement on behalf of the persons and entities indicated below.

15. This Agreement may be executed in counterparts, each of which constitutes an original and all of which constitute one and the same Agreement.

16. This Agreement is binding on Diamond Drugs' successors, transferees, heirs, and assigns.

17. All parties consent to the United States' disclosure of this Agreement, and information about this Agreement, to the public.

18. This Agreement is effective on the date of signature of the last signatory to the Agreement (Effective Date of this Agreement). Facsimiles and electronic transmissions of signatures shall constitute acceptable, binding signatures for purposes of this Agreement.

THE UNITED STATES OF AMERICA

JUSTIN E. HERDMAN
United States Attorney
Northern District of Ohio

By:_____ Date:_____
Patricia M. Fitzgerald
Assistant United States Attorneys

By:_____ Date:_____
Steven J. Paffilas
Assistant United States Attorneys

DIAMOND DRUGS, INC. d/b/a DIAMOND PHARMACY SERVICES

By:_____ Date: 11/21/18
Mark J. Zilner, Chief Operating Officer
Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services

By:_____ Date:_____
Kevin M. Tierney
Frost Brown Todd LLC
Counsel for Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN APPLICATION Registration Fee: $50.00

(Non-refundable check or credit card only. Credit Cards are charged a 5% processing fee)

Complete Name (no abbreviations):

First: Mayra Middle: Aidee Last: Hernandez

Home Address: [redacted] Taj Mahal Dr. Apt#:

City: Las Vegas State: NV Zip Code: 89130

Telephone: [redacted] SS# or ITIN: [redacted]

Date of Birth: [redacted] Place of Birth: Sex: ☐ M or ☑ F

E-mail Address: [redacted]

To qualify as a pharmaceutical technician you will need to meet one of the following criteria. Please check the appropriate box and include the required documentation.

☑ Copy of registration or on-line verification from state in which you are currently registered as a pharmaceutical technician.

☐ Copy of a certificate from an ASHP approved pharmacy technician school.

☐ Non ASHP approved school and PTCB or ICPT.

A licensee is not personally required to have a Nevada State Business License, however, if you have one, please provide the number: 132651

	Yes	No
1. Are you 18 years of age or older?	☑	☐
2. Are you a high school graduate or the equivalent?	☑	☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☑
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☑	☐
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☑	☐

If you marked YES to any of the numbered questions (**3-5**) above, include the following information & **provide an explanation & documentation:**

	State	Date:	Case #:
Board Administrative Action:	TX	12/01/2006	

	State	Date:	Case #:	County	Court
Criminal Action:		/ /			

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☑
IF you marked YES to the question, above are you in compliance with the court order?	☐	☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted — Date: 05/16/22

Board Use Only: Date Processed: Amount:

Jessette Phaynarikone

From: Mayra Hernandez <[redacted]
Sent: Wednesday, June 1, 2022 1:53 PM
To: Jessette Phaynarikone
Subject: Re: Pharmaceutical Technician Application
Attachments: image001.png

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

To whom it may Concern,

I was working my very first job as a Pharmacy Technician at Guardian Angel Pharmacy in El Paso, Texas. The Pharmacy owner and sometimes PIC will leave leaving us to run the Pharmacy on our own. The pharmacist/owner was planning on leaving out of the country for a few months and he wanted us to keep running the pharmacy the same way. We would have a part time pharmacist on certain days but he would be on-call just in case we needed him, after many attempts to try to talk to him and the rest of the staff about him leaving and letting him know it wasn't right I decided to report it to the state board. I called and made the report. The state board raided the place undercover on December 2006 during that time I processed a prescription, filled the prescription and dispensed the prescription to a undercover agent without a pharmacist being present. The undercover left and came back showed me her badge and asked me to close down the Pharmacy and to call the owner and the rest of the staff. The pharmacy was closed down and sanctioned, I was suspended for 3 months and on probation for 5 years that was cleared in 2011 during that time I never got in trouble again and have always kept up-to-date with my license.
Thank you for your time

Mayra A. Hernandez
06/01/2022

On Tue, May 31, 2022, 8:40 AM Jessette Phaynarikone <jphaynarikone@pharmacy.nv.gov> wrote:

Good morning,

We are in receipt of your application for Pharmaceutical Technician. Unfortunately, we tried to return your application due to missing documentation and explanation for your "yes" answers. See attached document. If you could please

Jessette Phaynarikone

From: Mayra Hernandez <[redacted]
Sent: Saturday, June 4, 2022 12:21 PM
To: Jessette Phaynarikone
Subject: Fwd: Mirta Aidee Hernandez (Texas Pharmacy Technician Registration #132651)
Attachments: Hernandez-Response Ltr.pdf; 194106 T132651 Hernandez, Mirna Aidee ABO T-07-071 2007-02.pdf

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Mirta Aidee Hernandez was the name I had when the incident happened. I became a US Citizen in 2014 and I changed my name to Mayra Aidee Hernandez.. I submitted a name change to the board and that's why my license is now under Mayra. Thank you for your time.

---------- Forwarded message ---------
From: **Open Records** <OpenRecords@pharmacy.texas.gov>
Date: Fri, Jun 3, 2022, 10:11 AM
Subject: Mirta Aidee Hernandez (Texas Pharmacy Technician Registration #132651)
To: mahern2577@gmail.com <mahern2577@gmail.com>

Dear Mirta Aidee Hernandez:

Please find the completed Open Records request. Attached is the information requested. If you have questions regarding the open records process, please contact Misty Maldonado-DeLeon at 512-305-8097. I hope this information has been helpful.

Best Regards,

Misty Maldonado-DeLeon

Open Records

Texas State Board of Pharmacy

333 Guadalupe Street, Suite 3-500

Austin, Texas 78701

openrecords@pharmacy.texas.gov

TEXAS STATE BOARD OF PHARMACY

June 3, 2022

Mirta Aidee Hernandez
Email: [redacted]

RE: Mirta Aidee Hernandez (Texas Pharmacy Technician Registration #132651)

Dear Mirta Aidee Hernandez:

On May 31, 2022, the Texas State Board of Pharmacy (TSBP) received your request for information regarding the disciplinary actions taken against the above-referenced registrant.

Please find enclosed documents responsive to your request.

The Texas State Board of Pharmacy would like to request your assistance in assessing the customer service you received. We appreciate your time and input. Please use https://www.surveymonkey.com/r/WYGCJKS to access the survey.

If you need additional information, please contact Misty Maldonado-DeLeon, Senior Administrative Assistant, at (512) 305-8097.

Sincerely,

Open Records
Texas State Board of Pharmacy

Enclosures

AGREED BOARD ORDER #T-07-071

RE: IN THE MATTER OF
MIRTA AIDEE HERNANDEZ
(PHARMACY TECHNICIAN
REGISTRATION #132651)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy the matter of pharmacy technician registration number 132651 issued to Mirta Aidee Hernandez.

By letter dated January 4, 2007, the Texas State Board of Pharmacy gave preliminary notice to Mirta Aidee Hernandez of its intent to take disciplinary action with respect to pharmacy technician registration number 132651 issued to Mirta Aidee Hernandez. This action was taken as a result of an investigation which produced evidence indicating that Mirta Aidee Hernandez may have violated:

Section 551.003(19); Section 562.101(a) and (b); and Section 568.003(a)(1), (2), (6)(A) and (7) of the Texas Pharmacy Act, Tex. Occ. Code Ann. Subtitle J (Vernon 2005);

Section 281.9(a)(1) and (2); Section 291.31(18); Section 291.32(c)(1)(C), (D), and (F); Section 291.32(c)(2)(A), (B), (C), (D), and (H); Section 291.32(d)(2)(A), (B)(i) and (ii); Section 291.32(d)(2)(C); Section 291.33(b)(3); Section 291.33(c)(1)(E); Section 291.33(c)(2); and Section 291.34(b)(3)(A) of the Texas Pharmacy Rules of Procedure, 22 Tex. Admin. Code (2006); and

Section 481.074(a)(1) and (4); Section 481.114(a) of the Texas Controlled Substances Act, Tex Health & Safety Code Ann. (2005), in that allegedly:

PREVIOUS HISTORY

On or about March 16, 2006, the Texas State Board of Pharmacy informed Mirta Hernandez, of the receipt of a complaint alleging falsification of her preliminary application for failing to disclose two arrests. No disciplinary action was taken with regard to this matter.

COUNTS

(1) On or about December 13 and 14, 2006, Mirta Aidee Hernandez, a pharmacy technician of Guardian Angel Pharmacy, 1400 George Dieter, Suite 190, El Paso, Texas 79936, performed duties that may only be performed by a pharmacist and duties that may only be performed under the supervision of a pharmacist. On or about December 13 and 14, 2006, an Investigator for the Texas State Board of Pharmacy (TSBP) observed Ms. Hernandez operating Guardian Angel Pharmacy, including filling and dispensing prescriptions, while no pharmacist was present at the pharmacy or while not under the supervision of a pharmacist.

The following prescriptions were filled and dispensed to patient J.H. (a TSBP investigator acting in an undercover capacity) by Ms. Hernandez without a pharmacist verifying the accuracy of the prescription, in that a pharmacist was not present in the pharmacy or a pharmacist was not supervising the duties performed by the technician:

DATE	RX#	DRUG	QTY.
12/13/06	4004185	Hydrocodone/Acetaminophen 10/500 mg tablets	30
12/14/06	4004203	Hydrocodone/Acetaminophen 10/500 mg tablets	30

(2) On or about December 13 and 14, 2006, a pharmacist employed by Guardian Angel Pharmacy, 1400 George Dieter, Suite 190, El Paso, Texas 79936, failed to evaluate the prescription drug orders and the patient medication record to conduct a drug regimen review in order to identify inappropriate drug utilization of the dispensed prescriptions described above. Additionally, the prescriptions described above were dispensed in quantities, dosages, or for periods of time which grossly exceeded the standards of practice, approved labeling of the Federal Food and Drug Administration, or the guidelines published in professional literature. The recommended maximum dosage for Hydrocodone with Acetaminophen is 4 g per day of Acetaminophen (the maximum dose of the Hydrocodone is limited by the total daily limit of Acetaminophen).

An informal conference was held in the office of the Texas State Board of Pharmacy on January 23, 2007. Mirta Aidee Hernandez was not in attendance, but submitted a written response. The informal conference was heard by a Board panel comprised of: W. Michael Brimberry, R.Ph., M.B.A., Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; and Carol Fisher, R.Ph., M.P.A., Director of Enforcement; with Kerstin E. Arnold, General Counsel. Also in attendance were: Julie C. Hildebrand, Litigation Counsel, and Joe Lewis, Chief Investigator.

By her signature on this Order, Mirta Aidee Hernandez agrees that the Texas State Board of Pharmacy has jurisdiction in this matter and does hereby waive her right to legal counsel, to notice of hearing, to a formal administrative hearing, and to judicial review of this Order.

After discussion of the matters previously outlined in this Order, and subsequent communications, Mirta Aidee Hernandez agreed to the entry of an Order disposing of the need for further disciplinary action in this matter. By her signature on this Order, Mirta Aidee Hernandez neither admits nor denies the truth of the matters previously set out in this Order with respect to the above alleged violations.

Should this Order not be accepted by the Board, it is agreed that neither the presentation of the Order to the Board nor the Board's consideration of the Order, will be deemed to have unfairly or illegally prejudiced the Board or its individual members and, therefore, will not be grounds for precluding the Board or any individual member of the Board from further participation in proceedings related to the matters set forth in the Order.

Mirta Aidee Hernandez understands that any failure to comply with the terms of this Order is a basis for discipline under the Texas Pharmacy Act.

At the conclusion of the aforementioned conference, and subsequent communications, it was agreed among the parties that Mirta Aidee Hernandez shall comply with the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Texas State Board of Pharmacy (hereinafter referred to as the "BOARD") does hereby ORDER that:

(1) pharmacy technician registration number 132651 held by Mirta Aidee Hernandez (hereinafter referred to as "Respondent") shall be, and such registration is hereby suspended for ninety (90) days, with such period to commence upon the entry of this Order. It is further ORDERED that Respondent shall not practice as a pharmacy technician in this state or be employed in this state in any manner that would allow access to

prescription drugs during the period Respondent's pharmacy technician registration is suspended.

It is further ORDERED that:

(2) following the initial suspension period, pharmacy technician registration number 132651 shall be suspended for a period of five (5) years. Such suspension shall be probated under the conditions that Respondent abide by and obey the terms of this Order, all Federal laws and laws of the State of Texas with respect to pharmacy, controlled substances, dangerous drugs, and all rules and regulations adopted pursuant to the above-mentioned statutes, and that Respondent will comply with all terms of this Order.

(3) Respondent shall pay a probation fee of four hundred dollars ($400.00). This probation fee is due ninety (90) days after the probationary period outlined in Paragraph (2) begins.

If Respondent fails to pay the probation fee within ninety (90) days after the probationary period begins, pharmacy technician registration number 132651 issued to Respondent shall be suspended, effective ninety (90) days after the probationary period begins, until such payment is received by the BOARD. In the event that pharmacy technician registration number 132651 issued to Respondent is suspended, Respondent shall not practice as a pharmacy technician in this state or be employed in this state in any manner that would allow access to prescription drugs.

If within one (1) year after the probationary period begins, Respondent fails to pay the probation fee, pharmacy technician registration number 132651 issued to Respondent shall be revoked and of no further force and effect, effective one (1) year after the probationary period begins. In the event that pharmacy technician registration number 132651 issued to Respondent is revoked, Respondent shall:

(a) not practice as a pharmacy technician in this state or be employed in this state in any manner that would allow access to prescription drugs during the period pharmacy technician registration number 132651 is revoked; and

(b) surrender to the BOARD, pharmacy technician registration number 132651 and any renewal certificate and personal identification card pertaining to pharmacy technician registration number 132651.

It is finally ORDERED that failure to comply with any of the terms and conditions in this Order constitutes a violation of the pharmacy laws or rules of this state and shall be grounds for further disciplinary action against the Texas technician registration held by Respondent.

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 14th day of February, 2007.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Mirta Aidee Hernandez, Registered Pharmacy Technician

Kerstin E. Arnold, General Counsel
Texas State Board of Pharmacy

TEXAS STATE BOARD OF PHARMACY
333 Guadalupe St., Suite 3-500
Austin, TX 78701
(512) 305-8000

Registration No. 132651
01/31/2024

(Date PDF Version Generated: 05/16/2022)

An up-to-date License Verification is always available on the Board's website:
http://www.pharmacy.texas.gov/

TEXAS STATE BOARD OF PHARMACY

Effective Date
08/11/2006

Expiration Date
01/31/2024

MAYRA AIDEE HERNANDEZ
REGISTERED PHARMACY TECHNICIAN

Registration No.
132651

Timothy L. Tucker, Pharm.D.
Executive Director/Secretary

- Pharmacy technicians are required to obtain CE as outlined by Board Rule 297.8, and are subject to random audits by TSBP.
- Update your address and/or employment through your online account at www.pharmacy.texas.gov.

TEXAS STATE BOARD OF PHARMACY

Effective Date
08/11/2006

Expiration Date
01/31/2024

MAYRA AIDEE HERNANDEZ
REGISTERED PHARMACY TECHNICIAN

Registration No.
132651

Timothy L. Tucker, Pharm.D.
Executive Director/Secretary

TRINU
Healthcare

Continuing Pharmacy Education

Announces that

Mayra Hernandez

has successfully completed

ACPE

Pharmacists: 0711-0000-17-101-B05-P
0711-0000-17-103-H03-P
Technicians: 0711-0000-17-102-B05-T
0711-0000-17-103-H03-T

Compounded Sterile Preparation Program Principles and Techniques

Pharmacists: 20 hours (2 CEU's)/Technicians: 40 hours (4 CEU's)
Issued this 26th day of November, 2019

Aaron D Reich

Continuing Education Administrator

In accord with Texas State Board of Pharmacy Laws and Regulations 22 TAC, §291.133

This statement contains information provided to NABP from the Accreditation Council for Pharmacy Education (ACPE) via CPE Monitor®. ACPE policy states paper and/or electronic statements of credit may no longer be distributed directly to learners as proof of ACPE credit. The official record of credit may be located in the learner's e-profile in CPE Monitor®

PHARMACY TECHNICIAN CERTIFICATION BOARD

certifies that

Mayra Aidee Hernandez

has met all requirements for certification and merits the designation of

Certified Pharmacy Technician (CPhT)

Certification Number	Initial Certification Date	Application Deadline	Expiration Date
330100105110467	November 30, 2005	November 01, 2023	November 30, 2023

PTCB
Pharmacy Technician Certification Board®

President, Certification Council

Executive Director, CEO

2799

Verify certification at **ptcb.org**.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy #206 • Reno • NV 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

Date: May 18, 2022

To: Mayra Hernandez
[redacted]Taj Mahal Dr
Las Vegas, NV 89130

Enclosed please find the application sent to the board of pharmacy.

The application is being returned due to the following:

Missing documentation:

- [x] Board administrative action.
- [x] Please provide documents and explanation for "yes" answer.

If you have any questions, please feel free to contact us.

Sincerely,
Nevada State Board of Pharmacy

RECEIVED
MAY 31 2022
NEVADA STATE BOARD OF PHARMACY

13

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION Registration Fee: $50.00

(Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Y

Complete Name (**no abbreviations**):

First: Danniel Middle: Howerd Last Garibay

Home Address: [redacted] Rainy SKy ave Apt#:

City: North las vegas State: NV Zip Code: 89030

Telephone: [redacted] SS# or ITIN: [redacted]

Date of Birth: [redacted] Place of Birth: lakewood, CA Sex: ☒ M or ☐ F

E-mail Address: [redacted]

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: _____

I am requesting registration at the following pharmacy:

Pharmacy: Pima Medical Institute Store #: _____

Address: 3333 E Flamingo Rd

City: Las Vegas State: NV Zip Code: 89121

Signature of Managing Pharmacist: **Lorinda T Lohner** Lic #: PT 10792 Date: 2/17/22

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☐ No ☐
2. Are you a high school graduate or the equivalent? Yes ☐ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☒	☐
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked **YES** to any of the numbered questions (3-5) above, include the following information & **provide an explanation & documentation**:

Board Administrative Action:	State	Date:	Case #:
	NV	/ /	

Criminal Action:	State	Date:	Case #:	County	Court
	NV	07/11/2021	21CR032855	Clark county	Justice

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☒
IF you marked **YES** to the question, above are you in compliance with the court order?	☐	☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Daniel Garibay 02/17/22

Original Signature, no copies or stamps accepted Date

Board Use Only Date Processed: _____ Amount: 50 MO # 19853183690

From: Danniel Garibay
To: Nevada State Board of Pharmacy

On the 11th of July 2021 I attended a friendly function and had too much to drink. I made the bad and very regrettable decision to drive home under the influence of alcohol, On the drive home I was stopped by law enforcement for not maintaining my lane was promptly arrested and transported to CCDC in downtown las Vegas. There I was given time to sober up and think about the selfish decision I made. I contemplated how selfish and irresponsible I was to have gotten behind the wheel and how this was affecting the people around me. My decision even though I didn't give it a second thought endangered and could have ended horrendously for anyone else driving on the road at that time. I'm incredibly thankful no one was hurt, I also thought of the people in my life who have been looking out for my best interest and how this road I was headed towards would only hurt those closest to me. I'm lucky to have such a wonderful support system consisting of my mother, father, brother and friends who have helped me reach goals I once thought impossible. Me and my brother are now looking to further our education at PIMA medical school where we are studying to become pharmacy technicians. I understand that the medical field demands great respect and responsibility, im changing so much about myself and I feel like i've matured so much from this prior experience and I'm continuing to do so every day. I've been sober for five months now and I plan on never drinking again although I know that's a difficult goal. I'm dedicated to bettering myself and I think since this incident i've proven that but i know people aren't so easily convinced. I'm giving my education top priority over everything else right now. I want nothing more in this world than to graduate and go on to succeed in a career I can be proud of and help others.

Danniel Garibay

Danniel Garibay



NOTARIZED STATEMENT

Certified Driving Center LLC

$60 DUI School
775-562-0505
DMV License #DUI000049976
Email: Info@CertifiedDrivingCenter.com

To Whom It May Concern:

I Daniel Howard Garibay do hereby swear that I completed the **$60 DUI Course, quizzes, and final exam *without assistance* of any other person.**

Daniel Garibay
Student Signature

04.13.2022
Date

Print Students Name Daniel Howard Garibay

STATE OF: Nevada

COUNTY OF: Clark

In the state of Nevada, **and before me, a Notary Public in and for the above state and county (student)** Daniel Howard Garibay **personally appeared, known to me or proved to be the person named in and who executed the foregoing instrument, and being first duly sworn, such person acknowledged that he or she executed said instrument for the purposes therein contained as his or her free and voluntary act and deed.**

CARMEN A. HERNANDEZ
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 21-7797-01
My Appt. Expires April 4, 2025

Notary Public

My commission Expires April 4th, 2025

NOTICE OF INTENT TO USE AFFIDAVIT OR DECLARATION

Please be advised that, pursuant to NRS 50.315 and 50.325, upon the trial of this matter, the State of Nevada intends to offer into evidence the affidavit or declaration made under penalty of perjury of the person who withdrew the sample of whole blood from the Defendant for the purposes set forth in NRS 50.315(4). A copy of said affidavit or declaration is included in the discovery provided in this matter.

The person who withdrew the sample of whole blood in this matter is:

Z. BESNE

WELLPATH

Clark County Detention Center

330 South Casino Center Boulevard

Las Vegas, Nevada 89101

JUSTICE COURT, LAS VEGAS TOWNSHIP
CLARK COUNTY, NEVADA

THE STATE OF NEVADA,

Plaintiff,

-vs-

DANNIEL HOWERD GARIBAY
#7060507,

Defendant.

21CR032855

13

DA CASE NO: 202133602C

CRIMINAL COMPLAINT

The Defendant above named having committed the crime of DRIVING UNDER T INFLUENCE (Misdemeanor - NRS 484C.110, 484C.400, 484C.105 - NOC 53900), in manner following, to wit: That the said Defendant, on or about the 11th day of July, 2021 and within the County of Clark, State of Nevada, did then and there willfully and unlawfu drive and/or be in actual physical control of a motor vehicle on a highway or on premises which the public has access at Interstate 15 and Flamingo Road, Las Vegas, Clark Count Nevada, Defendant being responsible in one or more of the following ways and/or under or or more of the following theories, to wit: 1) while under the influence of intoxicating liqu to any degree, however slight, which rendered him incapable of safely driving and/c exercising actual physical control of a vehicle, 2) while he had a concentration of alcohol o .08 or more in his blood, and/or 3) when he was found by measurement within two (2) hour after driving and/or being in actual physical control of a vehicle to have a concentration o alcohol of .08 or more in his blood.

All of which is contrary to the form, force and effect of Statutes in such cases made and provided and against the peace and dignity of the State of Nevada. Said Complainant makes this declaration subject to the penalty of perjury.

12/21/21

/cw
NHP EV# 210700846
(TK08)

CERTIFIED DRIVING CENTER LLC

Victim Impact Panel
Certificate of Completion

Name: Danniel Howerd Garibay

To recognize completion of the 90-minute Victim Impact Panel in the State of Nevada

Date of Completion: 3/26/2022

Case Number: 21cr032855

Denise Langis
Lic. DUI000049976

Date: 3/26/2022

Ph.# 775-562-0505

info@CertifiedDrivingCenter.com

Justice Court, Las Vegas Township

200 LEWIS AVENUE, 2nd FLOOR
LAS VEGAS, NEVADA 89155

NAME: _____ CASE NO. _____

You are required to return to this Court on

04-14, 2022 At 8.

FOR:
- [x] VIP and DUI School
- [ ] Coroner's DUI Program
- [ ] Confirmation of Attorney (Attorney To Be Present)
- [ ] Trial/Preliminary Hearing
- [x] Stay Out of Trouble
- [x] Payment of Fine $ 685 or Community Service 69
- [ ] Payment of Restitution $_____
- [ ] Other: _____

JUDGE ANN E. ZIMMERMAN
JUSTICE OF THE PEACE

DEPT. 8
COURTROOM: 8D 1B

APPROPRIATE COURTROOM ATTIRE REQUIRED
NO SHORTS, HALTER TOPS OR TANK TOPS
SHOES ARE REQUIRED
(NO FOOD OR DRINK PERMITTED)

REV. 09/21

14

14A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION BY RECIPROCATION AS A PHARMACIST

If you are requesting licensure by reciprocation (i.e. You have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: $250.00 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: BART Middle: ZACHARY Last: ANDERSON

Mailing Address: [redacted] ALEXANDER CIRCLE NE

City: ATLANTA State: GA Zip Code: 30326

Telephone: [redacted] E-mail Address: [redacted]

Date of Birth: [redacted] Place of Birth: Lithia Springs, GA

SS# or ITIN: [redacted] Sex: ☒ M or ☐ F

(Full Number Required)

Original State of Licensure you are reciprocating from must be active and issued by exam; State:

GA RPH079508 Date of Issuance: 9/19/2016

College of Pharmacy Information

Graduation Date: 5/1/2016 (mm/dd/yy)

Degree Received: ☒ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: University of Maryland Eastern Shore

Location of School: Princess Anne, MD

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: _____ Entity #: _____

Email _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic#	Is the license Active?	State	Lic #	Is the License Active?
GA only		Yes ☐ No ☐			Yes ☐ No ☐
		Yes ☐ No ☐			Yes ☐ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☑

Branch:_____
Military Occupation/Specialty:_____
Dates of Service:_____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

	Yes	No
1. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	X	
2. Been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state?	X	
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	X	

If you marked **YES** to any of the numbered questions (**1-3**) above, include the following information & **provide an explanation & documentation**:

Board Administrative Action:	State	Date:	Case #:
Temporary Suspension	GA	6/19/2020	2019-0003

Criminal Action:	State	Date:	Case #:	County	Court
none	—	/ /			

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes ☐ No ☒
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes ☐ No ☐

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted

7/20/2022
Date

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Temporary Pharmacist Registration Request Application

Rev (08/04/2021)

Section 1: General Information

First: BART Middle: ZACHARY Last: ANDERSON

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] PINE MOUNTAIN RD NW STE [redacted]

City: KENNESAW State: GA Zip: 30152

Telephone: [redacted] Email:

Reason for Temporary License: COMPOUND/DISPENSE TO NV PATIENTS

Section 2: Employment Information

Pharmacy Name: INNOVATION COMPOUNDING PHARMACY, LLC DBA INNOVATION COMPOUNDING NV Pharmacy License # (if applicable): PENDING OLD - PH03021

Address: 6095 PINE MOUNTAIN RD NW STE 108

City: KENNESAW State: GA Zip: 30152

Telephone: 800-547-1399 Email: RJOHNSON@INNOVATIONCOMPOUNDING.COM

Section 3: License/Registration Reciprocation Information

Original State of licensure/registration you will be reciprocating from must be active and issued by exam (passing NAPLEX and that state's MPJE).

State: GA RPH 029508 Date of Issuance: 9/19/2016

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

[signature]
Original Signature, no copies or stamps accepted

7/20/2022
Date

Board Use Only	Date Received: _____ Temporary License Issued: _____ Temporary License Expiry: _____

To whom it may concern:

My name is Bart Anderson and I am applying for a pharmacy license in the state of Nevada. In January of 2019, my license with the Georgia Board of Pharmacy was voluntarily surrendered to seek treatment for addiction to prescription medications. My license was suspended for one year, but on June 19, 2020, my license was reinstated via a private consent order. I was released from my consent order, which was fully terminated on June 19, 2022 after successful completion of a rehabilitation program.

As part of my consent order, I worked for over 3 years with Mark Clayton, a Georgia Pharmacy Board approved addiction and substance use disorder counselor. Through my work with Mark, I have learned a tremendous amount about myself. My treatment began with 90 AA meetings in 90 days. I also participated in weekly counseling sessions, both individual and group. Per the guidance of Mark's group, I still attend 3 AA meetings per week, and a minimum of 2 meetings each month with Mark Clayton and my peers over zoom. As part of my consent order, I was also required to undergo random testing for the use of drugs or alcohol. I have recorded approximately 3 years of clean drug/alcohol screenings.

With the help of others, I feel like I have my life back. I now have a broad support network that is priceless to me. Between my family, my sponsor, and members of Mark Clayton's group, I have a tremendous support network. For the last almost 2.5 years, I have also worked as a poison information specialist at the Georgia Poison

Center. I am so proud of the work that is done there and am grateful to work with such an amazing group of people.

Most recently, I was given the opportunity to work with Innovation Compounding Pharmacy in Kennesaw, GA. My ability to help others has now expanded to a national level as Innovation Compounding fills prescriptions for patients in 49 states. It is for this reason I am humbly asking for you to grant me the opportunity to apply for a license in the state of Nevada.

Thank you for your time and for your consideration of my request.

GEORGIA DEPARTMENT OF LAW

CHRISTOPHER M. CARR
ATTORNEY GENERAL

40 Capitol Square SW
Atlanta, Georgia 30334-1300

www.law.ga.gov
(404) 656-3300

CONFIDENTIAL: TO BE OPENED BY ADDRESSEE ONLY

Writer's Direct Dial:
404-651-7857
Fax 404-651-6341

June 8, 2020

Bart Zachary Anderson
[redacted] Alexander Circle, NE
Atlanta, GA 30326

RE: Your request for reinstatement before the Georgia State Board of Pharmacy

Dear Mr. Anderson:

The Georgia State Board of Pharmacy ("Board") has considered your application for reinstatement of your license, and has forwarded to me your file to prepare a Private Consent Order for Reinstatement that would reinstate your license under certain terms and conditions. You may wish to have an attorney review the Order. If you wish to be reinstated under the terms of this Order, please sign the Order in the presence of a notary and return it to me at 40 Capitol Square, SW, Atlanta, Georgia 30334. It will then be presented to the Board for its consideration.

For your information, the Board's next meeting is scheduled for June 17, 2020. If you wish for me to present the Order at this meeting, please get it to me a few days before then. Thank you.

I may be reached at mchangus@law.ga.gov or the above direct dial number for any questions regarding this matter.

Sincerely,

/s/ *Maximillian J. Changus*

MAXIMILLIAN J. CHANGUS
Assistant Attorney General

MJC/

Enclosure

BEFORE THE GEORGIA STATE BOARD OF PHARMACY

IN THE MATTER OF	*	
	*	
BART ZACHARY ANDERSON	*	DOCKET NO. _____
License No. RPH029508	*	
	*	
Respondent.	*	

PRIVATE CONSENT ORDER FOR REINSTATEMENT

By agreement of the Georgia State Board of Pharmacy ("Board") and Bart Zachary Anderson, Respondent, the following disposition of this matter is entered pursuant to the provisions of O.C.G.A. T. 26, Ch. 4, and T. 50, Ch. 13.

FINDINGS OF FACT

1.

Respondent was licensed to practice as a pharmacist on September 19, 2016 and was so licensed relevant to all matters described herein.

2.

On or about January 24, 2019, the Board docketed a Private Interim Consent Order, signed by Respondent, in which Respondent's license was suspended and listed as inactive for purposes of the Board's website. Respondent underwent evaluation and subsequent treatment for chemical dependency.

3.

On or about April 6, 2020, Respondent requested reinstatement with the Board. The Board considered the request at its meeting on May 6, 2020.

4.

The Respondent waives any further findings of fact with respect to this matter.

CONCLUSIONS OF LAW

Under O.C.G.A. T. 26, Ch. 4, and T. 43, Ch. 1, the Georgia State Board of Pharmacy may impose conditions, as it deems appropriate, on the reinstatement of Respondent's pharmacist license. Respondent waives any further conclusions of law with respect to this matter.

ORDER

The Board having considered the particular facts and circumstances of this case, it is hereby ordered, and the Respondent hereby agrees, as follows:

1.

Upon the effective date of this Order, the Respondent's license to practice pharmacy in the State of Georgia shall be reinstated, but the license shall be placed on probation for a period of two (2) years and until discharged in accordance with paragraph (o), under the following terms and conditions of probation:

(a) **EMPLOYER REPORTS.** During the probationary period, Respondent shall provide a copy of this Consent Order to his employer and shall cause his employer to submit reports regarding his performance as a pharmacist. Respondent shall cause his employer to submit reports regarding his performance to the Board, by March 31st, June 30th, September 30th, and December 31st of each year, beginning with the first reporting period following the lifting of the limitation on practice.

(b) **CONTINUE IN APPROVED TREATMENT PROGRAM.** During the probationary period, the Respondent agrees to participate in treatment and/or an aftercare program acceptable to the Board.

(c) **TREATMENT QUARTERLY REPORTS.** The Respondent shall provide a copy of this Consent Order to an individual in charge of Respondent's treatment/aftercare program. Respondent shall cause such individual to submit

quarterly reports regarding the Respondent's progress and physical and mental condition to the Board, by March 31st, June 30th, September 30th, and December 31st of each year, including a report on any medication being prescribed to the Respondent and the results of any alcohol/drug screens performed, beginning with the first reporting period following the effective date of this Order.

(d) **PHYSICIAN NOTIFICATION.** The Respondent shall provide a copy of this Consent Order to any physician who treats Respondent and prescribes controlled substances to him. Respondent shall also notify the individual in charge of Respondent's treatment/aftercare program of all physicians who treat Respondent and the individual in charge of Respondent's treatment shall verify that notification to the physician(s) has occurred.

(e) **PERSONAL REPORTS.** Respondent shall submit personal reports to the Board by March 31st, June 30th, September 30th, and December 31st of each year, beginning with the first reporting period following the effective date of this Order. Such reports shall include information about Respondent's treatment, employment and any change of personal address or employment. **Respondent shall also report to the Board within ten (10) days of receiving any traffic citations, other than a parking citation, or criminal arrests following the effective date of this Order.**

(f) **USE OF ALCOHOL/CONTROLLED SUBSTANCES AND REPORTING.** **The Respondent shall completely abstain from the consumption of alcohol.** The Respondent shall completely abstain from the consumption of controlled substances, except as prescribed by a duly licensed practitioner for a legitimate purpose. **If Respondent is prescribed controlled substances by a duly licensed practitioner, Respondent shall file a copy of such prescription and the quantity filled with the**

Georgia Drugs and Narcotics Agency ("GDNA") within ten (10) days of having received said prescription. Respondent shall also notify his treatment professional of such prescriptions.

(g) **ALCOHOL/DRUG SCREENING.** Respondent agrees to undergo random alcohol/drug screening at Respondent's own expense at the request of the Board or its representative, or his treatment program. The drug screens must be conducted at least once per calendar quarter or more frequently if recommended by the treatment program. If drug screens are not part of the approved drug treatment program, the **Respondent agrees to submit this Consent Order to a local physician and to arrange for the physician's order for alcohol/drug screens in order to comply with this provision of the Consent Order.** If drug screens are part of the approved drug treatment program, the results of any drug screens shall be included in the report from the treatment/advocate quarterly reports. Respondent agrees that all alcohol/drug screens provided pursuant to this paragraph shall be sent directly to the Board. Respondent further agrees that all alcohol/drug screens submitted to the Board pursuant to this paragraph shall be admissible in any administrative hearing concerning the Respondent without the necessity of establishing chain of custody or other testimony to authenticate the test results.

(h) **CONSENT TO RECORDS.** Despite any privilege of law, Respondent agrees to provide appropriate consent for the Board or its representative to have access to both physician and treatment records. Any records obtained under this subsection shall remain confidential and shall not be disclosed to the public. However, such records may be admitted in an O.C.G.A. T. 50, Ch. 13 hearing, but such records shall be received in camera.

(i) **NO PHARMACIST-IN-CHARGE.** During the probationary period, the Respondent shall not practice as the pharmacist-in-charge. The Respondent may not petition for modification of this provision of the Consent Order until at least two (2) years from the effective date of this Order. After the Board receives the petition, the Board may request that Respondent appear before the Board at a Board meeting prior to the lifting of the limitation. After the Board considers the petition and after the Respondent's appearance, if one is requested by the Board, the Board may enter an Order lifting the limitation in this subsection.

(j) **NO PHARMACY OWNERSHIP.** During the probationary period, Respondent shall not own a pharmacy.

(k) **NOTIFICATION OF CHANGE.** The Respondent shall advise the Board in writing of any change in Respondent's residence and/or office address within ten (10) days of such change.

(l) **ADDRESS FOR REPORTS.** All reports required under this Consent Order shall be sent to the **Georgia State Board of Pharmacy, to the attention of the Executive Director, 2 Peachtree Street, NW, 6th Floor, Atlanta, Georgia 30303.**

(m) **VIOLATIONS AND ADDITIONAL SANCTIONS.** If the Respondent shall fail to abide by all State and Federal laws relating to drugs and/or regulating the practice of pharmacy, the Rules and Regulations of the Georgia State Board of Pharmacy, or the terms of this Consent Order and probation, or if it should appear from reports submitted to the Board that the Respondent is unable to practice pharmacy with reasonable skill and safety, **the Respondent's license shall be subject to revocation, upon substantiation thereof. In addition, the Board has authority at any time to order Respondent to have further evaluation upon any reasonable grounds, including**

but not limited to a positive drug screen, an unfavorable employee report, or an unfavorable report from the treatment/aftercare counselor.

(n) **PETITION FOR LIFTING OF PROBATION.** Within sixty (60) days of the scheduled date of termination of probation, Respondent may petition for termination of probation by certifying under oath before a notary public that the Respondent has complied with all conditions of probation and by providing documentation, including a report from Respondent's treatment advocate, supporting discharge from probation.

(o) **TERMINATION/EXTENSION OF PROBATION.** The Georgia State Board of Pharmacy shall review and evaluate the practice of the Respondent prior to lifting the probation. At such time, the Board shall be authorized to restore all rights and privileges incident to the license of the Respondent, unless the Board has received information that the Respondent has not complied with the terms of probation or has otherwise failed to comply with the law and rules regulating his practice as a pharmacist. Should the Board determine that reasonable cause exists for maintaining Respondent's license on a probationary status, the Board shall notify Respondent of its intent to extend the probationary period, and Respondent may respond to such notification in writing or request an appearance before the Board or its representative as in a non-contested case. **In any event, this Consent Order shall remain in effect pending a final determination by the Board and notification that the probationary period has terminated.**

2.

This Consent Order shall be considered to be a private reprimand of the Board, and shall not be disclosed by the Board to any person except the Respondent and except as provided herein. Provided, however, that should the Respondent violate or

attempt to violate this Consent Order, any state or federal laws which relate to or regulate the practice of pharmacy or the rules and regulations of the Board, this Consent Order shall be admissible in any proceeding to substantiate such violations, and may become part of the public record in such proceedings.

3.

Approval of this Consent Order by the Georgia State Board of Pharmacy shall in no way be construed as condoning the Respondent's conduct and shall not be construed as a waiver of any of the lawful rights possessed by the Board. **This Consent Order shall not become effective until approved and docketed by the Board.**

4.

Respondent acknowledges that Respondent has read this Consent Order and that Respondent understands its contents. Respondent understands that Respondent has the right to an appearance in this matter, and Respondent freely, knowingly and voluntarily waives such right by entering into this Consent Order. Respondent understands that this Consent Order will not become effective until approved and docketed by the Georgia State Board of Pharmacy. Respondent further understands and agrees that the Board shall have the authority to review the investigative file and all relevant evidence in considering this Consent Order. Respondent further understands that this Consent Order, once approved, shall constitute a private action of the Board. If this Consent Order is not approved, it shall not constitute an admission against interest in this proceeding, or prejudice the ability of the Board to adjudicate this matter. Respondent consents to the terms and conditions contained herein.

(signatures on following page)

This ___ day of _____, 2020.

GEORGIA STATE BOARD OF PHARMACY

BY: _____
LISA C. HARRIS, R.Ph.
President

ATTEST: _____
TANJA D. BATTLE
Executive Director

(BOARD SEAL)

CONSENTED TO:

_____
BART ZACHARY ANDERSON
Respondent

AS TO SIGNATURE OF RESPONDENT
Sworn to and subscribed before me
this 11 day of JUNE, 2020.

_____
NOTARY PUBLIC
My commission expires: 02/06/2023

JAMES STEWART
COM. EXP.
NOTARY
PUBLIC
Feb. 6, 2023
GWINNETT COUNTY, GEORGIA

Licensee Information

Name: Bart Zachary Anderson

Owner:

Address: [redacted] Alexander Circle NE
Atlanta GA 30326

Primary Source License Information

Profession:	Pharmacy	**License No:**	RPH029508	**License Status:**	Active
License Type:	Pharmacist	**Obtained By Method:**	Application/Examination	**License Subtype:**	
Issue Date:	9/19/2016	**Expiration Date:**	12/31/2022	**Last Renewal Date:**	12/28/2020

Discipline Information

- Public Board Orders -

If a public board order exists, it may be listed below.
Public Board Order means that there is a public document concerning the licensee.
The existence of a public Board order does not necessarily mean the licensee is currently under any type of disciplinary action.

Please understand that the absence of a scanned order linked to this record does not necessarily mean that no public actions exist.

No scanned public board order documents exist.

Associated Licenses

Relationship:	Self Automatic		
Prerequisite Licensee:	Anderson, Bart Zachary	**Prerequisite License:**	PHI-012632
Association Date:		**Expiration Date:**	

You may close this window to return to your search results

Data current as of: April 25, 2022 9:13:50
This website is to be used as a primary source verification for licenses issued by the Boards of Dentistry and Pharmacy. Paper verifications are available for a fee. Please contact the Boards of Dentistry and Pharmacy at 404-651-8000.

14B

This Agenda Item has been continued to a future meeting.

14C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacist Application

Non-Refundable $250 fee

Rev (06/28/2022)

117977

Section 1: Select how will you be obtaining your Nevada Pharmacist Registration

☐ **Examination**

☐ **Score Transfer** (Transfer your NAPLEX SCORE to Nevada within 89 days after taking your exam at https://nabp.pharmacy/ before completing this application.)

☑ **Reciprocation** (Complete NABP's Electronic Licensure Transfer Program (e-LTP) application at https://nabp.pharmacy/ before completing this application.)

Are you submitting this application to RETAKE the NAPLEX and/or MPJE? ☐ Yes ☑ No

Section 2: General Information

First: James Middle: Michael Last: Rotoli

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Elm Avenue

City: Woodbury Heights State: NJ Zip: 08097

Telephone: [redacted] Email: [redacted]

Section 3: Employment Information

Pharmacy Name: Wedgewood Pharmacy NV Pharmacy License # (if applicable):

Address: 405 Heron Drive, #200

City: Swedesboro, ~~NJ~~ State: NJ Zip: 08085

Telephone: (800) 331-8272 Email: N/A

Section 4: College of Pharmacy Information

School Name: Thomas Jefferson University School of Pharmacy

Address: 901 Walnut Street, Health Professions Academic Building

City: Philadelphia State: PA Zip: 19107

Country/Territory/Province: United States of America

Graduation Date: May 29th, 2013 Degree: ☑ PharmD ☐ BS in Pharmacy ☐ Other

Section 5: ONLY COMPLETE this section if you are applying for a Nevada Pharmacist Registration by RECIPROCATION.

Original State of licensure/registration you are reciprocating from must be active and issued by exam (passing the NAPLEX and that state's MPJE).

State: NJ License #: 28RI03628300 Date of Issuance: 4/16/14 Expiry Date: 4/30/23

Section 6: List all pharmacist license/registration you have/had in other states. Use another sheet if additional space is needed.

State	License/ Registration #	Issued Date	Expiry Date	License/Registration Status (check applicable box)				
				Active	Inactive	Expired	Revoked	Surrendered
NJ	28RI03628300	4/16/14	4/30/23	✓				

Section 7: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 8: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	—	N/A

Section 9: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

James Michael Rotoli

Print Name

Original Signature, no copies or stamps accepted

8/26/22

Date

Board Use Only	Date Received: 8-29-22	Amount: 250.00 CK-187
	NAPLEX:	MPJE: 8/30

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Temporary Pharmacist Registration Request Application

Rev (08/04/2021)

Section 1: General Information

First: James Middle: Michael Last: Rotoli

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Elm Avenue

City: Woodbury Heights State: NJ Zip: 08097

Telephone: [redacted] Email: [redacted]

Reason for Temporary License: work requirement

Section 2: Employment Information

Pharmacy Name: Wedgewood Pharmacy NV Pharmacy License # (if applicable): PH02032

Address: 405 Heron Drive #200

City: Swedesboro State: NJ Zip: 08085

Telephone: (800) 331-8272 Email: N/A

Section 3: License/Registration Reciprocation Information.

Original State of licensure/registration you will be reciprocating from must be active and issued by exam (passing NAPLEX and that state's MPJE).

State: New Jersey Date of issuance: 4/16/2014

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Original Signature, no copies or stamps accepted

Date 9/7/22

Board Use Only	Date Received: 9-12-22 Temporary License Issued: _____ Temporary License Expiry: _____

NABP
National Association of Boards of Pharmacy

Date Completed : 7/28/2022

To : **Nevada** Board of Pharmacy

The applicant below is seeking Licensure in your State

State(s) of Examination : New Jersey		**License No :**	28RI03628300
License Being Used as the Basis of Transfer : New Jersey		**Date of Issue :**	04/16/2014

APPLICANT DETAILS

e-Profile ID:	720085	**Customer ID:**	595356
Name:	James M Rotoli	**Mailing Address:**	[redacted] Elm Ave Woodbury Heights, NJ 08097
Maiden and / or Other Name(s):		**Phone Number:**	6099290731
		Email Address:	[redacted]
Sex:	Male	**Citizenship:**	United States Citizen
Date of Birth:	[redacted]		
SSN:	[redacted]		

PHARMACY EDUCATION

Name/Location of First Pharmacy School:	Thomas Jefferson Univ Jefferson Coll of Pharm/Main	**Name/Location of Additional Pharmacy School:**	
Graduation Date:	05/29/2013	**Graduation Date:**	
Degree Received:	Doctor of Pharmacy	**Degree Received:**	
Intern Hours:	1500		

EE Number: **FPGEC Certified:** No **FPGEC Certification Date:**

PHARMACY EXAM INFORMATION

State	Date of Exam	NAPLEX	Five-Part NABPLEX: Integrated NABPLEX	Chemistry	Mathematics	Pharmocology	Pharmacy	Practice of Pharmacy
	Exam Date	Result	Result	Result	Result	Result	Result	Result
NJ	3/17/2014	107						

MPJE: NJ-76

EMPLOYMENT HISTORY

Last Three Years of Employment

Name of Employer	Address	Job Title	Start Date	End Date
Wedgewood Pharmacy	405 Heron Dr, Ste 200 Swedesboro, New Jersey 08085	Pharmacist/Compounding	06-2022	Present
Walgreens	180 Bridgeton Pike Mantua, New Jersey 08051	Pharmacist	06-2014	Present

E-LTP® OFFICIAL APPLICATION

e-Profile ID : 720085 James M Rotoli **Customer ID : 595356**

PHARMACIST'S LICENSES

State	License Number	Exam Name	Obtained By	Issue Date	Expiration Date	Board Action	License Status
New Jersey	28RI03628300	NAPLEX	Exam	04/16/2014	04/30/2023	No	Active/Good Standing

DISCLOSURES

	Question	Answer
1.	Have you ever voluntarily surrendered your pharmacist license or any pharmacist registration issued by a federal or state controlled substance authority? If yes, provide details.	No
2.	Has your pharmacist license in any jurisdiction ever been revoked, suspended, restricted, terminated, or otherwise been subject to disciplinary action (public or private) by any board of pharmacy or other state authority? If yes, provide details.	No
3.	Are you presently under investigation or is there any disciplinary action pending against you by any licensing jurisdiction, the federal Food and Drug Administration, the federal Drug Enforcement Administration, or any state drug enforcement authority for violation of any state or federal pharmacy, liquor, or drug laws? If yes, provide details.	No
4.	Have you ever been charged or convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than minor traffic offenses) whether or not sentence was imposed, suspended, expunged, or whether you were pardoned from any such offense? If yes, provide details.	No
5.	Do you currently have any condition or impairment including, but not limited to, substance or alcohol abuse or dependency, that in any way affects your ability to practice pharmacy in a safe and competent manner? If yes, provide details.	No
6.	Have you ever had any application for initial licensure, renewal licensure, or licensure by transfer denied by any licensing authority whether in pharmacy or any other profession? If yes, provide details.	No

The National Association of Board of Pharmacy (NABP) hereby certifies that information submitted in this application has been verified under verification procedures established by NABP through the Disciplinary Clearinghouse maintained by NABP, including license and disciplinary information, which is verified through the appropriate state Board of Pharmacy or Regulatory agency

Lemrey "Al" Carter, Executive Director/Secretary

Mark I. Sedar

From: J Rotoli <[redacted]>
Sent: Thursday, September 22, 2022 11:11 AM
To: Mark I. Sedar
Subject: Statement concerning temporary Nevada Pharmacist License
Attachments: NVBOPAttach1.jpg; NVBOPAttach2.jpg; NV3OPAttach3.jpg; NVBOPAttach4.jpg; NVBOPAttach6.jpg

Follow Up Flag: Follow up
Flag Status: Flagged

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good afternoon Mr Sedar,

Thank you for the phone call this morning. Attached to this email is the form dated April 3rd, 2013 stating my admission into the NJ pretrial intervention program, which I completed in early fall of that year. My lawyer advised me that at the completion of this program, all pending charges of "Theft by Unlawful Taking" would be dropped and my record of arrest would be expunged. Therefore, I could lawfully answer "No" on any background check asking if I had ever been arrested. Up to this point in time, I was under the impression that my record of arrest was expunged, hence my answer to that question on the Nevada pharmacist application. Please know that it was not my intention in any way to deceive the Nevada Board of Pharmacy.

I am including in this email the narrative that I provided for my application into the pretrial intervention program. Since that time, I have completed outpatient rehabilitation for my addiction and have been sober for 10 years. The crux of my addiction was a stuttering disfluency, which I attended inpatient therapy for 10 years ago, and I have continued to receive therapy on an ongoing basis. I have been a licensed, practicing New Jersey pharmacist since April 2014 and I had been working for Walgreens pharmacy full-time for 8 years. I recently obtained a position with Wedgewood pharmacy, which has allowed me to receive a better work-life balance, as I am a husband and father of three young children.

Please take all of this into consideration and do not hesitate to contact me if any further information is needed.

NVBOPAttach7.jpg

NVBOPAttach5.jpg

Thank you very much for you time and I look forward to hearing from you shortly,

James Rotoli, BS, PharmD
NJ License #: 28RI03628300
Cell phone #: [redacted]

State of New Jersey

VS

James Rotoli
Defendant

Superior Court Of New Jersey
Gloucester County
Complaint/Indictment/Accusation No(s)
S2012-573-0810

SUPERIOR COURT GLOUCESTER COUNTY FILED OCT 04 2013 CRIMINAL CASE MANAGER'S OFFICE

Promis # 12 003062-001
Caps # R 51789
Prob. Officer J Matthews

Pretrial Intervention Program
1) Order Of Dismissal
And
2) Order To Discharge Bail

Upon application of the Vicinage Chief Probation Officer for an Order to Dismiss the above captioned Complaint(s)/Indictment(s)/Accusation(s) and having considered the report of the Pretrial Intervention Program concerning the defendant's participation along with the recommendation of the Criminal Division Manager and with the consent of the Prosecutor and the defendant;

It is on this 4th day of October 2013, **ORDERED** that the Complaint(s)/Indictment(s)/Accusation(s) is/are hereby dismissed pursuant to *Rule* 3:28 and the matter is adjusted without cost to the defendant.

It is further **ORDERED** that bail posted in this matter be discharged.

I hereby consent to the entry of the above Order.

Prosecutor

Judge of the Superior Court
Walter Marshall JSC

Distribution: Criminal Division, Finance Division, Probation Division, Prosecutor, Defense Attorney, Defendant

Revised Form Promulgated by Supplement to Directive #14-05 (01/02/2007)
Effective: 02/01/2007, CN 10303

SUPERIOR COURT OF NEW JERSEY
CUMBERLAND / GLOUCESTER / SALEM VICINAGE

MARK SPROCK
Trial Court Administrator

ROSEMARIE GALLAGHER
Vicinage Criminal Division Manager

Justice Complex
70 Hunter Street
Woodbury, NJ 08096
Phone – (856) 853-3534
Fax – (856) 853-3735
TTY/TDD – (856) 853-3494

April 3, 2013

James Rotoli
[redacted] Hazelton Ct.
Mullica Hill, NJ 08062

RE: S 2013-573-0810

This is to advise you that the Court has granted your admission into the Pretrial Intervention Program (see attached order). You will be notified through the mail by the Gloucester County Adult Probation Department (856-232-9777) as to when you are to report.

In addition, any pending hearings related to this case that are scheduled with the Gloucester County Superior Court will be removed from the list and, therefore, your appearance will not be necessary.

cc: J. Michael Farrell, Esq.
File

PRETRIAL INTERVENTION

RECEIVED
MAR 26 2013
BY

ORDER OF POSTPONEMENT

STATE OF NEW JERSEY

VS.

JAMES M ROTOLI

☑ 1st ORDER
○ 2nd ORDER
○ 3rd ORDER

ADDRESS
~~630 FORSYTH AVENUE~~ [redacted] Hazelton Ct. Mullica Hill ~~MANTUA~~ NJ ZIP 08062

COUNTY: GLOUCESTER

PROMIS NUMBER(S): 12 003062-001

CAPS ID NUMBER:

IND / ACC / COMPLAINT NUMBER(S), CHARGES AND STATUTES
S-2012-000573-0810
1. THEFT BY UNLAW TAKING-MOVE, 2C:20-3A;

SUPERIOR COURT
GLOUCESTER COUNTY
FILED
APR - 2 2013
CRIMINAL DIVISION

RELATED DISORDERLY PERSONS AND MOTOR VEHICLE CHARGES
THE DEFENDANT IS TO REMAIN IN THE PROGRAM FOR THE FULL 36 MONTHS AS LONG AS THERE ARE MONIES OWED TO THE STATE OR TO THE VICTIM. ANY MONIES OWED AT THE END OF THE PTI PERIOD OF POSTPONEMENT ARE TO BE REDUCED TO CIVIL JUDGEMENT IN FAVOR OF THE VICTIM.

In accordance with the provisions of N.J.S.A. 2C:43-12 & 13 & R. 3:28, and upon the recommendation of the PTI Director and with the consent of the Prosecutor and defendant to the attached listed terms and conditions of the supervisory treatment, it is ORDERED that all further proceedings be and are postponed for a period of 36 months, beginning _____.

DATE 4/2/13	JUDGE WALTER L. MARSHALL JR.
DATE 3/26/13	PROSECUTOR JANIS MELFI
DATE 3/22/13	PTI DIRECTOR ROSEMARIE GALLAGHER

I consent to the conditions set forth in the standard and special conditions. I agree to a postponement of further proceedings for a period not to exceed three years. During this period I waive my right to a speedy trial on this or any related charges, including disorderly persons offenses and motor vehicle charges. In addition, I agree to waive any double jeopardy claim as to any remanded disorderly persons offenses and / or motor vehicle violations.

DATE x 1/4/13	DEFENDANT JAMES M ROTOLI
DATE	ATTORNEY J.MICHAEL FARRELL

(Revised 1

GLO201310289 Jan 4, 2013 10:28:33 AM julia21

PRETRIAL INTERVENTION

FIRST NAME	MIDDLE NAME	LAST NAME
JAMES	M	ROTOLI

PROMIS NUMBER(S) 12 003062-001

CAPS ID NUMBER

STANDARD CONDITIONS OF PTI SUPERVISION

1. You shall obey all federal, state, and municipal laws and ordinances. You shall notify your probation officer within 24 hours if you are arrested or issued a complaint summons in any jurisdiction.
2. You shall report to your probation officer as directed.
3. You shall answer all inquiries by your probation officer truthfully.
4. You shall permit your probation officer to visit your residence or any other suitable place.
5. You shall promptly report any change of address or residence to your probation officer.
6. You must obtain permission if you wish to move outside the state.
7. You shall seek and maintain gainful employment, and promptly notify your probation officer when you change your place of employment or find yourself out of work.
8. You shall cooperate in any test, treatment and/or counseling deemed necessary by your probation officer during the PTI period of postponement.

If the court finds that you have not complied with the conditions of your PTI Supervision, the Court may modify the conditions of PTI Supervision, or terminate you from the program. If you are terminated from PTI Supervision, your charges will be reactivated and criminal court proceedings will resume.

Failure to comply with the payment requirements may result in further Court action including termination, attachment of your wages, filing of a civil judgment, or extension of your PTI Supervision for purposes of collection.

I have received a copy of the Standard Conditions of PTI Supervision which have been read and explained to me. I may request a copy of the official court order from my probation officer. I understand the above conditions of PTI Supervision and that they apply to me, and I further understand that failure to comply on my part constitutes a violation of PTI Supervision and may cause my termination from the program and prosecution of the charges against me.

DATE	DEFENDANT
x 1/4/13	JAMES M ROTOLI x
DATE	PROBATION OFFICER
1/4/13	LISA KEARSLEY

O0201310289 Jan 4, 2013 10:28:33 AM julia21

Narrative - James M Rotoli

I was born [redacted] at Thomas Jefferson University Hospital in Philadelphia, PA, the second of three children to proud parents Alfred and Phyllis Rotoli. I grew up and spent my entire youth in the small town of Mantua, NJ in a loving two-parent household. I attended Centre City Elementary School where I prided myself on receiving straight As and the honor roll, and I was a member of "Gifted and Talented" from the second grade through sixth grade. At the conclusion of my elementary years, I attended Clearview Regional High School in Mullica Hill, NJ. During my time in high school, I was enrolled in several honors classes, was a member of the football team, and played drums in various bands with my group of musician friends. I graduated from Clearview in 1996.

After graduation, I enrolled as a full-time student at Gloucester County College, however at 18 years old, I left my major as "undecided" as I was still very unsure of what exactly I wanted to do for a career. I decided to forego a college education after at this time after only one semester and enter the working world. For the next several years, I worked numerous full-time jobs, however quickly found that most of these were not positions with which I wanted to continue doing for the rest of my life. In 2003, I met my eventual wife, and it was then that I decided to return to college and seriously pursue a career. Science and the medical field had always been a casual interest of mine, therefore I decided to pursue a Chemistry/Biology Associates' degree by once again attending Gloucester County College. I completed this degree in the spring of 2006 and transferred to Temple University, where I worked towards obtaining my Bachelors' degree in Biochemistry. It was during this time in which I was hired as a pharmacy

As time progressed, I noticed the effect that these substances had on my speech began to fade. My fluency began to regress, until finally the opiates had little to no effect on my speech at all. I was simply continuing the self-destructive behavior of diverting these drugs simply to "feel normal" and prevent the onset of abstinence syndrome. A huge wake-up call in the form of reality came on October 20th, 2012 - the day in which I was apprehended by loss prevention at my place of employment. During this time, they informed me about the investigation they were undertaking and that they had significant evidence to implicate me in the matter. I was ashamed, embarrassed, however completely honest in having played a part in the matter. I was dismissed from working the rest of that day and I immediately went home and informed my wife of what had just happened. This was the first time I came clean and was honest about my addiction with her - up to this point I had kept it a complete secret from her. Underneath the shock, disappointment, and sorrow at what I had caused, I vowed to use this day as the event in which I would begin to overcome my addiction and once again take hold of my life. That very afternoon, I scheduled an appointment with addictions counselor William M.Greene, M.S for a therapy session the following Monday evening, and with addictions psychiatrist B. Kenneth Nelson, M.D. the following Thursday evening. These two gentleman have served as my "recovery team" for the past two months - I have had regular weekly therapy sessions with Mr. Greene and have seen Dr. Nelson for therapy and pharmacotherapy four separate times. He has also set me up for weekly urine drug screens (I have just completed my sixth consecutive week, all of which were negative) and I plan to continue on this schedule. I have supplemented all of this with attending regular Alcoholics Anonymous / Narcotics Anonymous meetings.

15

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacist Application

Non-Refundable $250 fee

Rev (06/28/2022)

Section 1: Select how will you be obtaining your Nevada Pharmacist Registration

☐ **Examination**

☑ **Score Transfer** (Transfer your NAPLEX SCORE to Nevada within 89 days after taking your exam at https://nabp.pharmacy/ before completing this application.)

☐ **Reciprocation** (Complete NABP's Electronic Licensure Transfer Program (e-LTP) application at https://nabp.pharmacy/ before completing this application.)

Are you submitting this application to RETAKE the NAPLEX and/or MPJE? ☑ Yes ☐ No

Section 2: General Information

First: Cesar Middle: Burguillos Last: Cabrera

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Via Navarra

City: Mission Viejo State: CA Zip: 92691

Telephone: [redacted] Email: [redacted]

Section 3: Employment Information

Pharmacy Name: South Coast Pharmac NV Pharmacy License # (if applicable): _____

Address: 31852 Pacific Coast Highway

City: Laguna Beach State: CA Zip: 92651

Telephone: 949-499-0885 Email: _____

Section 4: College of Pharmacy Information

School Name: University of the Pacific School of Pharmacy

Address: 3601 Pacific Ave

City: Stockton State: CA Zip: 95211

Country/Territory/Province: United States

Graduation Date: 6/1987 Degree: ☑ PharmD ☐ BS in Pharmacy ☐ Other

Section 5: ONLY COMPLETE this section if you are applying for a Nevada Pharmacist Registration by RECIPROCATION.

Original State of licensure/registration you are reciprocating from must be active and issued by exam (passing the NAPLEX and that state's MPJE).

State: _____ License #: _____ Date of Issuance: _____ Expiry Date: _____

Section 6: List all pharmacist license/registration you have/had in other states. Use another sheet if additional space is needed.

State	License/ Registration #	Issued Date	Expiry Date	License/Registration Status (check applicable box)				
				Active	Inactive	Expired	Revoked	Surrendered
CA	41132	1987	2007		✔		✔	✔

Section 7: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 8: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 9: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✔	
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?	✔	
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?	✔	

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 24. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
2003	2006	CA	Laguna Niguel	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
	Orange County Sheriff

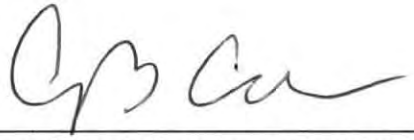
Reason/Charge
Possession of controlled substance (2003)

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Cesar B. Cabrera	

Name of Business/Industry/Entity

Provide explanation below:

On 1/8/2003, I was arrested for possession of controlled substance. I plead guilty to the charges and the case was adjudicated on 12/17/2006. See the attached for further details



Original Signature (electronic, copies or stamps not accepted)

7/21/2022

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3-4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2/21/2007	7/22/2021	CA	Sacramento	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
	California Board of Pharmacy

Reason/Charge
Revocation / Reinstatement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Cesar B. Cabrera	

Name of Business/Industry/Entity

Provide explanation below:

My CA pharmacist license was revoked on 2/21/2007. I have not practiced pharmacy for 14 years and I petitioned the California Board of Pharmacy for reinstatement which was granted on 7/22/2021. Please see attached for further details

C B C

Original Signature (electronic, copies or stamps not accepted)

7/21/2022

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
1/15/2009	6/01/2015	CA	Laguna Niguel	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
09sm01679	Orange County Sheriff

Reason/Charge
DUI

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Cesar B. Cabrera	

Name of Business/Industry/Entity

Provide explanation below:

See attached for case details

Original Signature (electronic, copies or stamps not accepted)

7/21/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Cesar B. Cabrera

Print Name

Original Signature, no copies or stamps accepted

7/21/2022

Date

Board Use Only	Date Received: _____	Amount: 250.00 cc
	NAPLEX: _____	MPJE: _____

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

June 22, 2021

CERTIFIED MAIL

Cesar B. Cabrera
[redacted] Via Navarra
Mission Viejo, CA 92691

RE: Petition for Reinstatement of Pharmacist License
Cesar B. Cabrera, RPH 41132

Dear Mr. Cabrera:

Attached is the Decision and Order of the Board of Pharmacy (Board) regarding the above-referenced matter. Your attention is directed to pages 7-8 of the Decision.

Effective July 22, 2021, your petition for reinstatement of Pharmacist License No. RPH 41132, is granted. Upon satisfaction of the following conditions, your pharmacist license shall be reinstated:

a. Take and pass the California Pharmacist Jurisprudence Examination (CPJE) and Northern American Pharmacist Licensure Examination (NAPLEX) within one (1) year of the effective date of this decision. Failure to take and pass the examinations within one (1) of the effective date of this Order shall invalidate the order granting the petition for reinstatement, petitioner shall be deemed to have failed the conditions precedent to re-licensure and your pharmacist license shall remain revoked.
b. You shall pay all costs of the examinations required by the Board.
c. You are required to be fingerprinted as part of the re-licensure process. Live scan information can be found on the Board's website as part of the pharmacist licensure and examination application packet. Please submit a copy of the completed live scan form with a copy of this letter. Upon written notice by the Board indicating fulfillment of these conditions, your license will be fully reinstated. In addition, upon successful passing the examinations you shall pay the licensing fee of $527.00 ($505 renewal fee, $22 CURES fee).

DECLARATION OF SERVICE BY CERTIFIED MAIL

RE: Petition for Reinstatement of Pharmacist License
Cesar B. Cabrera, RPH 41132

I am over 18 years of age, and not a party to the within cause; my business address is 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833. I served a copy of the:

LETTER AND DECISION

on each of the following, by placing same in an envelope(s) addressed as follows:

NAME	CERTIFIED NO.
Cesar B. Cabrera [redacted] Via Navarra Mission Viejo, CA 92691	7019 2970 0002 2050 1357
Adam B. Brown, Esq. 3848 W. Carson Street, Suite 206 Torrance, CA 90503	7019 2970 0002 2050 1364

and that said envelope was then sealed and deposited and certified in the United States Post Office at Sacramento, California, on June 22, 2021, as certified mail with postage fully prepaid thereon and return receipt service by United States mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct. Executed on June 22, 2021, at Sacramento, California.

Susan Cappello, Enforcement Manager

If you wish to file a petition for reconsideration pursuant to Government Code section 11521, the petition must be received prior to the effective date of the decision. However, please be aware the Board needs approximately five days to process a petition for reconsideration. Attached is a copy of the Government Code section for your review.

If you have any questions concerning this matter, you may contact me at (916) 518-3008.

Sincerely,

Anne Sodergren
Executive Officer

By

Susan Cappello
Enforcement Manager

cc: Kristina Jarvis, DAG
Adam B. Brown, Esq.

BEFORE THE
CALIFORNIA STATE BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Petition for Reinstatement of:

CESAR B. CABRERA, Petitioner

Agency Case No. 2949

OAH No. 2021030370

DECISION

This matter was heard on March 18, 2021, before a quorum of the California State Board of Pharmacy (Board), Department of Consumer Affairs, by WebEx. Administrative Law Judge Coren D. Wong, Office of Administrative Hearings, State of California, presided.

Kristina T. Jarvis, Deputy Attorney General, appeared pursuant to Government Code section 11522.

Adam B. Brown of the Law Office of Brown & Brown represented petitioner Cesar B. Cabrera, who was present throughout the hearing.

Evidence was received, the record closed, and the matter submitted for written decision on March 18, 2021.

SUMMARY

Petitioner seeks reinstatement of his license to practice pharmacy, which was revoked because he violated the conditions of his probation. When all the evidence is considered, petitioner established that he has been sufficiently rehabilitated to justify reinstating his license after he completes the licensing examinations and pays the outstanding costs he owes the Board. Therefore, his petition is granted.

FACTUAL FINDINGS

License History

1. The Board issued petitioner Pharmacist License Number RPH 41132 on August 18, 1987.

PRIOR ACCUSATION

2. On July 27, 2004, a former Executive Officer of the Board signed an Accusation seeking to discipline petitioner's license because he was convicted of a crime substantially related to the qualifications, functions, or duties of a pharmacist – possession for sale of hydrocodone. Petitioner signed a stipulated settlement placing his license on probation for five years. Conditions of probation included: 1) a 90-day license suspension; 2) reimbursing the Board $6,300 for its costs of investigation and enforcement; 3) completing a rehabilitation program; and 4) abstain from drugs and alcohol.

3. The Board adopted the stipulated settlement on February 4, 2005. Petitioner's five-year probation period began March 5, 2005.

PETITION TO REVOKE PROBATION

4. On April 21, 2006, a former Executive Officer of the Board filed a Petition to Revoke petitioner's probation. The Petition to Revoke alleged that petitioner: 1) practiced pharmacy while his license was suspended; 2) failed to reimburse the Board for its costs of investigation and enforcement; 3) failed to comply with the requirements of a rehabilitation program by being terminated from the Pharmacist Recovery Program (PRP), testing positive for alcohol, returning to work without having a worksite monitor agreement, working at a facility with a relative, failing to enter inpatient chemical dependency treatment, returning to work after relapse, returning to work after being suspended by the PRP, and failing to comply with his PRP contract; and 4) tested positive for alcohol.

5. Petitioner signed a stipulated settlement revoking his license. The Board issued a Decision and Order adopting the stipulated settlement on January 22, 2007, and the effective date of petitioner's license revocation was February 21, 2007.

Petition for Reinstatement

6. On November 26, 2019, petitioner signed a Petition for Reinstatement, which the Board received three months later.

7. Petitioner has been sober from alcohol since July 17, 2009. He obtained his sobriety by attending a 28-day residential treatment program at Hoag Hospital Addiction Treatment, completing an intensive outpatient program at Pacific Hills Treatment, participating in group therapy at Addiction Treatment for Health Care Professionals, and completing a nine-month/500-hour residential treatment program at Residential Drug Abuse Program. Petitioner continues to attend Alcoholics Anonymous meetings to help maintain his sobriety.

8. Petitioner obtained his drug and alcohol counselor certificate from Saddleback College in 2014, and has been working in the recovery field since then. He has worked as a Case Manager/Certified Counselor at Sobertec, LLC, a Case Manager/Behavioral Technician at SoCal Detox, LLC, and the Clinical Director/Program Director for Beachside Recovery, LLC.

9. Petitioner was the Executive Director of Milestone Addiction Centers from August 2016 to June 2019. He was responsible for overseeing the day-to-day operations of a 52-bed residential treatment center in Costa Mesa, California. He has been the Assistant Clinical Director and Compliance Officer for Inspire Health Center since June 2019. Inspire Health Center is a residential drug and alcohol treatment facility in Newport Beach, California. He is responsible for overseeing the clinical aspect of the treatment program and assisting with administrative duties. Additionally, he helps develop, initiate, maintain, and revise policies and procedures to ensure the program remains in compliance with the Joint Commission on Accreditation of Health Care Organizations and state licensing requirements.

10. Petitioner discovered a new passion working with those addicted to drugs and/or alcohol. He estimated the number of people he has counseled since 2014 to be "in the hundreds." He explained that working with others battling addictions keeps him "grounded." If his license is reinstated, he intends to continue serving those in recovery by working at a retail pharmacy that serves detox facilities and residential treatment homes.

11. Petitioner completed 62.5 hours of continuing education between June 14, 2017, and February 5, 2021. However, only 30.5 hours were Board-approved programs, all of which were completed on February 4 and 5, 2021. At hearing,

petitioner explained the remaining 32 hours were completed as part of the requirements for maintaining his drug and alcohol counselor certificate.

12. Petitioner submitted four letters of recommendation that were subsequently verified by Board staff – two from licensed pharmacists and two from citizens. Although the two licensed pharmacists were aware of petitioner's disciplinary history, neither of the citizens were. However, all four authors wrote in favor of reinstating petitioner's license.

13. At hearing, petitioner recognized that his license could be reinstated on a probationary basis, and unhesitatingly expressed his willingness to comply with any terms and conditions imposed by the Board. He explained he did not understand his obligation to reimburse the Board for its costs of investigation and enforcement prior to his license being revoked, but now recognizes his obligation to do so. He owed $3,137.50 as of the date of hearing.

Analysis

14. The conduct underlying the Board's revocation of petitioner's license was serious. He violated the Pharmacy Law (Bus. & Prof. Code, § 4000 et seq.), and the Board deemed it appropriate to place him on five years' probation. He violated numerous conditions of probation, including the temporary suspension of his license. Petitioner's license was revoked on February 21, 2007, and he has not practiced pharmacy for more than 14 years.

15. Petitioner spent the first few years after his license was revoked focusing on obtaining sobriety from alcohol. He achieved sobriety on July 17, 2009, and has maintained his sobriety ever since. He obtained certification as a drug and alcohol counselor in 2014 and committed himself to helping others battling addiction. He

confirmed his commitment at hearing by describing his plans to work in a retail pharmacy serving detox facilities and residential treatment homes if his license is reinstated.

16. Petitioner's evidence and testimony was credible. He demonstrated insight into the misconduct which led to his license being revoked. He showed remorse for that conduct. When all the evidence is considered, petitioner produced clear and convincing evidence of his ability to return to the practice of pharmacy in a manner consistent with public health, safety, and welfare, subject to the conditions precedent specified below.

LEGAL CONCLUSIONS

Applicable Burden/Standard of Proof

1. Petitioner has the burden of proving his eligibility for reinstatement, and he must do so by clear and convincing evidence. (*Hippard v. State Bar of California* (1990) 49 Cal.3d 1084, 1091-1092.) "The courts have defined clear and convincing evidence as evidence which is so clear as to leave no substantial doubt and as sufficiently strong to command the unhesitating assent of every reasonable mind. [Citations.] It has been said that a preponderance calls for probability, while clear and convincing proof demands a high probability [citations]." (*In re Terry D.* (1978) 83 Cal.App.3d 890, 899; italics omitted.)

Applicable Law

2. A pharmacist may petition the Board for reinstatement after three years have elapsed since the effective date of the disciplinary order. (Bus. & Prof. Code, §

4309, subd. (a)(1).) When deciding a petition, the Board may consider factors such as the petitioner's actions since discipline was imposed, the offenses for which discipline was opposed, and the petitioner's rehabilitation. (Bus. & Prof. Code, § 4309, subd. (d)(1), (2) & (4).)

The Attorney General must be given notice of any petition filed, and "shall be afforded an opportunity to present either oral or written argument before the" Board. (Gov. Code, § 11522.)

Conclusion

3. Petitioner met his burden of producing clear and convincing evidence of sufficient rehabilitation to justify reinstatement for the reasons explained in Factual Findings 14 through 16. Therefore, his Petition for Reinstatement is granted.

ORDER

It is hereby ordered that petitioner Cesar B. Cabrera's petition for reinstatement is GRANTED. Upon satisfaction of the following conditions precedent, Pharmacist License Number RPH 41132 shall be reinstated:

1. Petitioner shall take and pass The North American Pharmacist Licensure Examination (NAPLEX) and the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE) within one (1) year of the effective date of this Order. Failure to take and pass the examinations within one (1) year of the effective date of this Order shall invalidate the order granting the petition for reinstatement, petitioner shall be deemed to have failed the conditions precedent for re-licensure, and Pharmacist License Number RPH 41132 shall remain revoked.

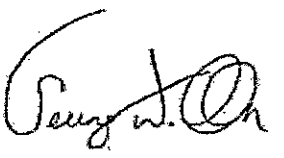
2. Petitioner shall pay the fees in place at the time for these examinations.

3. Petitioner shall pay all applicable application and licensing fees as well as any outstanding costs of investigation and enforcement.

This Decision shall become effective at 5:00 p.m. on July 28, 2021.

It is so ORDERED on June 28, 2021.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By 

Seung W. Oh, Pharm.D.
Board President

Case Summary

Case Number: 09SM01679
OC Pay Number: 5318857
Originating Court: Harbor - Laguna Niguel Facility
Pay or Appear by:
Traffic School Completion Date:
Next Payment Date:
Defendant: Cabrera, Cesar Burguillos
Demographics:

Eyes:	Brown
Hair:	Black
Height(ft/in) :	5'7"
Weight (lbs):	165

Names:

Last Name	First Name	Middle Name	Type
Cabrera	Cesar	Burguillos	Alias
Cadrera	Cesar	Burguillos	Alias
CABERA	CESAR	BURGUILLOS	Court True Name
Cabrera	Cesar	Burguillos	Real Name
Cadrera	Cesar	Burguillos	Alias

Case Status:

Status:	Convicted
Case Stage:	Entered
Release Status:	Released on Own Recognizance
Warrant:	N
DMV Hold :	N
Charging Document:	Complaint
Mandatory Appearance:	Y
Owner's Resp:	N
Amendment #:	0

Counts:

Seq	S/A	Violation Date	Section Statute	OL	Violation	Plea	Plea Date	Disposition	Disposition Date
1	0	01/15/2009	23152(a) VC	M	Driving Under the Influence of Alcohol or Drugs	GUILTY	12/09/2009	Pled Guilty	12/09/2009
2	0	01/15/2009	20002(a) VC	M	Hit and run with property damage	GUILTY	12/09/2009	Pled Guilty	12/09/2009
3	0	01/15/2009	14601.2(a) VC	M	Driving when privilege suspended or revoked (DUI)	GUILTY	12/09/2009	Pled Guilty	12/09/2009
4	0	01/15/2009	4060 BP	M	Possess controlled substance without prescription	GUILTY	12/09/2009	Pled Guilty	12/09/2009

Participants:

Role	Badge	Agency	Name	Vacation Start	Vacation End
Retained Attorney		RETAT	Pohlson, Gary M.		
Retained Attorney		RETAT	Bethune, Lisa		
District Attorney		OCDA	Zimmer, Richard Anthony		
District Attorney		OCDA	Goodman, Kristin R		
District Attorney		OCDA	Brar, Paul Singh		
District Attorney		OCDA	Gold, Cheryl		
District Attorney		OCDA	Carr, Sharon		
District Attorney		OCDA	O'Hara, Kathleen J		

Heard Hearings:

Date	Hearing Type - Reason	Courtroom	Hearing Status	Special Hearing Result
05/26/2009	Arraignment -	H10	Heard	
05/27/2009	Arraignment -	H10	Heard	Waives arraignment today
05/27/2009	Arraignment -	H10	Heard	waives statutory time for
05/27/2009	Arraignment -	H10	Heard	Waives arraignment today
05/27/2009	Arraignment -	H10	Heard	waives statutory time for
06/10/2009	Arraignment -	H10	Cancel	

06/10/2009	Arraignment -	H7	Heard	waives statutory time for
07/13/2009	Pre Trial -	H7	Cancel	
07/13/2009	Pre Trial -	H13	Heard	waives statutory time for
08/12/2009	Pre Trial -	H13	Heard	waives statutory time for
08/12/2009	Pre Trial -	H13	Heard	waives statutory time for
09/23/2009	Pre Trial -	H13	Heard	waives statutory time for
09/23/2009	Pre Trial -	H13	Heard	waives statutory time for
11/04/2009	Pre Trial -	H13	Heard	
11/13/2009	Pre Trial -	H10	Heard	waives statutory time for
12/02/2009	Pre Trial -	H13	Heard	waives statutory time for
12/09/2009	Pre Trial -	H13	Heard	waives statutory time for
03/08/2010	Sentencing -	H13	Heard	
03/09/2010	Sentencing -	H13	Heard	waives statutory time for
06/02/2010	Sentencing -	H13	Heard	
06/07/2010	Chambers Work -	HJA	Heard	
06/08/2010	Motion Modification of Probation	H10	Cancel	
06/08/2010	Motion Modification of Probation	H13	Heard	
07/02/2010	Financial Evaluation -	HNBCOL	Cancel	
08/25/2010	Hearing Proof of enrollment	H12	Cancel	
08/25/2010	Hearing Proof of enrollment	H4	Cancel	
08/25/2010	Financial Evaluation -	HNBCOL	Cancel	
08/25/2010	Hearing Proof of enrollment	H10	Heard	
08/26/2010	Hearing Proof of enrollment	H10	Heard	
12/16/2010	Hearing Progress Review	H10	Heard	

Bond:

Bail Date	Post Amount	Bondsman	Bondsman Address	Surety	Surety Address	Details		
						Action	Action Date	Amount
01/26/2009	10000.0	1st Class Bail Bonds, Inc	null	International Fidelity Insurance Company	null	Active	01/26/2009	10000
						Exonerated	03/03/2009	10000

Sentences:

Seq #	Sentence Date	Sentence	Due Date
1	06/02/2010	5 years Probation	
2	08/26/2010	8 days Jail in lieu of fine	
3	08/26/2010	6 days Jail in lieu of fine	
4	06/02/2010	Restitution	
5	06/02/2010	18 months Multiple Offender Alcohol Program	
6	06/02/2010	90 days Jail	
7	06/02/2010	10 days Jail	

Probation:

Sent Seq #	Type	Term	End Date
1	INFORMAL	5 years	06/01/2015

History:

Status	Status Date	End Date
Active	06/02/2010	06/01/2015
Expired	06/01/2015	06/01/2015

Case Summary

Case Number: 03SF0050
OC Pay Number: 1812831
Originating Court: Harbor - Laguna Niguel Facility
Pay or Appear by:
Traffic School Completion Date:
Next Payment Date:
Defendant: Cabrera, Cesar Burguillos
Demographics:

Eyes:	Brown
Hair:	Black
Height(ft/in) :	5'7"
Weight (lbs):	165

Names:

Last Name	First Name	Middle Name	Type
Cabrera	Cesar	Burguillos	Alias
Cadrera	Cesar	Burguillos	Alias
CABERA	CESAR	BURGUILLOS	Court True Name
Cabrera	Cesar	Burguillos	Real Name
Cadrera	Cesar	Burguillos	Alias

Case Status:

Status:	Closed
Case Stage:	Entered
Release Status:	
Warrant:	N
DMV Hold :	N
Charging Document:	Complaint
Mandatory Appearance:	Y
Owner's Resp:	N
Amendment #:	0

Counts:

Seq	S/A	Violation Date	Section Statute	OL	Violation	Plea	Plea Date	Disposition	Disposition Date
1	0	01/08/2003	11351 HS	F	Possession of controlled substance with intent to sell Sale or transport	NOT GUILTY	02/05/2003	Dismissed	12/18/2003

2	0	01/08/2003	11352(a) HS	F	of controlled substance	GUILTY	12/18/2003	Pled Guilty	12/18/2003
3	0	01/08/2003	11351 HS	F	Possession of controlled substance with intent to sell	NOT GUILTY	02/05/2003	Dismissed	12/18/2003
4	0	01/08/2003	11352(a) HS	F	Sale or transport of controlled substance	GUILTY	12/18/2003	Pled Guilty	12/18/2003
5	0	01/08/2003	11375(b) (2) HS	M	Possession controlled substance	GUILTY	12/18/2003	Pled Guilty	12/18/2003

Participants:

Role	Badge	Agency	Name	Vacation Start	Vacation End
Retained Attorney		RETAT	Pohlson, Gary M.		
District Attorney		OCDA	Jacobs, Tammy		
District Attorney		OCDA	Marangi, Stefanie		
District Attorney		OCDA	Selin, Anne		
District Attorney		OCDA	Sullens, Jack		

Heard Hearings:

Date	Hearing Type - Reason	Courtroom	Hearing Status	Special Hearing Result
02/05/2003	Arraignment -	S2	Heard	
02/19/2003	Pre Trial -	S2	Heard	10 court days/60 calendar days
03/19/2003	Pre Trial -	S2	Heard	10 court days
04/30/2003	Pre Trial -	S2	Heard	10 court days/60 calendar days
05/29/2003	Pre Trial -	S2	Heard	10 court days/60 calendar days
07/23/2003	Pre Trial -	S2	Heard	10 court days/60 calendar days
08/07/2003	Pre Trial -	S2	Heard	10 court days/60 calendar days
09/04/2003	Pre Trial -	S2	Heard	
10/08/2003	Pre Trial -	S2	Heard	
11/13/2003	Pre Trial -	S2	Heard	
12/04/2003	Pre Trial -	S2	Heard	
12/18/2003	Pre Trial -	S1	Cancel	
12/18/2003	Pre Trial -	S2	Heard	

Bond:

Bail Date	Post Amount	Bondsman	Bondsman Address	Surety	Surety Address	Details		
						Action	Action Date	Amount
01/14/2003	25000.0	Creative Bail Bonds	null	Lexington National Insurance Corporation	null	Active	01/14/2003	25000
						Exonerated	12/18/2003	25000

Sentences:

Seq #	Sentence Date	Sentence	Due Date
1	12/18/2003	3 years Probation	
2	12/18/2003	90 days Jail	
3	12/18/2003	Restitution	

Probation:

Sent Seq #	Type	Term	End Date
1	FORMAL	3 years	12/17/2006

History:

Status	Status Date	End Date
Active	12/18/2003	12/17/2006
Expired	12/17/2006	12/17/2006

California State Board of Pharmacy
1625 N. Market Boulevard, N219
Sacramento, California 95834

June 3, 2019

To the Reinstatement Committee:

It is my pleasure to provide support of the application for reinstatement for Dr. Cesar Cabrera, Pharm. D. Our families have known each other for over 15 years. We were members at the Cabrera's martial arts school. We also attend the same church and have supported each other's children in spiritual mission trips. During this time I came to know Dr. Cabrera as a professional colleague. I have personally witnessed Dr. Cabrera's de-escalate an agitated patient with his demeanor and professionalism at his previous pharmacist position prior to the revocation. I am fully aware of the details for case numbers: 2949 and 2777 and understand the Board of Pharmacy's disciplinary penalties imposed upon Dr. Cabrera.

Over the period of revocation, I have observed Dr. Cabrera making improvements in his personal and professional struggles and continues to provide the best he can for his family. Dr. Cabrera has attended our church's support group for chemical dependency as well as other outside support and recovery programs.
Professionally, Dr. Cabrera has acquired a certificate as an addiction counselor and has been counseling patients and is currently working as an administrator for an addiction center. His current knowledge in addiction treatment exceeds the knowledge of general practicing pharmacists.

With his specialized knowledge and experience, and my observed performance, I would support the reinstatement of Dr. Cabrera's pharmacist license.
I believe Dr. Cabrera has much to offer and contribute to the care and safety of the public and the profession.

Sincerely,

Mark Chew, Pharm.D.
Chief Pharmacist
Orange County Emergency Medical Services
405 W. Fifth Street, Suite 301A Santa Ana, CA 92701
714-560-6129 Fax: ***(714) 437-5767*** Mob: [redacted]

California State Board of Pharmacy
1625 N. Market Blvd., N219
Sacramento, CA. 95834

June 17, 2019

To the Reinstatement Committee:

I am writing this letter of recommendation on behalf of Cesar Cabrera. I have known Cesar personally since 2015 and have worked with him as a colleague since 2016. I am a client advocate/case manager for Milestone Addiction Centers in Costa Mesa and Cesar is my supervisor. It is with much enthusiasm that I recommend and support Cesar Cabrera for reinstatement.

On a personal level, Cesar and I share similar stories as it relates to substance use issues and recovery in the past and he has shared his trials and tribulations that resulted in the loss of his pharmacy license. As a result, we have become very close and we have even attended 12 step meetings on occasion. As a counselor, Cesar has vast knowledge of the addiction field because of his pharmacy background and he is able to connect and build rapport with the clients that need help.

I have seen the growth and transformation of Cesar in his recovery over the years I have known him. He is humble in so many ways and he is grateful for all the things that sobriety has brought in his life. It is with great pleasure that I recommend Cesar for reinstatement.

Sincerely,
Rick Hughes
[redacted]

California State Board of Pharmacy
1625 N. Market Boulevard, N219
Sacramento, California 95834

July 13, 2019

To the Reinstatement Committee:

I am writing this letter on behalf of my colleague Cesar Cabrera. I have known Dr. Cabrera for 2 years through Milestone Recovery. He has consistently been a hardworking and highly successful colleague.

Dr. Cabrera has always provided me with a great example of what hard work and dedication looks like. Dr. Cabrera is currently working a fulltime job, maintains his busy schedule, and still finds time to balance his family time and his time for self-care. Since meeting Dr. Cabrera, I have looked up to him and his constant motivation to make improvements to not only his work life and relationships, but also his personal life and relationships. He strives to make others' lives better on a daily basis. When asked for help, Dr. Cabrera always helps without hesitation.

I know Dr. Cabrera to be dependable, reliable and to maintain his integrity. He has exhibited a high level of patience and understanding when dealing with others. Dr. Cabrera has never turned down a challenge and is always willing to work with a team to accomplish goals. My experience with him has been nothing less than uplifting.

It is both my personal and professional opinion that Dr. Cabrera should have his license reinstated. Dr. Cabrera maintains the capacity to help many people change their lives in a positive direction.

Please feel free to contact me with any questions or concerns.

Best regards,



Corine M. Charm, PhD, LMFT #52333

[redacted]

5/27/2019

Tien Minh Vo
[redacted]Amber

Aliso Viejo, CA 92656

California State Board of Pharmacy
1625 N. Market Blvd N219

Sacramento, CA 95834

Dear California State Board of Pharmacy,

It is with great pleasure that I write this letter recommending Cesar Cabrera for reinstatement to practice pharmacy. I am aware that Cesar surrendered his License in 2007 because of his issues with substance abuse. I've known Cesar and his wife for 2 years now and he has been able to overcome that addiction by seeking help at a treatment center. From his stay at the treatment center he was able to stay grounded and humble. Then after successful graduation from the treatment realized that this is the world that Cesar is interested in so he went back to school to receive a certification for Drug and Alcohol studies. From there he used his pharmacy background to help open and develop Detox and residential programs at several recovery centers. Cesar currently serves as the Executive Director at Milestone Addiction Centers. Cesar understands the troubles that addiction causes and nothing makes him happier than to be able to help people who are struggling with this. Since he is so involved with patients Cesar is constantly reminded that he does not want to fall back into the world of addiction and abuse. I truly believe that Cesar has learned from his past mistakes and will not partake in any future faults.

Thank you for taking the time toread my letter. I can be reached at [redacted] or at [redacted]

Sincerely,

Tien Minh Vo

RPH 59546

February 8, 2021

Craig Hitchman
[redacted] Birch Suite [redacted]
Newport Beach, CA. 926600

California State Board of Pharmacy
1625 N. Market Blvd. N219
Sacramento, CA. 95834

To the Reinstatement Committee:
California Board of Pharmacy,

I am writing on behalf of Cesar Cabrera. I have known Cesar Cabrera for the past 2 years and it is with great pleasure to write a letter recommending for his reinstatement to practice pharmacy once again. I have known Cesar as a hard-working individual with dedication to the clients he helps at Inspire Health Center as the Assistant Clinical Director. He is reliable and he is always there to help anyone that is in need.

I am aware of the unfortunate situation Cesar has gone through with his substance use and that he had to surrender his pharmacy license some 14 years ago. I've known Cesar through communication with Inspire Health Centers and through his wife who is a colleague at the pharmacy. Cesar Cabrera went back to school to study and obtain a certification in Drug and Alcohol studies. With the use of his pharmacy background, he has helped open several Detox and Residential treatment centers, his latest being Inspire Health Centers as an Assistant Clinical Director.

I believe Cesar Cabrera will be an asset in the practice of pharmacy by gaining experience in the process of addiction because he will be able to recognize the patient who are struggling with substances and he will be able to offer help. We are in a time where substance use is increasing and causing untimely deaths to many. With Cesar's experience in the field of addiction, he plays a big part in the prevention of this uncanny disease of addiction. It is this reason why I strongly recommend the reinstatement of Cesar as a pharmacist.

Sincerely,

Craig Hitchman
[redacted]
craig@ca-rx.com

Case Summary

Case Number: 09SM01679
OC Pay Number: 5318857
Originating Court: Harbor - Laguna Niguel Facility
Pay or Appear by:
Traffic School Completion Date:
Next Payment Date:
Defendant: Cabrera, Cesar Burguillos
Demographics:

Eyes:	Brown
Hair:	Black
Height(ft/in) :	5'7"
Weight (lbs):	165

Arrest 6
1/15/2009

Names:

Last Name	First Name	Middle Name	Type
Cabrera	Cesar	Burguillos	Alias
Cadrera	Cesar	Burguillos	Alias
CABERA	CESAR	BURGUILLOS	Court True Name
Cabrera	Cesar	Burguillos	Real Name
Cadrera	Cesar	Burguillos	Alias

Case Status:

Status:	Convicted
Case Stage:	Entered
Release Status:	Released on Own Recognizance
Warrant:	N
DMV Hold :	N
Charging Document:	Complaint
Mandatory Appearance:	Y
Owner's Resp:	N
Amendment #:	0

Counts:

Seq	S/A	Violation Date	Section Statute	OL	Violation	Plea	Plea Date	Disposition	Disposition Date
1	0	01/15/2009	23152(a) VC	M	Driving Under the Influence of Alcohol or Drugs	GUILTY	12/09/2009	Pled Guilty	12/09/2009
2	0	01/15/2009	20002(a) VC	M	Hit and run with property damage	GUILTY	12/09/2009	Pled Guilty	12/09/2009
3	0	01/15/2009	14601.2(a) VC	M	Driving when privilege suspended or revoked (DUI)	GUILTY	12/09/2009	Pled Guilty	12/09/2009
4	0	01/15/2009	4060 BP	M	Possess controlled substance without prescription	GUILTY	12/09/2009	Pled Guilty	12/09/2009

Participants:

Role	Badge	Agency	Name	Vacation Start	Vacation End
Retained Attorney		RETAT	Pohlson, Gary M.		
Retained Attorney		RETAT	Bethune, Lisa		
District Attorney		OCDA	Zimmer, Richard Anthony		
District Attorney		OCDA	Goodman, Kristin R		
District Attorney		OCDA	Brar, Paul Singh		
District Attorney		OCDA	Gold, Cheryl		
District Attorney		OCDA	Carr, Sharon		
District Attorney		OCDA	O'Hara, Kathleen J		

Heard Hearings:

Date	Hearing Type - Reason	Courtroom	Hearing Status	Special Hearing Result
05/26/2009	Arraignment -	H10	Heard	
05/27/2009	Arraignment -	H10	Heard	Waives arraignment today
05/27/2009	Arraignment -	H10	Heard	waives statutory time for
05/27/2009	Arraignment -	H10	Heard	Waives arraignment today
05/27/2009	Arraignment -	H10	Heard	waives statutory time for
06/10/2009	Arraignment -	H10	Cancel	

06/10/2009 Arraignment -	H7	Heard	waives statutory time for
07/13/2009 Pre Trial -	H7	Cancel	
07/13/2009 Pre Trial -	H13	Heard	waives statutory time for
08/12/2009 Pre Trial -	H13	Heard	waives statutory time for
08/12/2009 Pre Trial -	H13	Heard	waives statutory time for
09/23/2009 Pre Trial -	H13	Heard	waives statutory time for
09/23/2009 Pre Trial -	H13	Heard	waives statutory time for
11/04/2009 Pre Trial -	H13	Heard	
11/13/2009 Pre Trial -	H10	Heard	waives statutory time for
12/02/2009 Pre Trial -	H13	Heard	waives statutory time for
12/09/2009 Pre Trial -	H13	Heard	waives statutory time for
03/08/2010 Sentencing -	H13	Heard	
03/09/2010 Sentencing -	H13	Heard	waives statutory time for
06/02/2010 Sentencing -	H13	Heard	
06/07/2010 Chambers Work -	HJA	Heard	
06/08/2010 Motion Modification of Probation	H10	Cancel	
06/08/2010 Motion Modification of Probation	H13	Heard	
07/02/2010 Financial Evaluation -	HNBCOL	Cancel	
08/25/2010 Hearing Proof of enrollment	H12	Cancel	
08/25/2010 Hearing Proof of enrollment	H4	Cancel	
08/25/2010 Financial Evaluation -	HNBCOL	Cancel	
08/25/2010 Hearing Proof of enrollment	H10	Heard	
08/26/2010 Hearing Proof of enrollment	H10	Heard	
12/16/2010 Hearing Progress Review	H10	Heard	

Bond:

Bail Date	Post Amount	Bondsman	Bondsman Address	Surety	Surety Address	Details		
						Action	Action Date	Amount
01/26/2009	10000.0	1st Class Bail Bonds, Inc	null	International Fidelity Insurance Company	null	Active	01/26/2009	10000
						Exonerated	03/03/2009	10000

Sentences:

Seq #	Sentence Date	Sentence	Due Date
1	06/02/2010	5 years Probation	
2	08/26/2010	8 days Jail in lieu of fine	
3	08/26/2010	6 days Jail in lieu of fine	
4	06/02/2010	Restitution	
5	06/02/2010	18 months Multiple Offender Alcohol Program	
6	06/02/2010	90 days Jail	
7	06/02/2010	10 days Jail	

Probation:

Sent Seq #	Type	Term	End Date
1	INFORMAL	5 years	06/01/2015

History:

Status	Status Date	End Date
Active	06/02/2010	06/01/2015
Expired	06/01/2015	06/01/2015

H. Dean Steward
ATTORNEY AT LAW

17 Corporate Plaza Drive
Suite 254
Newport Beach, CA 92660
949-481-4900

Arrest 4
6/5/2008
Arrest 5
7/14/2008
Arrest 7
8/16/2010

Aug. 8, 2022

Cesar Cabrera

Via Email

Re: Inquiry from ~~Oregon~~ NEVADA Board of Pharmacy

Dear Cesar-

I've reviewed the items requested by Mr. Hunt of the Board of Pharmacy. You have asked me to address items 2, 4, 5 and 7 of the requests.

Initially, I note that along with attorney (now Superior Court Judge) Gary Pohlson, I represented you on the federal case in Santa Ana, California from 2008 to 2010. In that the case is 12 years old, I have no hard copies of your case material. I do, however, have some electronic documents, plus access to PACER, the federal court docket system.

I have the following responses to the items listed:

2. The 2-6-04 incident was 3-4 years before I began representing you. I have no recall of such an event and no responding documents.

4. On 6-5-08, DEA arrested you and took you to their Orange County offices. You and I spent several hours with the agents and

• Admitted-California & Hawaii • Fellow-American College of Trial Lawyers •
fax: 949-706-9994 • e-mail: deansteward7777@gmail.com

agreed to cooperate and assist them in further investigation. You were released that day and if there was a report generated, it was never shared with you and me.

5. The 7-14-08 incident was our initial appearance in federal court in Santa Ana after arriving at a disposition. You were summoned to court, not arrested. You were admitted to bail after a routine court appearance. I attach the docket entry for that day.

7. On the August 16, 2010 incident, I am unaware of any such occurrence. I believe that was about the time you self-surrendered to serve your sentence. I have checked the PACER data base for the District of Kansas and your name does not appear there. I attached confirmation.

Please let me know if you need any further information.

Sincerely,



H. Dean Steward

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

CRIMINAL MINUTES - ARRAIGNMENT

Case Number: 8:08-CR-00167 Recorder: CS 07/14/2008 Date: 07/14/2008

Present: The Honorable Marc L. Goldman, U.S. Magistrate Judge

Court Clerk: Terri Steele Assistant U.S. Attorney: Carmen Luege

United States of America v.	Attorney Present for Defendant(s)	Language	Interpreter
CESAR CABRERA Summons	H. Dean Steward Retained		

PROCEEDINGS: ARRAIGNMENT OF DEFENDANT(S) AND ASSIGNMENT OF CASE.

Defendant is arraigned and states true name is as charged.

Defendant is given a copy of the Information.

Defendant acknowledges receipt of a copy and waives reading thereof.

Defendant's first appearance.
Bond is ordered in the amount of a $100,000.00 See attached copy of the bond. Court orders defendant to report to the U.S. Marshal's Office forthwith for processing.

Waiver of Indictment submitted, accepted by the court and filed.

The Court enters a plea of not guilty on behalf of the defendant to all counts in the Information.

This case is assigned to the calendar of District Judge James V. Selna.
It is ordered that the following date(s) and time(s) are set:
Jury Trial September 9, 2008 at 8:30 a.m.
Status Conference August 25, 2008 at 9:00 a.m.
Defendant and counsel are ordered to appear before said judge at the time and date indicated.

The Judge's Order issued.

Trial estimate: 7 days.

Government counsel moves to seal these proceedings. Request denied. Case ordered unsealed for PIA. Government counsel to file a motion for sealing with the assigned district judge.

cc: Statistics Clerk, ~~PSALA~~ PSASA, ~~USMSA~~

I HEREBY CERTIFY THAT THIS DOCUMENT WAS SERVED BY FIRST CLASS MAIL POSTAGE PREPAID, TO ALL COUNSEL, ~~(OR PARTIES)~~ AT THEIR RESPECTIVE MOST RECENT ADDRESS OF RECORD IN THIS ACTION ON THIS DATE.

DATED: 7-16-08

DEPUTY CLERK

00 : 07

Initials of Deputy Clerk: ts

UNITED STATES OF AMERICA, Plaintiff,

v.

Cesar Cabrera

Defendant/~~Material Witness~~.

CASE NUMBER: SACR08-167

COMPLAINT: ☐

INDICTMENT / (INFORMATION): ☐

VIOLATION OF TITLE: 21 USC & 18 USC

SECTION: 841(a) & 1957

☐ PERSONAL RECOGNIZANCE (Signature only - no dollar amount)

☐ UNSECURED APPEARANCE BOND IN THE AMOUNT OF $_____

RELEASE No. SUMMONS

☑ APPEARANCE BOND IN THE AMOUNT OF $ 100,000

☐ WITH CASH DEPOSIT (AMOUNT OR %) _____

☑ WITH AFFIDAVIT OF SURETY NO JUSTIFICATION (Form CR-4)

By DFT's wife

☐ WITH AFFIDAVIT WITH JUSTIFICATION OF SURETY (Form CR-3)

☐ WITH DEEDING OF PROPERTY

☐ RELEASE TO PRETRIAL ONLY

☐ FORTHWITH RELEASE

☑ ALL CONDITIONS OF BOND SHALL BE MET AND BOND POSTED BY: 7/28/08 *Date*

☐ COLLATERAL BOND IN AMOUNT OF (Cash or Negotiable Securities) $_____

☐ CORPORATE SURETY BOND IN AMOUNT OF (Separate Form Required) $_____

☐ ADDITIONAL REQUIREMENTS: _____

☑ BAIL FIXED BY COURT _____ *Deputy Clerk*

☐ ALL REQUIREMENTS HAVE BEEN MET: _____ *Deputy Clerk*

PRE-CONDITIONS TO RELEASE

☐ Bail is subject to Nebbia hearing which is a hearing to inquire about the source of the collateral.

☐ The Nebbia hearing can be waived by the government.

ADDITIONAL CONDITIONS OF RELEASE

In addition to the GENERAL CONDITIONS of RELEASE, as specified on other side, the following conditions of release are imposed upon you:

☐ Defendant shall submit to: [ ] Pretrial Supervision. [ ] Intensive Pretrial Supervision.

☐ Surrender all passports to the Clerk of Court, or sign a declaration no later than, _____ and not apply for the issuance of a passport during the pendency of this case.

☐ Travel is restricted to: CD/CA _____

☐ Do not enter premises of any airport, seaport, railroad, or bus terminal which permits exit from the Continental U.S. or area of restricted travel without Court permission.

☐ Reside as approved by PSA and do not relocate without prior permission from PSA. _____

☐ Maintain or actively seek employment and provide proof to PSA.

☐ Maintain or commence an educational program and provide proof to PSA.

☐ Avoid all contact, directly or indirectly, with any person who is or who may become a victim or potential witness in the subject investigation or prosecution, including but not limited to: _____

☐ Not possess any firearms, ammunition, destructive devices, or other dangerous weapons. [ ] In order to determine compliance, you will agree to submit to a search of your person and/or property by Pretrial Services in conjunction with the US Marshal.

☐ Not use/possess any identification other than in your own legal name or true name. [ ] In order to determine compliance, you will agree to submit to a search of your person and/or property by Pretrial Services in conjunction with the U.S. Marshal.

☐ Not use alcohol.

☐ Not use or possess illegal drugs. [ ] In order to determine compliance, you will agree to submit to a search of your person and/or property by Pretrial Services in conjunction with the US Marshal.

☐ Submit to drug [and/or] alcohol testing and outpatient treatment as directed by PSA. You shall pay all or part of the cost for testing and treatment based upon your ability to pay as determined by PSA.

☐ Participate in residential drug [and/or] alcohol treatment as deemed necessary by PSA. You shall pay all or part of the cost for treatment based upon your ability to pay as determined by PSA. [ ] **Release to PSA only.**

☐ Participate in mental health evaluation, and/or counseling and/or treatment as directed by PSA. You shall pay all or part of the costs based upon your ability to pay as determined by PSA.

Defendant Initials CC **Date** 7/14/08

ORIGINAL - YELLOW COPY **PINK- PRETRIAL SERVICES** **WHITE - DEFENDANT COPY**

GPO U.S GOVERNMENT PRINTING OFFICE 2005-785-040

Cesar Cabrera
Defendant/~~Material Witness~~.

CASE NUMBER: SACR08-167

☐ Participate in one of the following home confinement program components and abide by all requirements of the program which [ ] **will** or [ ] **will not** include electronic monitoring or other location verification system. You shall pay all or part of the cost of the program based upon your ability to pay as determined by PSA.

[ ] **Curfew.** You are restricted to your residence every day: [ ] from _____ to _____. [ ] as directed by PSA. [ ] **Release to PSA only.**

[ ] **Home Detention.** You are restricted to your residence at all times except for employment; education; religious services; medical, substance abuse, or mental health treatment; attorney visits; court-ordered obligations; or other activities as pre-approved by PSA. [ ] **Release to PSA only.**

[ ] **Home Incarceration.** You are restricted to your residence at all times except for medical needs or treatment; religious services; and court appearances as pre-approved by PSA. [ ] **Release to PSA only.**

☐ Not possess or have access to, either in the home, the workplace, or any other location, any device which offers Internet access, except as approved by PSA. [ ] In order to determine compliance, you will agree to submit to a search of your person and/or property by Pretrial Services in conjunction with the US Marshal.

☐ Not associate or have verbal, written, telephonic, or electronic communication with any person who is less than the age of 18 except in the presence of another adult who is the parent or legal guardian of the minor.

☐ Not loiter/be found within 100 feet of any school yard, park, playground, arcade, or other place primarily used by children under the age of 18.

☐ Not be employed by, affiliate with, own, control, or otherwise participate directly or indirectly in conducting the affairs of any daycare facility, school, or other organization dealing with the care, custody, or control of children under the age of 18.

☐ Not view or possess child pornography or child erotica. [ ] In order to determine compliance, you will agree to submit to a search of your person and/or property, including computer hardware and software, by Pretrial Services in conjunction with the US Marshal.

☑ Other conditions: See attached Stipulation + Order.

✓ 7/14/08 — *Date*

✓ [signature] — *Defendant/~~Material Witness~~' Signature*

✓ 949-378-3184 — *Telephone Number*

✓ [redacted] Trabuco Canyon, CA 92679 — *City, State And Zip Code*

☐ **Check if interpreter is used:** I have interpreted into the _____ language all of the above conditions of release and have been told by the defendant that he or she understands all of the conditions of release.

_____ *Interpreter's signature* — _____ *Date*

Approved: _____ *United States District Judge / Magistrate Judge* — _____ *Date*

If Cash Deposited: Receipt # _____ For $_____

(This bond may require surety agreements and affidavits pursuant to Local Criminal Rules 46-3.2 and 46-6)

ORIGINAL - YELLOW COPY — PINK- PRETRIAL SERVICES — WHITE - DEFENDANT COPY

G2O U.S.GOVERNMENT PRINTING OFFICE: 2005-785-040

FILED
JUL 14 2008
CLERK, U.S. DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
SOUTHERN DIVISION AT SANTA ANA
BY _____ DEPUTY

THOMAS P. O'BRIEN
United States Attorney
ROBB C. ADKINS
Assistant United States Attorney
Chief Santa Ana Office
CARMEN R. LUEGE
Assistant United States Attorney
(Cal. State Bar # 115905)
Ronald Reagan Federal Building
411 W. Fourth Street
Santa Ana, California 92701
Telephone: (714) 338-3538
E:mail: carmen.luege@usdoj.gov

Attorneys for Plaintiff
UNITED STATES OF AMERICA

UNITED STATES DISTRICT COURT

FOR THE CENTRAL DISTRICT OF CALIFORNIA

UNITED STATES OF AMERICA, Plaintiff, v. CESAR CABRERA, Defendant.	No. SA CR 08-167 STIPULATION RE BAIL RELEASE CONDITIONS; AND ORDER UNDER SEAL

United States of America, through its attorney of record, Assistant United States Attorney Carmen R. Luege, and defendant Cesar Cabrera, individually and through his attorney of record, stipulate and agree as follows:

1. Defendant is scheduled to appear for post indictment arraignment on July 14, 2008.

2. Defendant has signed a cooperation plea agreement and will be assisting the Drug Enforcement Administration (DEA) and the Internal Revenue Service (IRS) with an ongoing criminal investigation. As part of his cooperation, defendant may be

required to negotiate drug transactions with the targets of the investigation.

3. Pretrial Services does not supervise defendants who are cooperating with the government, particularly when the cooperation may require that defendant have contact with the targets of the investigation.

THEREFORE, IT IS HEREBY AGREED AND STIPULATED that defendant be released on bail pending trial on the following conditions:

(1) A $100,000 appearance bond with affidavit of surety without justification executed by defendant's spouse.

(2) Defendant shall be subject to intensive supervision by DEA Diversion Investigator (DI) Violeta Willmott and IRS SA Remoun Karlous.

(3) Defendant shall surrender all passports to the SA Remoun Karlous and not apply for the issuance of a passport during the pendency of this case.

(4) Defendant's travel is to be restricted to the Central District of California unless otherwise permitted by DI Willmott or SA Karlous.

(5) Defendant shall not enter a seaport, an airport, or any other terminal that permits exit from the continental United States without DI Willmott's or SA Karlous' permission.

(6) Defendant shall not use or possess any illegal drugs.

(7) Defendant shall be subject to drug/alcohol testing as deemed necessary by DI Willmott or SA Karlous.

DEAN STEWARD
Counsel for Defendant
Cesar Cabrera

7-14-08
Date

ORDER

It is so ordered.

7/14/08
Date

United States District Court Judge

MARC L. GOLDMAN
U.S. MAGISTRATE JUDGE

(8) Defendant shall not possess any kind of firearms or destructive devices.

(9) Defendant shall be subject to searches of his person and/or property by DI Willmott or SA Karlous Relating to and to insure compliance with conditions of bail.

(10) Defendant shall maintain verifiable ~~lawful~~ employment.

(11) Defendant shall participate in mental health counseling and/or treatment as deemed necessary by DI Willmott or SA Karlous. Defendant shall pay all cost of the mental health counseling/treatment.

~~IT IS FURTHER AGREED AND STIPULATED, that if defendant violates any of the conditions set forth above, the bond will be forfeited and an arrest warrant will be issued to place defendant in the custody of the U.S. Marshal pending trial.~~

UNITED STATES ATTORNEY'S OFFICE
FOR THE CENTRAL DISTRICT OF CALIFORNIA

THOMAS P. O'BRIEN
United States Attorney

CARMEN R. LUEGE
Assistant United States Attorney

7/14/2008
Date

I have read this stipulation and carefully discussed every part of it with my attorney. I understand the terms of my conditional release, and I voluntarily agree to comply with those terms.

CESAR CABRERA
Defendant

7/14/08
Date

No information was found that matched the search criteria entered.

PACER Service Center			
Transaction Receipt			
08/08/2022 12:51:03			
PACER Login:	deansteward	**Client Code:**	
Description:	Search	**Search Criteria:**	Last Name: Cabrera First Name: Cesar
Billable Pages:	1	**Cost:**	0.10
Exempt flag:	Not Exempt	**Exempt reason:**	Not Exempt

CLOSED

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA (Southern Division - Santa Ana)
CRIMINAL DOCKET FOR CASE #: 8:08-cr-00167-JVS-1

Case title: USA v. Cabrera

Date Filed: 07/01/2008

Date Terminated: 06/01/2010

Assigned to: Judge James V. Selna

Defendant (1)

Cesar Cabrera
TERMINATED: 06/01/2010

represented by **H. Dean Steward**
H. Dean Steward Law Offices
17 Corporate Plaza Suite 254
Newport Beach, CA 92660
949-481-4900
Fax: 949-706-9994
Email: deansteward7777@gmail.com
LEAD ATTORNEY
ATTORNEY TO BE NOTICED
Designation: Retained

Pending Counts

21:841(a) DISTRIBUTION OF HYDROCODONE
(1)

Disposition

Defendant sentenced to 27 months imprisonment on Counts 1 - 3 of the Information, to run concurrently. 3 years supervised release, concurrently under terms and conditions of US Probation Office and General Order 318. Pay special assessment of $300. All fines are waived. Court recommends that BOP conduct a mental health evaluation and provide necessary treatment. Court recommends placement in 500 hour drug treatment program.

Defendant sentenced to 27 months imprisonment on Counts 1 - 3 of the Information, to run concurrently. 3 years

21:841(a) DISTRIBUTION OF HYDROCODONE (2)	supervised release, concurrently under terms and conditions of US Probation Office and General Order 318. Pay special assessment of $300. All fines are waived. Court recommends that BOP conduct a mental health evaluation and provide necessary treatment. Court recommends placement in 500 hour drug treatment program.
18:1957(a) ENGAGING IN MONETARY TRANSACTIONS (3)	Defendant sentenced to 27 months imprisonment on Counts 1 - 3 of the Information, to run concurrently. 3 years supervised release, concurrently under terms and conditions of US Probation Office and General Order 318. Pay special assessment of $300. All fines are waived. Court recommends that BOP conduct a mental health evaluation and provide necessary treatment. Court recommends placement in 500 hour drug treatment program.

Highest Offense Level (Opening)

Felony

Terminated Counts	**Disposition**
None	

Highest Offense Level (Terminated)

None

Complaints	**Disposition**
Defendant in violation of 21:841 and 18:1956	

Plaintiff

USA

represented by **Carmen R Luege**
AUSA - Office of US Attorney
Criminal Division
411 West 4th Street Suite 8000
Santa Ana, CA 92701-4599
714-338-3500

Email: caseview.ecf@usdoj.gov
TERMINATED: 05/14/2009
LEAD ATTORNEY
ATTORNEY TO BE NOTICED

Christine S Bautista
AUSA - Office of US Attorney
Criminal Division - US Courthouse
312 North Spring Street 12th Floor
Los Angeles, CA 90012
213-894-8911
Fax: 213-894-0142
Email: USACAC.criminal@usdoj.gov
LEAD ATTORNEY
ATTORNEY TO BE NOTICED

Date Filed	#	Docket Text
06/02/2008	1	COMPLAINT filed as to Defendant Cesar Cabrera in violation of 21:841 and 18:1956. Approved by Magistrate Judge Arthur Nakazato. (mt) [8:08-mj-00263-DUTY *SEALED*] (Entered: 06/04/2008)
06/30/2008	2	NOTICE OF LODGING filed by Plaintiff USA as to Defendant (Attachments: # 1 Proposed Order)(Luege, Carmen) (Additional attachment(s) added on 7/1/2008: # 2 Not For Public View) (rla). Modified on 7/1/2008 (rla). [8:08-mj-00263-DUTY *SEALED*] (Entered: 06/30/2008)
07/01/2008	3	NOTICE of Manual Filing of Application and Proposed Order filed by Plaintiff USA as to Defendant Cesar Cabrera (Luege, Carmen) [8:08-mj-00263-DUTY *SEALED*] (Entered: 07/01/2008)
07/01/2008	6	INFORMATION filed as to Cesar Cabrera (1) count(s) 1-2, 3. Offense occurred in OC. (mt) (Entered: 07/09/2008)
07/01/2008	7	CASE SUMMARY filed by AUSA Carmen R. Luege as to Defendant Cesar Cabrera; defendants Year of Birth: 1960 (ade) (Entered: 07/09/2008)
07/01/2008	8	MEMORANDUM filed by Plaintiff USA as to Defendant Cesar Cabrera re: Judge Stephen G. Larson. (ade) (Entered: 07/09/2008)
07/01/2008	9	MEMORANDUM filed by Plaintiff USA as to Defendant Cesar Cabrera. re: Magistrate Judge John Charles Rayburn, Jr., Magistrate Judge Jacqueline Chooljian, Magistrate Judge Patrick J. Walsh, Magistrate Judge Jennifer T. Lum, Magistrate Judge Jeffrey W. Johnson. (ade) (Entered: 07/09/2008)
07/07/2008	64	Summons Issued as to Cesar Cabrera (dg) (dv). (Not for Public View Pursuant to the E-Government Act of 2002) (Entered: 07/14/2008)
07/11/2008	13	Summons Returned Executed on 7/8/08 as to Cesar Cabrera (mt) (Entered: 07/29/2008)

07/14/2008	12	STATEMENT OF CONSTITUTIONAL RIGHTS filed by Defendant Cesar Cabrera (rla) (Entered: 07/18/2008)
07/14/2008	14	MINUTES OF POST-INDICTMENT ARRAIGNMENT: held before Magistrate Judge Marc L. Goldman as to Cesar Cabrera (1) Count 1-2,3. Defendant arraigned, states true name: as charged. Attorney: H Dean Steward for Cesar Cabrera, Retained, present. Defendants first appearance. Court orders bail set for Cesar Cabrera (1) $100,000.00, See attached copy of the bond. Court orders defendant to report to the US Marshals Office forthwith for processing. The Court enters a plea of not guilty on behalf of the defendant to all counts as charged in the Information. Case assigned to Judge James V. Selna. Jury Trial set for 9/9/2008 08:30 AM before Judge James V. Selna. Status Conference set for 8/25/2008 09:00 AM before Judge James V. Selna. Defendant and counsel are ordered to appear. The Judges Order issued. Trial estimate: 7 days. Government counsel moves to seal these proceedings. Request denied. Case ordered unsealed for PIA. Government counsel to file a motion for sealing with the assigned district judge. Court Smart: CS 7/14/2008. (mt) (Entered: 07/29/2008)
07/14/2008	15	WAIVER OF INDICTMENT by Defendant Cesar Cabrera before Magistrate Judge Marc L. Goldman (mt) (Entered: 07/29/2008)
07/14/2008	16	DESIGNATION AND APPEARANCE OF COUNSEL; filed by H Dean Steward appearing for Cesar Cabrera (mt) (Entered: 07/29/2008)
07/14/2008	18	DECLARATION RE: PASSPORT filed by Defendant Cesar Cabrera (mt) (Entered: 07/29/2008)
07/30/2008	22	BOND AND CONDITIONS OF RELEASE filed as to Defendant Cesar Cabrera conditions of release: $100,000.00 Appearance Bond with affidavit of surety no justification by defendants wife (see attached bond for details) approved by Magistrate Judge Marc L. Goldman. (mt) (Entered: 08/02/2008)
05/14/2009	31	UNDER SEAL - NOTICE OF REASSIGNMENT of Criminal Case. (nbo) (Entered: 05/28/2009)
06/01/2009	32	SEALED DOCUMENT - STIPULATION Re Continuance of Status Conference. (nbo) (Entered: 06/04/2009)
06/02/2009	33	SEALED DOCUMENT - ORDER (nbo) (Entered: 06/04/2009)
10/16/2009	40	ORDER by Judge James V. Selna: granting 38 Exparte Application to Seal (ade) (Entered: 10/22/2009)
05/24/2010	61	MINUTES OF SENTENCING Hearing held before Judge James V. Selna as to Defendant Cesar Cabrera. Defendant Cesar Cabrera (1), Count(s) 1, 2, 3, Defendant sentenced to 27 months imprisonment on Counts 1-3 of the Information, to run concurrently. 3 years supervised release, concurrently under terms and conditions of US Probation Office and General Order 318. Pay special assessment of $300. All fines are waived. Court recommends that Bureau of Prison conduct a mental health evaluation and provide necessary treatment. Court recommends placement in 500 hour drug treatment program. Bond exonerated upon surrender. Defendant advised of right of appeal. (Defendant to surrender not later than 8/16/2010.) Court Reporter: Sharon

		Seffens. (nbo) Modified on 7/7/2010 (nbo). (Entered: 06/08/2010)
06/01/2010	62	JUDGMENT AND COMMITMENT by Judge James V. Selna as to Defendant Cesar Cabrera (1), Count(s) 1, 2, 3, Defendant sentenced to 27 months imprisonment on Counts 1-3 of the Information, to run concurrently. 3 years supervised release, concurrently under terms and conditions of US Probation Office and General Order 318. Pay special assessment of $300. All fines are waived. Court recommends that Bureau of Prisons conduct a mental health evaluation and provide necessary treatment. Court recommends placement in 500 hour drug treatment program. (nbo) (Entered: 06/08/2010)
06/04/2010	60	*SEALED DOCUMENT* Re: SENTENCING MEMORANDUM (dg) (Entered: 06/08/2010)
07/07/2010	63	NOTICE OF CLERICAL ERROR, as to Defendant Cesar Cabrera: Due to clerical error the incorrect filed date was used on Sentencing Minute Order 61 . The docket entry will be corrected to reflect the correct filed date. (nbo) (Entered: 07/07/2010)

PACER Service Center

Transaction Receipt

08/05/2022 16:35:12

PACER Login:	cesarcabrera	**Client Code:**	
Description:	Docket Report	**Search Criteria:**	8:08-cr-00167-JVS End date: 8/5/2022
Billable Pages:	5	**Cost:**	0.50

Case Summary

Case Number: 03SF0050
OC Pay Number: 1812831
Originating Court: Harbor - Laguna Niguel Facility
Pay or Appear by:
Traffic School Completion Date:
Next Payment Date:
Defendant: Cabrera, Cesar Burguillos
Demographics:

Eyes:	Brown
Hair:	Black
Height(ft/in) :	5'7"
Weight (lbs):	165

Arrest 1
1/8/2003

Arrest 2
2/6/2004

Names:

Last Name	First Name	Middle Name	Type
Cabrera	Cesar	Burguillos	Alias
Cadrera	Cesar	Burguillos	Alias
CABERA	CESAR	BURGUILLOS	Court True Name
Cabrera	Cesar	Burguillos	Real Name
Cadrera	Cesar	Burguillos	Alias

Case Status:

Status:	Closed
Case Stage:	Entered
Release Status:	
Warrant:	N
DMV Hold :	N
Charging Document:	Complaint
Mandatory Appearance:	Y
Owner's Resp:	N
Amendment #:	0

Counts:

Seq	S/A	Violation Date	Section Statute	OL	Violation	Plea	Plea Date	Disposition	Disposition Date
1	0	01/08/2003	11351 HS	F	Possession of controlled substance with intent to sell	NOT GUILTY	02/05/2003	Dismissed	12/18/2003
2	0	01/08/2003	11352(a) HS	F	Sale or transport of controlled substance	GUILTY	12/18/2003	Pled Guilty	12/18/2003
3	0	01/08/2003	11351 HS	F	Possession of controlled substance with intent to sell	NOT GUILTY	02/05/2003	Dismissed	12/18/2003
4	0	01/08/2003	11352(a) HS	F	Sale or transport of controlled substance	GUILTY	12/18/2003	Pled Guilty	12/18/2003
5	0	01/08/2003	11375(b)(2) HS	M	Possession controlled substance	GUILTY	12/18/2003	Pled Guilty	12/18/2003

Participants:

Role	Badge	Agency	Name	Vacation Start	Vacation End
Retained Attorney		RETAT	Pohlson, Gary M.		
District Attorney		OCDA	Jacobs, Tammy		
District Attorney		OCDA	Marangi, Stefanie		
District Attorney		OCDA	Selin, Anne		
District Attorney		OCDA	Sullens, Jack		

Heard Hearings:

Date	Hearing Type - Reason	Courtroom	Hearing Status	Special Hearing Result
02/05/2003	Arraignment -	S2	Heard	
02/19/2003	Pre Trial -	S2	Heard	10 court days/60 calendar days
03/19/2003	Pre Trial -	S2	Heard	10 court days
04/30/2003	Pre Trial -	S2	Heard	10 court days/60 calendar days
05/29/2003	Pre Trial -	S2	Heard	10 court days/60 calendar days
07/23/2003	Pre Trial -	S2	Heard	10 court days/60 calendar days
08/07/2003	Pre Trial -	S2	Heard	10 court days/60 calendar days
09/04/2003	Pre Trial -	S2	Heard	

10/08/2003	Pre Trial -	S2	Heard
11/13/2003	Pre Trial -	S2	Heard
12/04/2003	Pre Trial -	S2	Heard
12/18/2003	Pre Trial -	S1	Cancel
12/18/2003	Pre Trial -	S2	Heard

Bond:

Bail Date	Post Amount	Bondsman	Bondsman Address	Surety	Surety Address	Details		
						Action	Action Date	Amount
01/14/2003	25000.0	Creative Bail Bonds	null	Lexington National Insurance Corporation	null	Active	01/14/2003	25000
						Exonerated	12/18/2003	25000

Sentences:

Seq #	Sentence Date	Sentence	Due Date
1	12/18/2003	3 years Probation	
2	12/18/2003	90 days Jail	
3	12/18/2003	Restitution	

Probation:

Sent Seq #	Type	Term	End Date
1	FORMAL	3 years	12/17/2006

History:

Status	Status Date	End Date
Active	12/18/2003	12/17/2006
Expired	12/17/2006	12/17/2006

Case Number: POM8PK01595-01

Defendant Name: CABRERA, CESAR

Violation Date: *January 11, 2008*

Filing Date: March 13, 2008

Courthouse: Pomona Courthouse South

Arrest 3
1/11/2008

CASE INFORMATION

Count	Charge Section	Charge Statute	Plea	Disposition	Disposition Date
01	23152(A)	Vehicle Code	Nolo Contendere	Guilty/Convicted	07/11/2008
02	14601.1(A)	Vehicle Code	Not Guilty	Dismissed or Not Prosecuted	07/11/2008
03	20002(A)	Vehicle Code	Nolo Contendere	Guilty/Convicted	07/11/2008
04	12500(A)	Vehicle Code	Nolo Contendere	Guilty/Convicted	07/11/2008

EVENTS

Upcoming Scheduled Events

None

Past Events

Date	Time	Location	Dept/Room Number	Events
March 20, 2008	08:30 AM	Pomona Courthouse South	003	ARRAIGNMENT
April 17, 2008	08:30 AM	Pomona Courthouse South	003	PRETRIAL HEARING

April 18, 2008	08:30 AM	Pomona Courthouse South	003	BENCH WARRANT HOLD
May 30, 2008	08:30 AM	Pomona Courthouse South	003	PRETRIAL HEARING
July 2, 2008	08:30 AM	Pomona Courthouse South	003	PRETRIAL HEARING
July 11, 2008	08:30 AM	Pomona Courthouse South	003	PRETRIAL HEARING
April 29, 2009	08:00 AM		CLK	DOCKET LINE ENTRY
April 29, 2009	08:30 AM		CLK	DOCKET LINE ENTRY
May 5, 2009	09:00 AM	Pomona Courthouse South	003	COURT CONSIDERATION
July 14, 2009	08:00 AM		CLK	DOCKET LINE ENTRY
August 7, 2009	08:30 AM	Pomona Courthouse South	002	BENCH WARRANT HEARING
August 30, 2010	08:00 AM		CLK	DOCKET LINE ENTRY
August 30, 2010	08:30 AM	Pomona Courthouse South	002	POSSIBLE VIOL. OF PROBATION
October 1, 2010	08:00 AM		CLK	DOCKET LINE ENTRY
October 1, 2010	08:30 AM	Pomona Courthouse South	002	MODIFICATION OF PROBATION
September 30, 2020	09:00 AM		CLK	DOCKET LINE ENTRY
September 16, 2021	08:00 AM		CLK	DOCKET LINE ENTRY

BAIL

No Information Found

SENTENCING INFORMATION

THE INFORMATION PROVIDED ON THIS WEBSITE CONTAINS ONLY AN EXTRACTION FROM THE COURT RECORD. IT IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY AND IS NOT A FULL AND COMPLETE RECORD OF COURT PROCEEDINGS.

Sentencing Information			
SENTENCING DATE:	July 11, 2008		
For Count(s):	01	PROBATION/MANDATORY SUPERVISION:	FORMAL PROBATION 3 YEAR(S)
JAIL TERM:		JAIL TERM:	
BASE FINE/TOTAL FINE:	$0.00	BASE FINE/TOTAL FINE:	$400.00
(OR) Jail term instead of fine:		(OR) Jail term instead of fine:	
Additional Terms			
PROGRAM:			
PROGRAM INSTEAD OF FINE:			
ALCOHOL PROGRAM:			
THE DEFENDANT SHALL ENROLL AND PARTICIPATE IN AND SUCCESSFULLY COMPLETE A 3-MONTH LICENSED FIRST-OFFENDER ALCOHOL AND OTHER DRUG EDUCATION AND COUNSELING PROGRAM.			
LICENSE RESTRICTION/SUSPENSION:			

Sentencing Information

SENTENCING DATE:	July 11, 2008		
For Count(s):	03	PROBATION/MANDATORY SUPERVISION:	FORMAL PROBATION 3 YEAR(S)
JAIL TERM:		JAIL TERM:	
BASE FINE/TOTAL FINE:	$0.00	BASE FINE/TOTAL FINE:	$100.00
(OR) Jail term instead of fine:		(OR) Jail term instead of fine:	
Additional Terms			
PROGRAM:			
PROGRAM INSTEAD OF FINE:			
ALCOHOL PROGRAM:			
LICENSE RESTRICTION/SUSPENSION:			

Sentencing Information			
SENTENCING DATE:	July 11, 2008		
For Count(s):	04	PROBATION/MANDATORY SUPERVISION:	FORMAL PROBATION 3 YEAR(S)
JAIL TERM:		JAIL TERM:	

BASE FINE/TOTAL FINE:	$0.00	BASE FINE/TOTAL FINE:	$100.00
(OR) Jail term instead of fine:		(OR) Jail term instead of fine:	
Additional Terms			
PROGRAM:			
PROGRAM INSTEAD OF FINE:			
ALCOHOL PROGRAM:			
LICENSE RESTRICTION/SUSPENSION:			

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

June 22, 2021

CERTIFIED MAIL

Cesar B. Cabrera
[redacted] Via Navarra
Mission Viejo, CA 92691

RE: Petition for Reinstatement of Pharmacist License
Cesar B. Cabrera, RPH 41132

Dear Mr. Cabrera:

Attached is the Decision and Order of the Board of Pharmacy (Board) regarding the above-referenced matter. Your attention is directed to pages 7-8 of the Decision.

Effective July 22, 2021, your petition for reinstatement of Pharmacist License No. RPH 41132, is granted. Upon satisfaction of the following conditions, your pharmacist license shall be reinstated:

a. Take and pass the California Pharmacist Jurisprudence Examination (CPJE) and Northern American Pharmacist Licensure Examination (NAPLEX) within one (1) year of the effective date of this decision. Failure to take and pass the examinations within one (1) of the effective date of this Order shall invalidate the order granting the petition for reinstatement, petitioner shall be deemed to have failed the conditions precedent to re-licensure and your pharmacist license shall remain revoked.
b. You shall pay all costs of the examinations required by the Board.
c. You are required to be fingerprinted as part of the re-licensure process. Live scan information can be found on the Board's website as part of the pharmacist licensure and examination application packet. Please submit a copy of the completed live scan form with a copy of this letter. Upon written notice by the Board indicating fulfillment of these conditions, your license will be fully reinstated. In addition, upon successful passing the examinations you shall pay the licensing fee of $527.00 ($505 renewal fee, $22 CURES fee).

If you wish to file a petition for reconsideration pursuant to Government Code section 11521, the petition must be received prior to the effective date of the decision. However, please be aware the Board needs approximately five days to process a petition for reconsideration. Attached is a copy of the Government Code section for your review.

If you have any questions concerning this matter, you may contact me at (916) 518-3008.

Sincerely,

Anne Sodergren
Executive Officer

By

Susan Cappello
Enforcement Manager

cc: Kristina Jarvis, DAG
Adam B. Brown, Esq.

DECLARATION OF SERVICE BY CERTIFIED MAIL

RE: Petition for Reinstatement of Pharmacist License
Cesar B. Cabrera, RPH 41132

I am over 18 years of age, and not a party to the within cause; my business address is 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833. I served a copy of the:

LETTER AND DECISION

on each of the following, by placing same in an envelope(s) addressed as follows:

NAME	CERTIFIED NO.
Cesar B. Cabrera [redacted] Via Navarra Mission Viejo, CA 92691	7019 2970 0002 2050 1357
Adam B. Brown, Esq. 3848 W. Carson Street, Suite 206 Torrance, CA 90503	7019 2970 0002 2050 1364

and that said envelope was then sealed and deposited and certified in the United States Post Office at Sacramento, California, on June 22, 2021, as certified mail with postage fully prepaid thereon and return receipt service by United States mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct. Executed on June 22, 2021, at Sacramento, California.

Susan Cappello, Enforcement Manager

BEFORE THE
CALIFORNIA STATE BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Petition for Reinstatement of:

CESAR B. CABRERA, Petitioner

Agency Case No. 2949

OAH No. 2021030370

DECISION

This matter was heard on March 18, 2021, before a quorum of the California State Board of Pharmacy (Board), Department of Consumer Affairs, by WebEx. Administrative Law Judge Coren D. Wong, Office of Administrative Hearings, State of California, presided.

Kristina T. Jarvis, Deputy Attorney General, appeared pursuant to Government Code section 11522.

Adam B. Brown of the Law Office of Brown & Brown represented petitioner Cesar B. Cabrera, who was present throughout the hearing.

Evidence was received, the record closed, and the matter submitted for written decision on March 18, 2021.

SUMMARY

Petitioner seeks reinstatement of his license to practice pharmacy, which was revoked because he violated the conditions of his probation. When all the evidence is considered, petitioner established that he has been sufficiently rehabilitated to justify reinstating his license after he completes the licensing examinations and pays the outstanding costs he owes the Board. Therefore, his petition is granted.

FACTUAL FINDINGS

License History

1. The Board issued petitioner Pharmacist License Number RPH 41132 on August 18, 1987.

PRIOR ACCUSATION

2. On July 27, 2004, a former Executive Officer of the Board signed an Accusation seeking to discipline petitioner's license because he was convicted of a crime substantially related to the qualifications, functions, or duties of a pharmacist – possession for sale of hydrocodone. Petitioner signed a stipulated settlement placing his license on probation for five years. Conditions of probation included: 1) a 90-day license suspension; 2) reimbursing the Board $6,300 for its costs of investigation and enforcement; 3) completing a rehabilitation program; and 4) abstain from drugs and alcohol.

3. The Board adopted the stipulated settlement on February 4, 2005. Petitioner's five-year probation period began March 5, 2005.

PETITION TO REVOKE PROBATION

4. On April 21, 2006, a former Executive Officer of the Board filed a Petition to Revoke petitioner's probation. The Petition to Revoke alleged that petitioner: 1) practiced pharmacy while his license was suspended; 2) failed to reimburse the Board for its costs of investigation and enforcement; 3) failed to comply with the requirements of a rehabilitation program by being terminated from the Pharmacist Recovery Program (PRP), testing positive for alcohol, returning to work without having a worksite monitor agreement, working at a facility with a relative, failing to enter inpatient chemical dependency treatment, returning to work after relapse, returning to work after being suspended by the PRP, and failing to comply with his PRP contract; and 4) tested positive for alcohol.

5. Petitioner signed a stipulated settlement revoking his license. The Board issued a Decision and Order adopting the stipulated settlement on January 22, 2007, and the effective date of petitioner's license revocation was February 21, 2007.

Petition for Reinstatement

6. On November 26, 2019, petitioner signed a Petition for Reinstatement, which the Board received three months later.

7. Petitioner has been sober from alcohol since July 17, 2009. He obtained his sobriety by attending a 28-day residential treatment program at Hoag Hospital Addiction Treatment, completing an intensive outpatient program at Pacific Hills Treatment, participating in group therapy at Addiction Treatment for Health Care Professionals, and completing a nine-month/500-hour residential treatment program at Residential Drug Abuse Program. Petitioner continues to attend Alcoholics Anonymous meetings to help maintain his sobriety.

8. Petitioner obtained his drug and alcohol counselor certificate from Saddleback College in 2014, and has been working in the recovery field since then. He has worked as a Case Manager/Certified Counselor at Sobertec, LLC, a Case Manager/Behavioral Technician at SoCal Detox, LLC, and the Clinical Director/Program Director for Beachside Recovery, LLC.

9. Petitioner was the Executive Director of Milestone Addiction Centers from August 2016 to June 2019. He was responsible for overseeing the day-to-day operations of a 52-bed residential treatment center in Costa Mesa, California. He has been the Assistant Clinical Director and Compliance Officer for Inspire Health Center since June 2019. Inspire Health Center is a residential drug and alcohol treatment facility in Newport Beach, California. He is responsible for overseeing the clinical aspect of the treatment program and assisting with administrative duties. Additionally, he helps develop, initiate, maintain, and revise policies and procedures to ensure the program remains in compliance with the Joint Commission on Accreditation of Health Care Organizations and state licensing requirements.

10. Petitioner discovered a new passion working with those addicted to drugs and/or alcohol. He estimated the number of people he has counseled since 2014 to be "in the hundreds." He explained that working with others battling addictions keeps him "grounded." If his license is reinstated, he intends to continue serving those in recovery by working at a retail pharmacy that serves detox facilities and residential treatment homes.

11. Petitioner completed 62.5 hours of continuing education between June 14, 2017, and February 5, 2021. However, only 30.5 hours were Board-approved programs, all of which were completed on February 4 and 5, 2021. At hearing,

petitioner explained the remaining 32 hours were completed as part of the requirements for maintaining his drug and alcohol counselor certificate.

12. Petitioner submitted four letters of recommendation that were subsequently verified by Board staff – two from licensed pharmacists and two from citizens. Although the two licensed pharmacists were aware of petitioner's disciplinary history, neither of the citizens were. However, all four authors wrote in favor of reinstating petitioner's license.

13. At hearing, petitioner recognized that his license could be reinstated on a probationary basis, and unhesitatingly expressed his willingness to comply with any terms and conditions imposed by the Board. He explained he did not understand his obligation to reimburse the Board for its costs of investigation and enforcement prior to his license being revoked, but now recognizes his obligation to do so. He owed $3,137.50 as of the date of hearing.

Analysis

14. The conduct underlying the Board's revocation of petitioner's license was serious. He violated the Pharmacy Law (Bus. & Prof. Code, § 4000 et seq.), and the Board deemed it appropriate to place him on five years' probation. He violated numerous conditions of probation, including the temporary suspension of his license. Petitioner's license was revoked on February 21, 2007, and he has not practiced pharmacy for more than 14 years.

15. Petitioner spent the first few years after his license was revoked focusing on obtaining sobriety from alcohol. He achieved sobriety on July 17, 2009, and has maintained his sobriety ever since. He obtained certification as a drug and alcohol counselor in 2014 and committed himself to helping others battling addiction. He

confirmed his commitment at hearing by describing his plans to work in a retail pharmacy serving detox facilities and residential treatment homes if his license is reinstated.

16. Petitioner's evidence and testimony was credible. He demonstrated insight into the misconduct which led to his license being revoked. He showed remorse for that conduct. When all the evidence is considered, petitioner produced clear and convincing evidence of his ability to return to the practice of pharmacy in a manner consistent with public health, safety, and welfare, subject to the conditions precedent specified below.

LEGAL CONCLUSIONS

Applicable Burden/Standard of Proof

1. Petitioner has the burden of proving his eligibility for reinstatement, and he must do so by clear and convincing evidence. (*Hippard v. State Bar of California* (1990) 49 Cal.3d 1084, 1091-1092.) "The courts have defined clear and convincing evidence as evidence which is so clear as to leave no substantial doubt and as sufficiently strong to command the unhesitating assent of every reasonable mind. [Citations.] It has been said that a preponderance calls for probability, while clear and convincing proof demands a high probability [citations]." (*In re Terry D.* (1978) 83 Cal.App.3d 890, 899; italics omitted.)

Applicable Law

2. A pharmacist may petition the Board for reinstatement after three years have elapsed since the effective date of the disciplinary order. (Bus. & Prof. Code, §

4309, subd. (a)(1).) When deciding a petition, the Board may consider factors such as the petitioner's actions since discipline was imposed, the offenses for which discipline was opposed, and the petitioner's rehabilitation. (Bus. & Prof. Code, § 4309, subd. (d)(1), (2) & (4).)

The Attorney General must be given notice of any petition filed, and "shall be afforded an opportunity to present either oral or written argument before the" Board. (Gov. Code, § 11522.)

Conclusion

3. Petitioner met his burden of producing clear and convincing evidence of sufficient rehabilitation to justify reinstatement for the reasons explained in Factual Findings 14 through 16. Therefore, his Petition for Reinstatement is granted.

ORDER

It is hereby ordered that petitioner Cesar B. Cabrera's petition for reinstatement is GRANTED. Upon satisfaction of the following conditions precedent, Pharmacist License Number RPH 41132 shall be reinstated:

1. Petitioner shall take and pass The North American Pharmacist Licensure Examination (NAPLEX) and the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE) within one (1) year of the effective date of this Order. Failure to take and pass the examinations within one (1) year of the effective date of this Order shall invalidate the order granting the petition for reinstatement, petitioner shall be deemed to have failed the conditions precedent for re-licensure, and Pharmacist License Number RPH 41132 shall remain revoked.

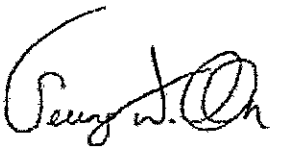
2. Petitioner shall pay the fees in place at the time for these examinations.

3. Petitioner shall pay all applicable application and licensing fees as well as any outstanding costs of investigation and enforcement.

This Decision shall become effective at 5:00 p.m. on July 28, 2021.

It is so ORDERED on June 28, 2021.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By 

Seung W. Oh, Pharm.D.
Board President

ERRATA

RECEIVED
FEB 20 2019
Brown & Brown

Corrections to Stipulated Revocation of License and Order and Exhibit A Accusation/Petition to Revoke Probation No. 2949

Stipulated Revocation of License and Order and Exhibit A, the Accusation/Petition to Revoke Probation No. 2949, contains references to Pharmacist License No. RPH 49485 in the underlying disciplinary action entitled "In the Matter of the Accusation against Cesar B. Cabrera" which, pursuant to a decision of the Board of Pharmacy effective May 27, 2005, revoked Respondent's Pharmacist License but stayed revocation in favor of probation for five (5) years. Those references mistakenly use Pharmacist License No. RPH 49485 rather than Pharmacist License No. RPH 41132. This clerical error is hereby corrected as part of the Board's Stipulated Revocation of License and Order. This Errata page shall become part of Respondent's disciplinary history with the Board. For the purposes of correcting the record, the following changes are hereby made to the Stipulated Revocation of License and Order and Exhibit A:

Stipulated Revocation of License and Order:

Page 1, Line 17: Substitute "41132 " for "49485"
Page 2, Line 4: Substitute "41132 " for "49485"
Page 3, Line 24: Substitute "41132 " for "49485"

Exhibit A

Page 1, Line 15: Substitute "41132 " for "49485"
Page 1, Line 23: Substitute "41132 " for "49485"
Page 6, Line 6: Substitute "41132 " for "49485"
Page 6, Line 7: Substitute "41132 " for "49485"

BILL LOCKYER, Attorney General
of the State of California
MARGARET A. LAFKO
Supervising Deputy Attorney General
JAMES M. LEDAKIS, State Bar No. 132645
Deputy Attorney General
California Department of Justice
110 West "A" Street, Suite 1100
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P.O. Box 85266
San Diego, CA 92186-5266
Telephone: (619) 645-2105
Facsimile: (619) 645-2061

Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER OF AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Petition to Revoke Probation Against: CESAR B. CABRERA [redacted] Old Hickory Road Trabuco Canyon, CA 92679 Pharmacist License No. 49485 Respondent.	Case No. 2949 OAH No. L 2006070432 **STIPULATED REVOCATION OF LICENSE AND ORDER**

In the interest of a prompt and speedy resolution of this matter, consistent with the public interest and the responsibility of the Board of Pharmacy (Board), the parties hereby agree to the following Stipulated Revocation of License and Order which will be submitted to the Board for approval and adoption as the final disposition of the Petition.

PARTIES

1. Patricia F. Harris (Complainant) is the Executive Officer of the Board of Pharmacy. She brought this action solely in her official capacity and is represented in this matter by Bill Lockyer, Attorney General of the State of California, by James M. Ledakis, Deputy Attorney General.

2. CESAR B. CABRERA (Respondent) is represented in this proceeding by attorney, Donald Brown, whose address is 3848 Carson Street, Suite 206, Torrance, CA 90503.

3. On or about August 18, 1987, the Board issued Pharmacist License No. RPH 49485 to Respondent. The License was in full force and effect at all times relevant to the charges brought in Petition No. 2949 and will expire on December 31, 2006, unless renewed.

JURISDICTION

4. The Petition to Revoke Probation was filed before the Board, and is currently pending against Respondent. The Petition and all other statutorily required documents were properly served on Respondent on April 12, 2006. Respondent timely filed his Notice of Defense contesting the Petition. A copy of Petition No. 2949 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Petition No. 2949. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Revocation of License and Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Petition; the right to be represented by counsel, at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

/

/

/

CULPABILITY

8. Respondent understands that the charges and allegations in Petition No. 2949, if proven at a hearing, constitute cause for imposing discipline upon his Pharmacist License.

9. For the purpose of resolving the Petition without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Petition and that those charges constitute cause for discipline. Respondent hereby gives up his right to contest that cause for discipline exists based on those charges.

10. Respondent understands that by signing this stipulation he enables the Board to order the Revocation of his Pharmacist License without further process.

RESERVATION

11. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Board or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

CONTINGENCY

12. The parties understand and agree that facsimile copies of this Stipulated Revocation of License and Order, including facsimile signatures thereto, shall have the same force and effect as the originals.

13. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Order:

ORDER

IT IS HEREBY ORDERED that Pharmacist License No. 49485, issued to Respondent CESAR B. CABRERA is revoked and accepted by the Board.

14. The Revocation of Respondent's Pharmacist License and the acceptance of the revoked license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's

ENDORSEMENT

The foregoing Stipulated Revocation of License and Order is hereby respectfully submitted for consideration by the Board.

DATED: December 6, 2006

BILL LOCKYER, Attorney General
of the State of California

JAMES M. LEDAKIS
Deputy Attorney General

Attorneys for Complainant

DOJ Matter ID: SD2005800300
Stipulated Revocation.wpd

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER OF AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Petition Against: CESAR B. CABRERA [redacted] Old Hickory Road Trabuco Canyon, CA 92679 Pharmacist License No. 49485 Respondent.	Case No. 2949 OAH No. L 2006070432

DECISION AND ORDER

The attached Stipulated Revocation of License and Order is hereby adopted by the Board, as its Decision in this matter.

This Decision shall become effective on February 21, 2007.

It is so ORDERED January 22, 2007.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By William Powers
WILLIAM POWERS
Board President

license history with the Board.

15. Respondent shall lose all rights and privileges as a pharmacist in California as of the effective date of the Director's Decision and Order.

16. Respondent shall cause to be delivered to the Board all his licenses on or before the effective date of the Decision and Order.

17. Respondent understands and agrees that if he ever applies for licensure or petitions for reinstatement in the State of California, the Board shall treat it as a new application for licensure. Respondent must comply with all the laws, regulations and procedures for licensure in effect at the time the application or petition is filed, and all of the charges and allegations contained in Petition No. 2949 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the application or petition.

ACCEPTANCE

I have carefully read the above Stipulated Revocation of License and Order and have fully discussed it with my attorney, Donald Brown. I understand the stipulation and the effect it will have on my Pharmacist License. I enter into this Stipulated Revocation of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board.

DATED: 12/5/06.

CESAR B. CABRERA (Respondent)

I have read and fully discussed with CESAR B. CABRERA the terms and conditions and other matters contained in this Stipulated Revocation of License and Order. I approve its form and content.

DATED: NOV 30 2006.

DONALD BROWN
Attorney for Respondent

BILL LOCKYER, Attorney General
of the State of California
JAMES M. LEDAKIS, State Bar No. 132645
Deputy Attorney General
California Department of Justice
110 West "A" Street, Suite 1100
San Diego, CA 92101

P.O. Box 85266
San Diego, CA 92186-5266
Telephone: (619) 645-2105
Facsimile: (619) 645-2061

Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: CESAR B. CABRERA [redacted] Old Hickory Road Trabuco Canyon, CA 92679 Pharmicist No. RPH 49485 Respondent.	Case No. 2949 **PETITION TO REVOKE PROBATION**

Complainant alleges:

PARTIES

1. Patricia F. Harris (Complainant) brings this Petition to Revoke Probation solely in her official capacity as the Executive Officer of the Board of Pharmacy.

2. On or about August 18, 1987, the Board issued Pharmacist No. RPH 49485 to CESAR B. CABRERA (Respondent). Said license will expire on December 31, 2006, unless renewed.

3. In a disciplinary action entitled "In the Matter of the Accusation Against Cesar B. Cabrera," Case No. 2777, the Board issued a decision, effective March 5, 2005, in which Respondent's Pharmacist license was revoked. However, the revocation was stayed and Respondent's pharmacist license was placed on probation for a period of five (5) years with

certain terms and conditions. A copy of that decision is attached as Exhibit A and is incorporated by reference.

JURISDICTION

4. This Petition to Revoke Probation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

5. Section 4300 of the Code states:

> (a) Every license issued may be suspended or revoked.
>
> . . . .
>
> (d) The board may initiate disciplinary proceedings to revoke or suspend any probationary certificate of licensure for any violation of the terms and conditions of probation. Upon satisfactory completion of probation, the board shall convert the probationary certificate to a regular certificate, free of conditions.

6. Section 4301 of the Code states:

> The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been procured by fraud or misrepresentation or issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:
>
> . . . .
>
> (f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or corruption, whether the act is committed in the course of relations as a licensee or otherwise, and whether the act is a felony or misdemeanor or not.

7. Section 125.3 of the Code states, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

8. Section 118, subdivision (b), of the Code provides that the suspension, expiration, surrender, cancellation of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary action during the period within which the license may be renewed, restored, reissued or reinstated.

Facts:

9. On January 8, 2003, respondent was arrested by the Orange County Sheriff's Department for possession for sale of Hydrocodone, which he admitted stealing from

his employer in Long Beach, California. On December 18, 2003, respondent pled guilty to felony possession for sale of Hydrocodone. He was sentenced to serve 90 days in jail, pay $400.00 in restitution, complete a one year outpatient drug treatment, and given three years probation.

10. On July 27, 2004, the Board filed an Accusation against respondent for a conviction substantially related his licensure as a pharmacist.

11. On December 27, 2004, respondent signed a stipulated settlement placing his license on five years probation with suspension and other terms and conditions.

12. On February 4, 2005, the Board adopted the stipulated agreement with respondent to be effective March 5, 2005. On March 8, 2005, respondent appeared at his probation conference to review all the terms and conditions of his probation, including his suspension from pharmacy practice from March 5, 2005 through June 4, 2005.

13. As part of the Pharmacists Recovery Program Treatment Contract, respondent agreed to be bound by the terms of the program. As part of his recovery, respondent agreed to the following:

a. Abstain from the use of alcohol and all other mind altering drugs;
b. Return to work as a pharmacist up to 24 hours per week;
c. Not work in a pharmacy where a family member is employed;
d. Be supervised 75% of each work week by another licensed pharmacist;
e. Not supervise others, act a Pharmacist in Charge, Manager or preceptor to interns or new employees;
f. Report all relapses to Maximus and cease practice upon relapse;
g. Understand that he could be terminated from the PRP for failure to comply with the contract.

14. On June 27, 2005 and July 6, 2005, respondent tested positive for alcohol. On July 6, 2005, respondent denied alcohol use and denied knowing that the PRP Program prohibited alcohol use. Finally, he admitted to drinking. Maximus verbally suspended respondent from the practice of pharmacy and told him to leave work.

15. Maximus advised respondent that he did not have a work-site monitor in place and that he had not completed the work-site monitor paperwork. Respondent was advised that his current work place, Home Care Pharmacy in Riverside, violated his PRP contract because his wife was the Pharmacist in Charge. Later, respondent was notified in writing that he

returned to work at Home Care Pharmacy without notification to Maximus; continued to work at Home Care Pharmacy where his wife was the Pharmacist in Charge, which was in conflict with his PRP contract; and that continued violations could result in his termination from the PRP Program due to non-compliance. Respondent was ordered to enter an inpatient residential chemical dependency treatment program for 30 days treatment.

16. On July 8, 2005, respondent was working at Home Care Pharmacy, and was the only pharmacist present. There were two pharmacy technicians present. The Board confronted respondent with working in violation of his probation, and working in violation of his suspension. Respondent had a key to the pharmacy.

17. Maximus notified the Board that respondent had been terminated from the Pharmacists' Recovery Program effective July 13, 2005 for these violations:

a. Tested positive for alcohol on June 27, 2005 and July 5, 2006;
b. Returned to work without a work site monitor agreement in place with a licensed pharmacist;
c. Returned to work where a relative worked;
d. Failed to enter inpatient chemical dependency treatment;
e. Returned to work after relapse;
f. Returned to work after suspension by Maximus;
g. Non compliance with PRP Contract.

18. On July 14, 2005, the Board sent respondent a letter informing him that his license was suspended due to his termination from the PRP program. Respondent was advised not to enter any pharmacy during his suspension and not to practice pharmacy.

19. On August 11, 2005, the Board advised respondent that he failed to reimburse the Board its costs per the Board decision.

20. On October 6, 2005, the Board inspected Home Care Pharmacy and discovered that respondent was the only pharmacist on duty at the store. Respondent was confronted by the Board, but he had no excuses for working in violation of the Board's prior order suspending him for 90 days. Respondent worked on the following dates in violation of the 90 day suspension: March 7, 10, 21, 2005; April 13, 16, 2005; May 16, 20, 26, 31, 2005; and June 3, 2005.

FIRST CAUSE TO REVOKE PROBATION

(Suspension Period)

21. At all times after the effective date of Respondent's probation, Condition No. 1 stated: Respondent shall be suspended from the practice of pharmacy for a period of 90 days.

22. Respondent's probation is subject to revocation because he failed to comply with Probation Condition No. 1, as set forth in paragraphs 9 through 20 above, that is, he continued to work during his 90 day suspension.

SECOND CAUSE TO REVOKE PROBATION

(Reimbursement of Board Costs)

23. At all times after the effective date of Respondent's probation, Condition No. 7 stated: Respondent shall reimburse the Board its costs.

24. Respondent's probation is subject to revocation because he failed to comply with Probation Condition No. 7, as set forth in paragraphs 9 through 20 above.

THIRD CAUSE TO REVOKE PROBATION

(Rehabilitation Program)

25. At all times after the effective date of Respondent's probation, Condition No. 15 stated: Respondent shall comply with the terms of the Pharmacists' Recovery Program.

26. Respondent's probation is subject to revocation because he failed to comply with Probation Condition No. 15, as set forth above in paragraphs 9 through 20.

FOURTH CAUSE TO REVOKE PROBATION

(Abstain from Drugs and Alcohol)

27. At all times after the effective date of Respondent's probation, Condition No. 17 stated: Respondent shall not use alcohol or drugs.

28. Respondent's probation is subject to revocation because he failed to comply with Probation Condition No. 17, as set forth in paragraphs 9 through 20.

/

/

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board issue a decision:

1. Revoking the probation that was granted by the Board of Pharmacy in Case No. 2777 and imposing the disciplinary order that was stayed thereby revoking Pharmacist license no. RPH 49485 issued to CESAR B. CABRERA;

2. Revoking or suspending Pharmacist license no. RPH 49485, issued to CESAR B. CABRERA;

3. Taking such other and further action as deemed necessary and proper.

DATED: 4/21/06

P. J. Harris

PATRICIA F. HARRIS
Executive Officer
Board of Pharmacy
State of California
Complainant

SD2005800300
Petition to Revoke Probation.wpd

California State Board of Pharmacy
1625 N. Market Blvd, N219, Sacramento, CA 95834
Phone: (916) 574-7900
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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

PETITION FOR REINSTATEMENT OF LICENSE TO PRACTICE PHARMACY REVOKED BY ADMINSTRATIVE ACTION

Section 4309 of the Business and Professions Code states that a licensee may petition the Board of Pharmacy for the reinstatement of his or her license if they meet the following requirements:

1. Three years has elapsed from the effective date of the decision ordering disciplinary action; or
2. Two years has elapsed since a petition was previously filed pursuant to section 4309 of the Business and Professions Code and the petitioner was afforded a hearing; or
3. A petitioner is not currently under sentence or on court-imposed probation or parole for any criminal offense. **IF YOU ARE NO LONGER ON CRIMINAL PROBATION, YOU MUST SUBMIT PROOF OF TERMINATION OF CRIMINAL PROBATION;** and
4. There is currently no accusation or petition to revoke probation pending against the petitioner with the board.

If you meet the above requirements, you may petition the board by completing and submitting the attached petition form. When completing your petition, please refer to the attached "Guidelines for Petitions for Reinstatement, Reduction of Penalty, and Early Termination of Probation." These guidelines outline the rehabilitation criteria the board has determined a petitioner should meet when petitioning for license reinstatement.

The petition form **must** be accompanied by **two** or more verifiable letters of recommendations addressed to the board from holders of licenses issued by the Board of Pharmacy, and by **two** or more letters of recommendations from citizens. The letters must be within the last year from the date you are submitting your petition. Each author must indicate in their letter that they have personal knowledge of the disciplinary penalty imposed by the board and your activities since the disciplinary penalty was imposed. The board suggests that letters of recommendation include facts that demonstrate an author's personal knowledge of the subject's penalty and the petitioner's activities. Examples of activities may include employment, community service, volunteer work, etc. A board representative may contact you or anyone who has submitted a letter on your behalf.

Also, required is documentation of **30 hours of Board approved continuing education** (acquired within the last two years from the date your application is received by the board). Photocopies of the certificates of completion should be sent and the original certificates retained for your records.

Submit the petition with the required documents to the address above, to the attention of the enforcement unit. The petition will be processed and evaluated for scheduling at the next available board meeting. Please be advised that you should allow **90** days for the processing of your petition, and the petition set for hearing. Below is a schedule of board meeting dates with the cut-off date for submission of a petition.

You will be notified in writing of the hearing date. At the hearing, you will be afforded the opportunity to present both oral and written evidence of your rehabilitation; and you may, but need not be, represented by counsel. In deciding the case, the board will take into consideration the petition, all recommendations, and any oral or written evidence. The board will be represented by the Attorney General's Office and an administrative law judge will preside over the hearing.

BOARD MEETING DATES	CUT-OFF DATES	LOCATION
January 24 - 25, 2017	November 24, 2016	Glendale
May 3 - 4, 2017	February 3, 2017	TBD
July 25 - 26, 2017	April 25, 2017	TBD
November 7 - 8, 2017	August 7, 2017	TBD

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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
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GUIDELINES FOR PETITIONS FOR REINSTATEMENT, REDUCTION OF PENALTY OR EARLY TERMINATION OF PROBATION

In petitioning for reinstatement and early termination of probation under Business and Professions Code section 4309 or reduction of penalty under Government Code section 11522, the petitioner has the burden of demonstrating any rehabilitative or corrective measures he or she has taken since the revocation action and, that he or she has the necessary and current qualifications and skills to safely engage in the practice of pharmacy within the scope of current law, and accepted standards of practice. In reaching its determination the board considers various factors including the following:

(a) The original violation(s) for which action was taken against the petitioner's license including:

1. The type, severity, number, and length of violations.
2. Whether the violation involved intentional, negligent or other unprofessional conduct.
3. Actual or potential harm to the public, patients, or others.
4. The length of time since the violation(s) was committed.

(b) Prior disciplinary and criminal actions also taken against the petitioner by the board, and state, local or federal agency or court including:

1. The petitioner's compliance with all terms of probation, parole, previous discipline or other lawfully imposed sanctions including any order of restitution.
2. Whether the petitioner is currently on or has been terminated from probation or other lawfully imposed sanction.
3. The petitioner's legal and regulatory history to and since the violation(s).

(c) The petitioner's attitude toward his or her commission of the original violation(s) and his or her attitude in regard to compliance with legal sanctions and rehabilitative efforts.

(d) The petitioner's documented rehabilitative efforts including:

1. Efforts to maintain and/or upgrade professional skills and knowledge through continuing education or other methods.
2. Efforts to establish safeguards to prevent repetition of the original violation(s) including changes or modifications in policies, structure, systems, or methods of behavior applicable to the petitioner's pharmacy practice.
3. Service to community or charitable groups.
4. Voluntary restitution to those affected by the original violation(s).
5. Use of appropriate professional medical or psychotherapeutic treatment.
6. Participation in appropriate self-help and/or rehabilitation groups.
7. Use of appropriate peer review mechanisms.
8. Participation in professional pharmacy organizations or associations.

(e) Assessment of petitioner's rehabilitative and corrective efforts including:

1. Whether the efforts relate to the original violation(s).
2. The date rehabilitative efforts were initiated.
3. The length, time, and expense associated with rehabilitative efforts or corrective actions.
4. The assessment and recommendations of qualified professionals directly involved in the petitioner's rehabilitative efforts or acting at the request of the board, including their description of the petitioner's progress and their prognosis of the petitioner's current ability to practice pharmacy.
5. The petitioner's reputation for truth, professional ability and good character since the commission of the original violation(s).
6. The nature and status of ongoing and continuing rehabilitative efforts.

In addition, the board may consider other appropriate and relevant matters not listed in the above guidelines.

Please note that all statements to be introduced at hearing must be made in person or pursuant to Government Code section 11514 (evidence by affidavit). All other statements not made in person or pursuant to Government Code section 11514 must be under oath and will be considered only as administrative hearsay.

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STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

PETITION FOR REINSTATEMENT OF CERTIFICATE TO PRACTICE PHARMACY REVOKED THROUGH ADMINISTRATIVE DISCIPLINARY ACTION

Pursuant to section 4309 of the Business and Professions Code, a person whose certificate, license, permit, registration or exemption has been revoked or suspended may petition the Board to reinstate the certificate, license, permit, registration or exemption after a period of not less than three years has elasped from the date of the revocation or suspension.

In determining whether the disciplinary penalty should be set aside and the terms and conditions, if any, which should be imposed if the disciplinary penalty is set aside, the board may investigate and consider all activities of the petitioner since the disciplinary action was taken, the offense for which discipline was imposed, activity during the time the certificate, license, permit, registration or exemption was in good standing and the petitioner's general reputation for truth, professional ability and good character.

Please print or type

1. Name	2. Date of Birth	3. California License Number

4. Residence Address — Street and Number — City — State — Zip Code

5. Telephone Number

Hm ( ) _____

Wk ( ) _____

6. Are you licensed in any other state? yes ☐ no ☐

State	Date of Issuance	Status of License

7. University, College or School of Pharmacy you attended.

Name of School	Dates Attended		Graduation Date	Degree
	From	To		

8. List years, location, and type of practice for 5 years prior to the revocation of your California License.

Dates		Location	Type of Practice
From	To		

9. If your license is restored, what type of pharmacy to you intend to practice?

_____

_____

10. Are you or have you ever been addicted to the use of narcotics or hypnotics? Yes ____ No ____

11. Are you or have you ever been habitually intemperate in the use of alcohol or other drugs? Yes ____ No ____

12. Have you ever been or are you currently under observation or treatment for mental disorders, alcoholism, narcotic or hypontic drug addiction? Yes ____ No ____

13. Have you ever been convicted of or pled no contest to a violation of any law of a foreign country, the United States, any state or a local ordinance? You must include all misdemeanor and felony convictions, regardless of the age of the offense, including those which have been set aside under Penal Code section 1203.4 (which includes diversion programs). Yes ____ No ____

14. Are you now on probation or parole for any criminal or administrative violations in this state or any other state? (Attach certified copies of all disciplinary or court documents.) Yes ____ No ____

15. Have you ever had disciplinary action taken against your pharmacist license in this state or any other state? Yes ____ No ____

If the answer to any questions, 10 through 15, is yes you must attach a statement of explanation giving full details.

ON AN ATTACHED SHEET OF PAPER ANSWER THE FOLLOWING QUESTIONS

16. List the date of revocation of your license and explain fully the cause of the disciplinary action.

17. Explain fully why you feel your license should be restored.

18. Describe fully your activites and occupation since the date of the revocation of your license; include dates, employers, and locations.

19. Describe any rehabilitative or corrective measures you have taken since your license revocation to prepare yourself for reinstatement. List dates, nature of programs, and current status. You may include any community service or volunteer work.

20. List all post-graduate or refresher courses, with dates, location and type of course, you have taken since your license was revoked.

21. List all pharmaceutical literature you have studied during the last year.

22. List all continuing education courses you have completed since your license was revoked. Attach copies of the certificates.

23. List names, addresses, and telephone numbers of persons submitting the letters of recommendation accompanying this petition.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE _____ Signature _____

NOTICE

Pursuant to Business and Professions Code section 4309(b) et seq., all items of information requested in this application are mandatory. Failure to provide any of the requested information will result in the petition being rejected as incomplete. The information will be used to determine qualifications for reinstatement under the California Pharmacy Law. The official responsible for information maintenance is the Executive Officer, telephone (916) 445-5014, 400 R Street, Sacramento, California 95814-6237. The information may be transferred to another governmental agency, if necessary, for it to perform its duties. Each individual has the right to review the files or records maintained on them by our agency, unless the records are

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STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

INSTRUCTIONS FOR FILING A PETITION

These instructions should be followed when filing a petition with the Board of Pharmacy to reinstate your pharmacist license after it has been revoked or to reduce a Board-imposed penalty.

The burden of proof is on you to establish clear and convincing evidence that you are entitled to have your petition granted under California law. **It is your responsibility**, as the petitioner, to provide the Board with sufficient evidence to establish that it will be safe for consumers if your petition is granted. You must show that you are sufficiently rehabilitated and competent to safely practice pharmacy.

PROCESS FOR FILING A PETITION

Q. How do I file a petition with the Board of Pharmacy?

A. Filing a petition with the Board of Pharmacy is a two-step process:

1. Submit the following items to the Board.
   - The attached petition form completed and signed.
   - Documents to support your current competence and rehabilitation.

2. Appear at the hearing before the Board to present evidence of your rehabilitation and competency.

EVIDENCE

Evidence is the information that you submit to substantiate your request, including documentation and testimony.

Q. How can I support that my evidence is authentic and valid?

A. You should submit original, dated signed evidence if at all possible. Documents should be on official letterhead whenever appropriate, such as letters from employers, health care professionals and other official sources. Any letters or statements should contain the following "Penalty of Perjury" statement at the end: "I declare, under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct." The statement should be signed and dated by the writer.

Q. What kinds of evidence are appropriate to present?

A. The following documents are examples of appropriate evidence, which may be helpful in demonstrating your rehabilitative efforts and competency. Documents should be recent and dated. The list is not intended to be comprehensive, and you are not limited to these examples. You should submit evidence that is relevant to the violation that led to the discipline of your license and your subsequent rehabilitation.

- Written statements from employers and persons in positions of authority who have on-the-job knowledge of your work performance. For probationers and out-of-state licensees who have practiced pharmacy subsequent to their disciplinary action, the statements should report on your current competency. (Include Penalty of Perjury statement.)

- Performance evaluation(s) from your current and recent employers.

- Letters from counselors regarding your participation in rehabilitation or recovery program, where appropriate. These should include a description of the program, frequency of sessions, diagnosis and prognosis in relation to safety to practice, current state of rehabilitation (or improvement), the counselor's basis for determining improvement, and credentials of counselor, and any other relevant information he or she can provide.

- Letters describing your participation in support groups, e.g. Alcoholics Anonymous, Narcotics Anonymous, Pharmacist Support Groups, etc... Where appropriate. Letters should include dates and frequency of attendance and documentation of attendance such as sign in-sheets. (Include Penalty of Perjury statement.)

- Laboratory analyses or drug screen reports, where appropriate.

- Physical and/or mental examination or assessment report by a licensed physician, psychiatrist, or psychologist related to your rehabilitation and safety to practice. If your license was revoked as a result of impairment due to mental or physical illness, the law requires competent evidence of the absence or control of the condition, which caused the action taken by the board.

- Certificates of completion or transcripts of courses related to pharmacy, which you may have completed since your license was disciplined.

- Letters or proof of community and volunteer work or other activities, which may be appropriate or relevant to demonstrating rehabilitation from the acts which, led to discipline. (Include Penalty of Perjury statement.)

Q. Must these documents be original documents?

A. Yes, original documents should be submitted as evidence with the petition packet. (Always keep a copy of these originals for your records.) All documents that are submitted with the petition packet must be clear and readable.

Q. Will the board contact people who submit documents on my behalf?

A. Yes, the board reserves the right to contact individuals who submit documents on your behalf to verify the information. A list of names, addresses, and phone numbers for everyone submitting documents on you behalf must be included with your petition packet.

HEARING

The Board hears the petitioner in a formal administrative hearing that resembles a court proceeding. At your hearing you have an opportunity to present evidence of your rehabilitation and competency.

Q. How is the hearing conducted?

A. An Administrative Law Judge will preside over the hearing proceedings. The Members of the Board of Pharmacy will hear and rule on your petition. You will sit at a table in front of the Board Members and the Administrative Law Judge. A Deputy Attorney General (DAG) from the Office of the California Attorney General will represent the State. The DAG will make a preliminary statement outlining all disciplinary actions, which have been taken against your license, and describe the documents you have submitted into evidence. The DAG may ask you questions about your violation and discipline, and efforts you have undertaken to rehabilitate yourself.

Q. What will I be expected to do?

A. You will be sworn under oath by the judge who will ask you to state in your own words what you have done to rehabilitate yourself and to maintain current pharmacy knowledge and skills. **Be prepared to make an oral presentation at this point, which includes such a statement.** The Board Members, the Administrative Law Judge and the Deputy Attorney General may ask questions to clarify your statement or elicit additional information regarding your rehabilitation and current competency.

Q. May I be represented by an attorney at the hearing?

A. Yes, but it is not required. You may represent yourself or an attorney may represent you.

Q. May I have persons come to speak on my behalf?

A. Yes, However, their testimony and yours should be directed specifically toward your pharmacy competence and/or rehabilitation. You may choose to bring family members or friends for support even if they do not testify.

Q. May I submit documents at the time of the hearing?

A. It is preferable and to your advantage to make every effort to submit all relevant documents with your petition 90 days prior to your hearing. This gives the Board Members a reasonable amount of time to review and study them beforehand. If you do submit something at the hearing, you must bring dated original documents. Please be aware that submitting documents at the last minute often causes delays in the processing and may result in a continuance in order to provide the Board Members with an opportunity to fully evaluate your documentation.

Q. How is the date and place for my hearing decided?

A. Enclosed is a schedule of Board meetings, dates and final filing dates for petitions. Petitions are scheduled during the closed session portion of each Board meeting. If the docket for petitions is not already filled, you will be scheduled for the Board meeting that you request.

Q. When will I know the exact date, time, and location for the hearings?

A. Approximately ten days prior to the Board meeting you will receive a formal "NOTICE OF PETITION HEARING" stating the date, time, and place at which you are to appear. Several cases may be scheduled on the hearing docket and it is not possible to know how long each case will last. Therefore, you need to be prepared to remain throughout the day depending on the number and length of cases and in which order they are scheduled.

THE BOARD'S DECISION

Q. When will I be notified of the Board's decision regarding my petition?

A. The Board's decision to grant or deny your petition will be mailed to you within approximately six weeks. The decision is not final until this legal document is mailed to you.

Q. If the Board does not grant my petition, may I petition again?

A. Yes. You may petition again one year after the effective date of the Board's decision to deny your petition. However, if you apply after one year has elapsed, it is at the board's discretion whether a hearing will be held.

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Attorneys for Complainant

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BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: CESAR BURGUILLOS CABRERA, R.P.H. [redacted] Old Hickory Road Trabuco Canyon, CA 92679 Pharmacist License No. RPH 41132 Respondent.	Case No. 2777 OAH No. L-2004080434 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

In the interest of a prompt and speedy settlement of this matter, consistent with the public interest and the responsibility of the Board of Pharmacy the parties hereby agree to the following Stipulated Settlement and Disciplinary Order which will be submitted to the Board for approval and adoption as the final disposition of the Accusation.

PARTIES

1. Patricia F. Harris (Complainant) is the Executive Officer of the Board of Pharmacy has brought this action solely in her official capacity and is represented in this matter by Bill Lockyer, Attorney General of the State of California, by James M. Ledakis, Deputy Attorney General.

2. Respondent Cesar Burguillos Cabrera, R.P.H. (Respondent) is represented in this proceeding by attorney Donald Brown, whose address is 3848 Carson Street, Suite 206 Torrance, CA 90503.

3. On or about August 18, 1987, the Board of Pharmacy issued Pharmacist License No. RPH 41132 to Cesar Burguillos Cabrera, R.P.H. (Respondent). The License was in full force and effect at all times relevant to the charges brought in Accusation No. 2777 and will expire on December 31, 2004, unless renewed.

JURISDICTION

4. Accusation No. 2777 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on August 4, 2004. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 2777 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 2777. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. Respondent understands and agrees that the charges and allegations in Accusation No. 2777, if proven at a hearing, constitute cause for imposing discipline upon his Pharmacist License.

9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

10. Respondent agrees that his Pharmacist License is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

RESERVATION

11. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Board or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

CONTINGENCY

12. The parties understand and agree that facsimile copies of this Stipulated Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same force and effect as the originals.

13. In consideration of the foregoing admissions and stipulations, the parties agree that the Director may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Pharmacist License No. RPH 41132 issued to Respondent Cesar Burguillos Cabrera, R.P.H. (Respondent) is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions.

1. **Actual Suspension**. Pharmacist license number RPH 41132, issued to Respondent Cesar Burguillos Cabrera, R.P.H. is suspended for a period of ninety (90) days.

During suspension, Respondent shall not enter any pharmacy area or any portion of the licensed premises of a wholesaler, veterinary food-animal drug retailer or any other distributor of drugs which is licensed by the Board, or any manufacturer, or where dangerous drugs and devices or controlled substances are maintained. Respondent shall not practice pharmacy nor do any act involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient consultation; nor shall Respondent manage, administer, **or** be a consultant to any licensee of the Board, or have access to or control the ordering, manufacturing or dispensing of dangerous drugs and devices or controlled substances.

Respondent shall not engage in any activity that requires the professional judgment of a pharmacist. Respondent shall not direct or control any aspect of the practice of pharmacy. Respondent shall not perform the duties of a pharmacy technician or an exemptee for any entity licensed by the Board. Subject to the above restrictions, Respondent may continue to own or hold an interest in any pharmacy in which he holds an interest at the time this decision becomes effective unless otherwise specified in this order.

1. **Obey All Laws.** Respondent shall obey all state and federal laws and regulations substantially related to or governing the practice of pharmacy.

Respondent shall report any of the following occurrences to the Board, in writing, within 72 hours of such occurrence:

- an arrest or issuance of a criminal complaint for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws
- a plea of guilty or nolo contendere in any state or federal criminal proceeding to any criminal complaint, information or indictment
- a conviction of any crime
- discipline, citation, or other administrative action filed by any state and federal agency which involves Respondent's license or which is related to the practice of pharmacy or the manufacturing, obtaining, handling or distribution or billing or charging for any drug, device or controlled substance.

2. **Reporting to the Board.** Respondent shall report to the Board quarterly. The report shall be made either in person or in writing, as directed. Respondent

shall state under penalty of perjury whether there has been compliance with all the terms and conditions of probation. If the final probation report **is not** made as directed, probation shall be extended automatically until such time as the final report is made and accepted by the Board.

3. **Interview with the Board.** Upon receipt of reasonable notice, Respondent shall appear in person for interviews with the Board upon request at various intervals at a location to be determined by the Board. Failure to appear for a scheduled interview without prior notification to Board staff shall be considered a violation of probation.

4. **Cooperation with Board Staff.** Respondent shall cooperate with the Board's inspection program and in the Board's monitoring and investigation of Respondent's compliance with the terms and conditions of his probation. Failure to comply shall be considered a violation of probation.

5. **Notice to Employers.** Respondent shall notify all present and prospective employers of the decision in case number 2777 and the terms, conditions and restrictions imposed on Respondent by the decision. Within 30 days of the effective date of this decision, and within 15 days of Respondent undertaking new employment, Respondent shall cause his direct supervisor, pharmacist-in-charge and/or owner to report to the Board in writing acknowledging the employer has read the decision in case number 2777.

If Respondent works for or is employed by or through a pharmacy employment service, Respondent must notify the direct supervisor, pharmacist-in-charge, and/or owner at every pharmacy of the and terms conditions of the decision in case number 2777 advance of the Respondent commencing work at each pharmacy.

"Employment" within the meaning of this provision shall include any full-time, part-time, temporary, relief or pharmacy management service as a pharmacist, whether the Respondent is considered an employee or independent contractor.

6. **No Preceptorships, Supervision of Interns, Being Pharmacist-in-Charge (PIC), or Serving as a Consultant.** Respondent shall not supervise any intern pharmacist or perform any of the duties of a preceptor, nor shall Respondent be the

pharmacist-in-charge of any entity licensed by the Board unless otherwise specified in this order.

7. **Reimbursement of Board Costs.** Respondent shall pay to the Board its costs of investigation and prosecution in the amount of $6,300. Respondent may make arrangements with his probation monitor to make payments over the course of his probation, but all payments must be made in full per agreement as a condition of probation.

The filing of bankruptcy by Respondent shall not relieve Respondent of his responsibility to reimburse the Board its costs of investigation and prosecution.

8. **Probation Monitoring Costs.** Respondent shall pay the costs associated with probation monitoring as determined by the Board each and every year of probation. Such costs shall be payable to the Board at the end of each year of probation. Failure to pay such costs shall be considered a violation of probation.

9. **Status of License**. Respondent shall, at all times while on probation, maintain an active current license with the Board, including any period during which suspension or probation is tolled.

If Respondent's license expires or is canceled by operation of law or otherwise, upon renewal or reapplication, Respondent's license shall be subject to all terms and conditions of this probation not previously satisfied.

10. ***License Surrender while on Probation/Suspension.*** Following the effective date of this decision, should Respondent cease practice due to retirement or health, or be otherwise unable to satisfy the terms and conditions of probation, Respondent may tender his license to the Board for surrender. The Board shall have the discretion whether to grant the request for surrender or take any other action it deems appropriate and reasonable. Upon formal acceptance of the surrender of the license, Respondent will no longer be subject to the terms and conditions of probation.

Upon acceptance of the surrender, Respondent shall relinquish his pocket license to the Board within 10 days of notification by the Board that the surrender is accepted. Respondent may not reapply for any license from the Board for three years from the effective

date of the surrender. Respondent shall meet all requirements applicable to the license sought as of the date the application for that license is submitted to the Board.

11. **Notification of Employment/Mailing Address Change.** Respondent shall notify the Board in writing within 10 days of any change of employment. Said notification shall include the reasons for leaving and/or the address of the new employer, supervisor or owner and work schedule if known. Respondent shall notify the Board in writing within 10 days of a change in name, mailing address or phone number.

12. **Tolling of Probation.** Should Respondent, regardless of residency, for any reason cease practicing pharmacy for a minimum of 40 hours per calendar month in California, Respondent must notify the Board in writing within 10 days of cessation of the practice of pharmacy or the resumption of the practice of pharmacy. Such periods of time shall not apply to the reduction of the probation period. It is a violation of probation for Respondent's probation to remain tolled pursuant to the provisions of this condition for a period exceeding three years.

"Cessation of practice" means any period of time exceeding 30 days in which Respondent is not engaged in the practice of pharmacy as defined in Section 4052 of the Business and Professions Code.

13. **Violation of Probation.** If Respondent violates probation in any respect, the Board, after giving Respondent notice and an opportunity to be heard, may revoke probation and carry out the disciplinary order which was stayed. If a petition to revoke probation or an accusation is filed against Respondent during probation, the Board shall have continuing jurisdiction and the period of probation shall be extended, until the petition to revoke probation or accusation is heard and decided.

If Respondent has not complied with any term or condition of probation, the Board shall have continuing jurisdiction over Respondent, and probation shall automatically be extended until all terms and conditions have been satisfied or the Board has taken other action as deemed appropriate to treat the failure to comply as a violation of probation, to terminate probation, and to impose the penalty which was stayed.

14. **Completion of Probation.** Upon successful completion of probation, Respondent's license will be fully restored.

15. **Rehabilitation Program - Pharmacists Recovery Program (PRP).** Within 30 days of the effective date of this decision, Respondent shall contact the Pharmacists Recovery Program for evaluation and shall successfully participate in and complete the treatment contract and any subsequent addendums as recommended and provided by the PRP and as approved by the Board. The costs for PRP participation shall be borne by the Respondent.

If Respondent is currently enrolled in the PRP, said participation is now mandatory and is no longer considered a self-referral under Business and Professions Code section 4363, as of the effective date of this decision. Respondent shall successfully participate in and complete his current contract and any subsequent addendums with the PRP. Probation shall be automatically extended until Respondent successfully completes his treatment contract. Any person terminated from the program shall be automatically suspended upon notice by the Board. Respondent may not resume the practice of pharmacy until notified by the Board in writing. The Board shall retain jurisdiction to institute action to terminate probation for any violation of this term.

16. **Random Drug Screening.** Respondent, at his own expense, shall participate in random testing, including but not limited to biological fluid testing (urine, blood), breathalyzer, hair follicle testing, or a drug screening program approved by the Board. The length of time shall be for the entire probation period and the frequency of testing will be determined by the Board. At all times Respondent shall fully cooperate with the Board, and shall, when directed, submit to such tests and samples for the detection of alcohol, narcotics, hypnotics, dangerous drugs or other controlled substances. Failure to submit to testing as directed shall constitute a violation of probation. Any confirmed positive drug test shall result in the immediate suspension of practice by Respondent. Respondent may not resume the practice of pharmacy until notified by the Board in writing.

17. **Abstain from Drugs and Alcohol Use.** Respondent shall completely abstain from the possession or use of alcohol, controlled substances, dangerous drugs and their associated paraphernalia except when the drugs are lawfully prescribed by a licensed practitioner as part of a documented medical treatment. Upon request of the Board, Respondent shall provide documentation from the licensed practitioner that the prescription was legitimately issued and is a necessary part of the treatment of the Respondent.

18. **No Ownership of Premises.** Respondent shall not own, have any legal or beneficial interest in, or serve as a manager, administrator, member, officer, director, associate, or partner of any business, firm, partnership, or corporation currently or hereinafter licensed by the Board. Respondent shall sell or transfer any legal or beneficial interest in any entity licensed by the Board within 90 days following the effective date of this decision and shall immediately thereafter provide written proof thereof to the Board.

19. **Tolling of Suspension.** If Respondent leaves California to reside or practice outside this state, for any period exceeding 10 days (including vacation), Respondent must notify the Board in writing of the dates of departure and return. Periods of residency or practice outside the state - or any absence exceeding a period of 10 days shall not apply to the reduction of the suspension period. Respondent shall not practice pharmacy upon returning to this state until notified by the Board that the period of suspension has been completed.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Donald Brown. I understand the stipulation and the effect it will have on my Pharmacist License. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board.

DATED: 12/21/04

CESAR BURGUILLOS CABRERA, R.P.H.
(Respondent)

12/17/2004 10:07 Dept. of Justice → 9131079206891

I concur with this stipulated settlement.

DATED: DEC 2 9 2004

DONALD BROWN
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Pharmacy.

DATED: January 3, 2005

BILL LOCKYER, Attorney General
of the State of California

JAMES M. LEDAKIS
Deputy Attorney General

Attorneys for Complainant

DOJ Matter ID: SD2004800487
80045735.wpd

12/17/2004 10:07 Dept. of Justice → 9131079206891 NO.431 D011

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: CESAR BURGUILLOS CABRERA, R.P.H. [redacted] Old Hickory Road Trabuco Canyon, CA 92679 Pharmacist License No. RPH 41132 Respondent.	Case No. 2777 OAH No. L-2004080434

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Pharmacy, as its Decision in this matter.

This Decision shall become effective on March 6, 2005.

It is so ORDERED February 4, 2005.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By _____
STANLEY W. GOLDENBERG
Board President

BILL LOCKYER, Attorney General
of the State of California
JAMES M. LEDAKIS, State Bar No. 132645
Deputy Attorney General
California Department of Justice
110 West "A" Street, Suite 1100
San Diego, CA 92101

P.O. Box 85266
San Diego, CA 92186-5266
Telephone: (619) 645-2105
Facsimile: (619) 645-2061

Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: CESAR B. CABRERA [redacted] Old Hickory Road Trabuco Canyon, CA 92679 License No. RPH 41132 Respondent.	Case No. 2777 **ACCUSATION**

Complainant alleges:

PARTIES

1. Patricia F. Harris (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

2. On or about August 18, 1987, the Board of Pharmacy issued Original Pharmacist License Number RPH 50646 to CESAR B. CABRERA (Respondent). Said license will expire on December 31, 2004, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Board of Pharmacy (Board), under the authority of the following sections of the Business and Professions Code (Code).

4. Section 4022 of the Code states:

"Dangerous drug" or "dangerous device" means any drug or device unsafe for self-use, except veterinary drugs that are labeled as such, and includes the following:

"(a) Any drug that bears the legend: "Caution: federal law prohibits dispensing without prescription," "Rx only," or words of similar import.

"(b) Any device that bears the statement: "Caution: federal law restricts this device to sale by or on the order of a _____," "Rx only," or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use or order use of the device.

". . .,

5. Section 4300 of the Code states:

"(a) Every license issued may be suspended or revoked.

"(b) The board shall discipline the holder of any license issued by the board, whose default has been entered or whose case has been heard by the board and found guilty, by any of the following methods:

". . .,

6. Section 4301 of the Code states:

"The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been procured by fraud or misrepresentation or issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

". . .,

(f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or corruption, whether the act is committed in the course of relations as a licensee or otherwise, and whether the act is a felony or misdemeanor or not.

. . . ,

(j) The violation of any of the statutes of this state or of the United States regulating controlled substances and dangerous drugs.

. . . ,

(l) The conviction of a crime substantially related to the qualifications, functions, and duties of a licensee under this chapter. The record of conviction of a violation of Chapter 13 (commencing with Section 801) of Title 21 of the United States Code regulating controlled substances or of a violation of the statutes of this state regulating controlled substances or dangerous drugs shall be conclusive evidence of unprofessional conduct. In all other cases, the record of conviction shall be conclusive evidence only of the fact that the conviction occurred. The board may inquire into the circumstances surrounding the commission of the crime, in order to fix the degree of discipline or, in the case of a conviction not involving controlled substances or dangerous drugs, to determine if the conviction is of an offense substantially related to the qualifications, functions, and duties of a licensee under this chapter. A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this provision. The board may take action when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code allowing the person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

(p) Actions or conduct that would have warranted denial of a license.

. . . ,"

7. Section 4059 of the Code states, in pertinent part, that a person may not furnish any dangerous drug except upon the prescription of a physician, dentist, podiatrist, optometrist, or veterinarian. A person may not furnish any dangerous device, except upon the prescription of a physician, dentist, podiatrist, optometrist, or veterinarian.

8. Section 4060 of the Code states:

"No person shall possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, or veterinarian, or furnished pursuant to a drug order issued by a certified nurse-midwife pursuant to Section 2746.51, a nurse practitioner pursuant to Section 2836.1, or a physician assistant pursuant to Section 3502.1. This section shall not apply to the possession of any controlled substance by a manufacturer, wholesaler, pharmacy, physician, podiatrist, dentist, veterinarian, certified nurse-midwife, nurse practitioner, or physician assistant, when in stock in containers correctly labeled with the name and address of the supplier or producer.

"Nothing in this section authorizes a certified nurse-midwife, a nurse practitioner, or a physician assistant to order his or her own stock of dangerous drugs and devices."

9. Section 118, subdivision (b), of the Code provides that the suspension/expiration/surrender/cancellation of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary action during the period within which the license may be renewed, restored, reissued or reinstated.

10. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

DRUGS DEFINED:

11. "Tylenol with Codeine No. 4," is also known generically as a combination drug containing Acetaminophen and not more than 1.8 grams of Codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active non-narcotic ingredients in recognized therapeutic amounts. It is a Schedule III controlled substance as designated by California Health and Safety Code section 11056(e)(2).

12. "Diazepam" also known as "Valium" is a Schedule IV drug as classified by Health & Safety Code Section 11057(d)(9).

13. "Dyazide," a brand name for triamterene, is unsafe for self-medication, and is a dangerous drug as defined by California Business and Professions Code section 4022.

14. "Fastin, 30 mg.," is a brand name for phentermine hydrochloride which is a Schedule IV controlled substance as designated by California Health and Safety Code section 11057(f)(4).

15. "Glucophage", also known generically as "Metformin" is a dangerous drug as defined by California Business and Professions Code section 4022.

16. "Hydrocodone" is a Schedule III drug as classified by Health & Safety Code section 11056(e)(4).

17. "Carisoprodol" is the generic form of Soma and is a dangerous drug as defined under Business & Professions Code section 4022.

STATEMENT OF FACTS:

18. On January 8, 2003, Long Beach Police Officer P.R. stopped his patrol car to assist a stranded motorist, Respondent, on the side of the road. Respondent told the officer that he hit a mud puddle and his engine died. Officer P.R. called a tow truck for respondent.

19. During a routine license check, Officer P.R. discovered that Respondent was driving on a suspended drivers license and expired license plates. Incident to Respondent's arrest, Officer P.R. observed in plain view a medium sized pill bottle, with no label, in an open soft sided brief case in Respondent's car. Respondent told the officer that the pills were Soma (a dangerous drug) and that he did not have a prescription for them in his possession. Officer P.R. requested permission to search his car and Respondent consented. Officer P.R. took into custody $1,850 in cash, 1000 tablets of Acetaminophen with Codeine #3, 174 tablets of Hydrocodone 10/325, 270 tablets of Vicodin ES 7.5/750, 141 tablets of Hydrocodone/APAP, 100 tablets of Soma, 700 tablets of Diazepam, 97 tablets of Metformin Hydrochloride, 24 tablets of Hyzaar and a small bottle of 10 tablets of generic Soma.

20. Officer P.R. asked Respondent if he had a prescription for all the aforementioned drugs and Respondent replied "no". Respondent told Officer P.R. that he took the drugs from Wards Pharmacy in Long Beach, California, where he worked part time.

Respondent was arrested for driving on a suspended license and drug possession.

21. On December 18, 2003, Respondent pled guilty to two felony counts and one misdemeanor count for possession of drugs with intent to sell as follows: 1) Felony possession for sale of Hydrocodone with Acetaminophen, 2) Felony possession for sale of Acetaminophen with Codeine, and 3) misdemeanor possession for sale of Diazepam.

FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct for Acts Involving Moral Turpitude)

22. Respondent is subject to disciplinary action under section 4301(f) for unprofessional conduct involving moral turpitude in that on December 18, 2003, he pled guilty to two felony counts and one misdemeanor count related to possession of drugs with intent to sell.

23. Complainant incorporates by reference paragraphs 18 through 21.

SECOND CAUSE FOR DISCIPLINE

(Unprofessional Conduct for Violation of Law)

24. Respondent is subject to disciplinary action under section 4301(j) for violation of statutes related to controlled substances in that Respondent was convicted of two counts of violating Health & Safety Code section 11351 and one count of violating Health & Safety Code section 11375 in the Superior Court for the County of Orange, State of California.

25. Complainant incorporates by reference as though fully set forth paragraphs 18 through 21.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct for Conviction of Crime Substantially Related to his Duties as a Pharmacist)

26. Respondent is subject to disciplinary action under section 4301(l) for conviction of crimes substantially related to his duties as a pharmacist in that Respondent pled guilty to two felony counts of possession and one misdemeanor count of possession of drugs with intent to sell resulting in a conviction for violation of Health & Safety Code sections 11351 and 11375.

/

27. Complainant incorporates by reference as though fully set forth paragraphs 18 through 21.

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct for Engaging in Conduct Warranting Denial of a License)

28. Respondent is subject to disciplinary action under section 4301(p) for engaging in conduct that would have warranted the denial of his license in that he was convicted of two felonies and one misdemeanor for possession of drugs with intent to sell.

29. Complainant incorporates by reference as though fully set forth paragraphs 18 through 21.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending RPH License No. 41132, issued to CESAR B. CABRERA;

2. Ordering CESAR B. CABRERA to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;

3. Taking such other and further action as deemed necessary and proper.

DATED: 7/23/04

P. F. Harris

PATRICIA F. HARRIS
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

16

16A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (05/19/2021)

(This application cannot be used by PA's or APRN's)

Section 1: Personal Information

First: Kiarash Middle: _____ Last: Mirkia-L

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Home Address: [redacted]Pear Lake Street

City: Las Vegas State: NV Zip: 89138

Telephone: [redacted] Email: [redacted]

Degree: MD Practitioner License #: 12548 Specialty: Surgery

(You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): Maya Medical/Surgical

Practice Address: 2660 South Rainbow Blvd Suite #: F-109

City: Las Vegas State: NV Zip: 89146

Telephone: 702-889-6292 Fax: _____ Email: [redacted]

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	✔	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✔	

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	✔	

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
BME	Nevada	06/25/2019	20-32904-1

Criminal Action:	State:	Date:	Case #:	County:	Court:
N/A					

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kiarash Mirkia-L — Print Name (First, Last)

09/20/2022 — Date

Original Signature (electronic, copies or stamps not accepted)

09/20/2022 — Date

Board Use Only: Date Processed: _____ Amount: 200.00 CC

Kiarash L. MIRKIA

License Number:	12548
License Type:	Medical Doctor
License Status:	Active-Conditions
Initial License Date:	Dec-01-2007
Expiration Date:	Jun-30-2023
Public Address:	1878 Morro Vista Drive
Public City:	Las Vegas
Public State:	Nevada
Public ZIP Code:	89135
Public Country:	United States
Public Phone Number:	7024967500
Credential:	M.D.

Specialties

Specialty
Surgery, General
Critical Care

Education History

Institution	Degree/Certificate	Date Enrolled	Date To
University of Vienna / Vienna , Austria	Medical Doctor Degree	N/A	Oct-14-1996

Postgraduate Training

Institution	Program Type	Specialty Type	Start Date	End Date
Temple University Hospital / Philadelphia , PA	Internship	Surgery,General	Jun-21-2000	Jun-20-2001
Temple University Hospital / Philadelphia , PA	Residency	Surgery,General	Jun-21-2001	Jun-20-2003
Temple University Hospital / Philadelphia , PA	Residency	Surgery,General	Jun-21-2003	Sep-19-2003
Mt. Sinai Hospital / Chicago , IL	Residency	Surgery,General	Sep-20-2003	Jun-19-2005

Powered by Thentia Cloud (https://www.thentia.com)

Institution	Program Type	Specialty Type	Start Date	End Date
Loyola University Med. Ctr. / Maywood , IL	Fellowship	Surgical Critical Care	Jul-01-2005	Jun-30-2006

Board Actions

Summary	Attachments
SETTLEMENT AGREEMENT Case No. 20-32904-1 On December 4, 2020, the Nevada State Board of Medical Examiners accepted and approved a Settlement Agreement which allowed for an order to be entered finding Dr. Mirkia violated NRS 630.301(4), as set forth in the Complaint, and ordering that he shall be prohibited from performing general surgery in Nevada until further order of the Board; that his license to practice medicine in Nevada be placed on probation for a period of time not less than 24 months, subject to various terms and conditions. The terms and conditions include the following: he shall receive a public reprimand; pay a fine in the amount of $3,000.00; complete 20 hours of continuing medical education (CME), in addition to his statutory CME requirements for licensure; and reimburse the Board's fees and costs incurred in the investigation and prosecution of the case against him. He shall complete a Physician Assessment and Competency Evaluation (PACE) Program examination of his clinical competency and a Fitness for Duty (FFD) examination. The examination shall be conducted pursuant to NRS 630.318, shall be conducted by a provider approved by the Board in advance, and the examiner shall, within 60 days of completion of the examination, render an opinion and report to the Board. The examination and report shall be performed at Dr. Mirkia's sole expense. Dr. Mirkia shall not supervise any physician assistant or collaborate with any advanced practice registered nurse in Nevada during the probationary period. COMPLAINT Case No.: 20-32904-1 11/30/2020 The Investigative Committee of the Nevada State Board of Medical Examiners filed a formal Complaint against Dr. Mirkia, alleging one (1) violation of Nevada Revised Statues of (NRS), Chapter 630. Count I: Alleges a violation of NRS 630.301(4) Malpractice Complaint: four (4) pages ********** Case No. 17-32904-1 June 18, 2018 Completed all terms of the settlement agreement for the above case as of June 15, 2018. jl ********** SETTLEMENT AGREEMENT Case No. 17-32904-1 December 4, 2017 On December 1, 2017, the Nevada State Board of Medical Examiners accepted and approved a Settlement Agreement which allowed for an order to be entered finding Dr. Mirkia violated NRS 630.304(1) and NRS 630.306(1)(b)(3), as set forth in Counts I and II of the Complaint, and ordering that he receive a public reprimand; pay a $500.00 fine; complete 3 hours of CME, in addition to his statutory CME requirements for licensure; and reimburse the Board's fees and costs incurred in the investigation and prosecution of the case against him. Counts III, IV and V shall be dismissed with prejudice. SETTLEMENT AGREEMENT: 9 pages ********** FORMAL COMPLAINT Case # 17-32904-1 September 27, 2017 The Investigative Committee of the Nevada State Board of Medical Examiners filed a formal Complaint against Kiarash L. Mirkia, M.D. alleging five violations of Nevada Revised Statutes (NRS) Chapter 630. Count I: Alleges a violation of NRS 630.304(1), renewing license by fraud or misrepresentation. Count II: Alleges a violation of NRS 630.306(1)(b)(3), engaging in conduct in violation of Regulations adopted by the State Board of Pharmacy. Count III: Alleges a violation of NRS 630.306(1)(b)(3), engaging in conduct in violation of Regulations adopted by the State Board of Pharmacy. Count IV: Alleges a violation of NRS 630.306(1)(b)(3), engaging in conduct in violation of Regulations adopted by the State Board of Pharmacy. Count V: Alleges a violation of NRS 630.3062(1), failure to maintain timely, legible, accurate and complete medical records. 7 pages	N/A

Current Employment Status / Conditions / Restrictions on License / Prior Malpractice Claims

Summary	Attachments
9/16/22 Dr. Mirkia must have a chaperone, who is the same gender as the patient, present at every patient interaction until further order of the Board.	N/A

Malpractice Information

Summary	Attachments
PROFESSIONAL LIABILITY CLAIM, SETTLEMENT OR JUDGEMENT OF $5,000 OR MORE: Date received by the Board: 5/23/2022 Reported by: Preferred Professional Insurance Company Date of act/omission: 2/16/2018 Details: Alleged improperly performed cholecystectomy resulting in death. Settlement amount: $950,000 Court Case Number: A-19-789242-C Total pages: 0 HJR	N/A

Kiarash Mirkia, M.D.
PO Box [redacted]
Las Vegas, NV 89137
[redacted]
Cell: [redacted]

Nevada State Board of Pharmacy
985 Damonte ranch parkway, Suite 206
Reno, NV 89521
775-850-1440

September 20th, 2022

Re: Narrative to Whipple Procedure and My Nevada License In-Active Status Converted to Active

Dear Madams, Dear Sirs

Following is the explanation about the circumstances surrounding the placement of my Nevada license on In-active Status, and subsequently, entering into a settlement agreement with the Nevada State Board of Medical Examiners on December 4th, 2020. On September 16th, 2022 Nevada Board of Medical Examiners approved my request to reactivate my Nevada Medical Board License # 12548.

On June 5, 2019, a 67-year-old woman presented to my office with a pancreatic tumor for examination for Whipple procedure. She had a history of hypertension and obesity. I scheduled the patient for a diagnostic laparoscopy and possible Whipple after she was given cardiac clearance for the surgery by her cardiologist, Thomas L. Lambert, M.D.

On June 12, 2019, Patient underwent a diagnostic laparoscopy and a Whipple procedure at Spring Valley Hospital Medical Center. Postoperatively she had some bleeding. I brought her back into the OR and performed an exploratory laparotomy and there was no source of active bleeding seen. She remained hemodynamically unstable, and I notified the interventional radiologist, and she underwent a mesentery and visceral angiography which revealed bleeding from a small blood vessel that was successfully embolized. She was transferred to ICU and continued being hemodynamically unstable.

I contacted the on-call vascular surgeon, Dr. Hazem Afifi and we took her back to the operating room and after exploring her abdomen we could not find any active bleeding. Her systolic blood pressure improved transiently to 110-120. Unfortunately, later that evening her blood pressure dropped, and she was in asystole. ACLS protocol was immediately initiated, and CPR was performed.

I had a long conversation with Patient's family throughout the day and in the evening and explained everything that happened, and they expressed their understanding and appreciation for all the efforts that were undertaken to save her life.

Spring Valley Hospital reported her death to Nevada Bord of Medical Examiners, and they started an investigation, and I voluntarily placed my Nevada Medical License in an In-Active Status in June 2019. I then entered into a Settlement Agreement with the Nevada State Board of Medical Examiners based on the advice of my counsel on December 4th, 2020. Subsequently I completed all the steps in the settlement as follows: 20 hours of CMEs, paid the fees in full and completed a PACE Program at UCSD and was deemed to be fit for duty.

On September 16th, 2022, Nevada Board of Medical Examiners approved my request to reactivate my Medical License # 12548.

Please do not hesitate to contact me with any questions. Thank you in advance for your consideration in this matter.

Sincerely,

Kiarash Mirkia, M.D.

Kiarash Mirkia, M.D.
PO Box [redacted]
Las Vegas, NV 89137
[redacted]

Attention:
Ms. Yenh Long
Deputy Director
Nevada State Board of Pharmacy
985 Damonte ranch parkway, Suite 206
Reno, NV 89521
775-850-1440

September 28th, 2022

RE: Petition for My New CS Pharmacy Application

Dear Ms. Long

During my conversation with your licensing specialist, I was informed that I missed to report a case while submitting my new CS Pharmacy application dated on September 20th, 2022. While filling out the application, I misread the question in section five (3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? And 4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?). My understanding was that you would only need the settlement agreement and documents pertaining the circumstances when I placed my Nevada Medical License in an in-active status back in June 2019. I was under the impression that I'd only need to send that document since I had previously reported the other disciplinary actions from 2017 and provided the documents for any other Nevada Medical Board actions while I renewed my CS Pharmacy license in the past. I would like to take this opportunity and apologize for the misunderstanding.

I am emailing Ms. Olivia Mora the settlement agreement form 2017 as well as the other investigation documents (Nevada State Pharmacy Board and BME). All the cases have been closed and nothing is currently pending.

I would like to respectfully request to process my CS Pharmacy application expeditiously, as I am actively seeking employment and not having worked in my field as a surgeon since 2019 has caused me many financial hardships. My Nevada Medical License # 12548 is now active.

Please do not hesitate to contact me with any questions. Thank you in advance for your consideration in this matter.

Sincerely,

Kiarash Mirkia, M.D.

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against Kiarash L. Mirkia, M.D., Respondent.	**Case No. 17-32904-1**

FILED
DEC - 4 2017
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Robert Kilroy, Esq., General Counsel for the Board and attorney for the IC, and Kiarash L. Mirkia, M.D. (Respondent), a licensed Physician in Nevada, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

A. Background

1. Respondent is a medical doctor currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act), to practice medicine in Nevada since December 1, 2007 (License No. 12548).

2. On September 27, 2017, in Case No. 17-32904-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges one (1) violation of NRS 630.304(1), renewing a license by misrepresentation (Count I), three (3) violations of NRS 630.306(1)(b)(3), engaging in conduct that violates regulations adopted by the state board of pharmacy (Counts II-IV, respectively), and one (1) violation of NRS

[1] All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

630.3062(1), failing to maintain timely, legible, accurate and complete medical records (Count V).

3. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

4. Respondent was properly served with a copy of the Complaint, has reviewed and understands the Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of the Complaint.

5. Respondent is hereby advised of his rights regarding this administrative matter, and of his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in this administrative matter as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at his own expense, in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

6. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

7. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

B. Terms & Conditions

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction.** Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement.** Respondent acknowledges he is not represented by counsel, and wishes to resolve the matters addressed herein without counsel. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after foregoing opportunity for consultation with and the advice of legal counsel.

3. **Waiver of Rights.** In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

4. **Acknowledgement of Reasonable Basis to Proceed.** Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The Board acknowledges Respondent is not admitting that the Board's claims/counts as alleged in the Complaint have merit and

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Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order**. In order to resolve the Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to Counts I and II, one (1) violation of NRS 630.304(1), renewing a license by misrepresentation (Count I), and one (1) violation of NRS 630.306(1)(b)(3), engaging in conduct that violates regulations adopted by the state board of pharmacy (Count II) for prescribing in 2014 only.

b. Respondent shall pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter, the current amount being $3,599.55, not including any costs that may be necessary to finalize this Agreement, as follows: (1) within thirty (30) days of the Board's acceptance, adoption and approval of this Agreement, Respondent shall pay $1000.00; then, (2) Respondent shall five (5) equal monthly installments of $519.91.

c. For Count I, Respondent shall pay a fine of $500.00 within thirty (30) days of the Board's acceptance, adoption and approval of this Agreement.

d. Respondent shall take three (3) hours of continuing medical education (CME) related to medical ethics, within six (6) months from the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada and shall be approved by the Board prior to their completion.

e. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

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Reno, Nevada 89502
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f. Respondent shall receive a Public Letter of Reprimand.

g. Counts III, IV and V shall be dismissed with prejudice.

6. **Release From Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

7. **Procedure for Adoption of Agreement**. The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of the Complaint. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex parte, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to this matter. The IC and its counsel agree that Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement

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Nevada State Board of Medical Examiners
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Reno, Nevada 89502
(775) 688-2559

an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and the remaining counts of the Complaint shall be dismissed with prejudice.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering the Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

10. **Binding Effect**. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause**. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the parties consent to such jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

12. **Attorneys' Fees and Costs**. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. **Failure to Comply with Terms**. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order To Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a). Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a

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Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

condition of this Agreement may subject Respondent to civil collection efforts.

Dated this _____ day of _____, 2017.

By: _____
Robert Kilroy, Esq., General Counsel
Aaron Bart Fricke, Esq., Deputy General Counsel
Donald K. White, Esq., Deputy General Counsel
Attorneys for the Investigative Committee

Dated this 17 day of MAY, 2017.

_____
Kiarash L. Mirkia, M.D., Respondent

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

condition of this Agreement may subject Respondent to civil collection efforts.

Dated this 28 day of November, 2017.

By: _____
Robert Kilroy, Esq., General Counsel
Aaron Bart Fricke, Esq., Deputy General Counsel
Donald K. White, Esq., Deputy General Counsel
Attorneys for the Investigative Committee

Dated this _____ day of _____, 2017.

_____
Kiarash L. Mirkia, M.D., Respondent

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

IT IS HEREBY ORDERED that the foregoing Settlement Agreement is approved and accepted by the Nevada State Board of Medical Examiners on the 1st day of December 2017, with the final total amount of costs due of $3,599.55.

D Prabhu Rachakonda M.D.

Rachakonda D. Prabhu, M.D., President
NEVADA STATE BOARD OF MEDICAL EXAMINERS

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
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NEVADA STATE BOARD OF MEDICAL EXAMINERS
9600 Gateway Drive
Reno, NV 89521

Rachakonda D. Prabhu, M.D.
Board President

Edward O. Cousineau, J.D.
Executive Director

June 22, 2018

Kiarash L. Mirkia, M.D.
[redacted] West Warm Springs Road, Suite [redacted]
Las Vegas, NV 89148

Re: Compliance 17-32904-1

Dear Dr. Mirkia:

This correspondence is to inform you that by your completion of the conditions set forth in the Settlement Agreement of December 1, 2017, the Investigative Committee of the Nevada State Board of Medical Examiners is satisfied. As you have fulfilled the terms of the Settlement Agreement, your Compliance File with the Nevada State Board of Medical Examiners has been closed.

Thank you for your cooperation on this matter. If you have any questions or I may be of further assistance please don't hesitate to contact me at (775) 324-9377.

Respectfully,

Johnna LaRue, CMBI
Compliance Officer
Nevada State Board of Medical Examiners

Nevada State Board of Medical Examiners

February 20, 2018

Kiarash Mirkia, M.D.
[redacted] West Warm Springs Rd., Suite [redacted]
Las Vegas, NV 89148

RE: BME CASE #: 18-17705

Dear Dr. Mirkia:

We have received information and a complaint alleging you may be aiding and assisting in the unlicensed practice of medicine.

It is alleged:

1. You are the owner, and Medical Director, of Reset IV located at 1775 Village Center Cir., #110 Las Vegas, NV 89134, doing business in Las Vegas, Nevada.

2. As the owner, and Medical Director, of Reset IV you are failing to conduct a full medical examination and assessment, as well as failing to inform patients of the risks and benefits of the treatment(s), or develop a treatment plan prior to the employees, agents and/or contractor administering the intravenous infusions.

3. You are failing to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of the patients treated by your employees, agents, and/or contractors.

It is further alleged:

4. That as the owner, and Medical Director, of Reset IV, you require employees, agents and/or contractors that administer your intravenous infusions to store the intravenous fluids, supplements and other infusion equipment in their homes; including possession of dangerous drugs including, but not limited to, Toradol and Zofran.

5. As the owner, and Medical Director, you are allowing your employees, agents and/or contractors, who are unlicensed individuals, to treat patients at various locations in Nevada to include, but not limited to, the patient's homes, businesses, and/or hotel rooms without an examination by a licensed physician, physician assistant, or APRN.

■ LAS VEGAS OFFICE
Board of Medical Examiners
6010 S. Rainbow Boulevard
Building A, Suite 2
Las Vegas, NV 89118
Phone: 702-486-3300
Fax: 702-486-3301

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Board of Medical Examiners
1105 Terminal Way
Suite 301
Reno, NV 89502
Phone: 775-688-2559
Fax: 775-688-2553

6. You are allowing medical assistants to perform invasive procedures without being immediately available, to exercise oversight in person while the medical assistant performs the task.

In addition, please provide a response to the following questions:

1. Please provide a list of any and all employees, agents and/or contractors with Reset IV doing business in Nevada.
2. Please provide an explanation as to how your employees, agents and/or contractors obtain intravenous fluids, supplements, and infusion equipment, as well as any other medications, and/or dangerous drugs that are administered to patients of Reset IV.
3. Please provide a copy of the contract and/or agreement between Reset IV, yourself, and the employees, agents and/or contractors of Reset IV doing business in the State of Nevada.
4. Please provide a copy of the licensing agreements between Reset IV, yourself, and/or any employees, agents and/or contractors doing business in the State of Nevada.
5. Please provide a copy of the personnel file of all of your employees and verification of any training they have received to perform the medical procedures/tasks assigned to them.

According to these allegations, you may have violated the Nevada Medical Practice Act, Nevada Revised Statutes, Chapters 629 and 630, and Nevada Administrative Code, Chapters 629 and 630 (NMPA).

In order to determine whether or not there has been a violation of the NMPA, **please provide a written response to each allegation noted above.** Please include any further information you believe would be useful for the Board to make a determination in this matter. **Please reply to this request within 21 calendar days.**

The Nevada State Board of Medical Examiners investigates all information received concerning possible violations of the NMPA. We make no determination as to whether or not there has been a violation of the NMPA until a thorough investigation is completed. As a physician under investigation by the Board, you are required by the NMPA to provide the requested information, and your cooperation is not subject to the whistle-blower protections provided to physicians in NRS 630.364(3).

Please be advised that if the particular allegations referenced above did occur, and depending on the facts and circumstances, then you may have violated the NMPA, specifically including but not limited to: NRS 630.301(4), NAC 630.040, NRS 630.305(1)(e)(f), NRS 630.306(1)(b)(1),(3)(c), NRS 630.3062(1), NAC 630.810(2), NAC 630.230(1)(g), NRS 454.321.

The Investigative Committee of the Board of Medical Examiners of the State of Nevada

* * * * *

In the Matter of the Investigation of:	
Kiarash Mirkia, M.D.	**18-17705**
License No. 12548	

ORDER TO PRODUCE HEALTH CARE RECORDS

The Investigative Committee (IC) of the Board of Medical Examiners of the State of Nevada sends greetings to:

Kiarash Mirkia, M.D.
[redacted]W. Warm Springs Rd., Ste. [redacted]
Las Vegas, NV 89148

Pursuant to the authority of Nevada Revised Statute (NRS) 630.311(1), the IC directs you to produce and deliver to the Nevada State Board of Medical Examiners, the materials as set forth in this Order:

1. A complete list of any and all patients, to include date of births, treated by Reset IV located at 1775 Village Center Cir., #110 Las Vegas, NV 89134 from January 1, 2018 through the present.
2. A complete list of any and all employees, agents and/or contractors of Reset IV.
3. A copy of the contract and/or agreement between Reset IV, yourself, and the employees, agents and/or contractors of Reset IV.
4. A complete copy of your schedule at Reset IV.
5. A copy of the policy and procedures for Reset IV.
6. A copy of the personnel file(s) of all employees of Rest IV.
7. A copy of the documentation in the employment records of the medical assistant(s) that he or she has been appropriately trained and is competent to perform any task or procedure assigned to him or her.

Said records shall be provided to an investigator of the Nevada State Board of Medical Examiners **within 21 days of service** of this Order (Investigation Division, Attn. Kim Friedman, Sr. Investigator, Nevada State Board of Medical Examiners, 6010 S. Rainbow Blvd., Bld. A, Suite 2 Las Vegas, NV 89118). Failure to comply and produce said records in the aforesaid manner may subject you to potential disciplinary action, to include a violation of NRS 630.3065(2)(a) and NRS 630.3062(4); further, the Investigative Committee may seek administrative sanctions as set forth in NRS 630.352.

Additionally, compliance with this order is deemed compulsory and shall not be deemed to be cooperation subject to the protections provided to a physician pursuant to NRS 630.364(3).

Dated this 20th day of February, 2018.

NEVADA STATE BOARD OF MEDICAL EXAMINERS
INVESTIGATIVE COMMITTEE

Wayne Hardwick

Wayne Hardwick, M.D.
Nevada State Board of Medical Examiners
Investigative Committee

CERTIFICATE OF CUSTODIAN OF RECORDS OR KIARASH MIRKIA, M.D.

STATE OF NEVADA)
) ss.
COUNTY OF _____)

NOW COMES _____(*name of custodian of records),* who after being first duly sworn, deposes and says:

1. That I am the _____(*position or title*) of _____(*name of company or employer*) and in my capacity as _____(*position or title*), I am a custodian of the records of _____(*name of company or employer*).

2. That _____(*name of company or employer*) is licensed to do business as a _____ in the State of Nevada.

3. That on the ____ day of the month of _____ of the year _____, I received an order for health care records in connection with the Nevada State Board of Medical Examiners Case No. 18-17705 calling for the production of records pertaining to _____.

4. That I have examined the original of those records and have made or caused to be made a true and exact copy of them and the reproduction attached hereto is true and complete.

5. That the original of those records was made at or near the time of the act, event, condition, opinion or diagnosis recited therein by or from information transmitted by a person with knowledge, in the course of a regularly conducted activity of _____ (*name of company or employer*).

Executed on: _____ _____
Date *Signature of Custodian of Records*

SUBSCRIBED AND SWORN to before me this
_____ day of _____, 20____.

_____
NOTARY PUBLIC in and for the
County of _____, State of Nevada.

My commission expires:_____

Nevada State Board of Medical Examiners

Second Request

March 15, 2018

Kiarash Mirkia,M.D.
[redacted] West Warm Springs Rd., Suite [redacted]
Las Vegas, NV 89148

RE: BME CASE NUMBER 18-17705

Dear Dr. Mirkia:

This is the **second request** for your reply and a copy of the records associated with this case. Please provide the requested reply to the allegations and the copy of the related records. You received an Order to produce such records with the letter dated February 20, 2018, but have not yet complied. Failure to comply with an Order of the Board constitutes grounds for initiating disciplinary action. *See* NRS 630.3065. **Please reply to this request within 15 days.**

Be advised that your failure to produce and make available health care records to an authorized representative or Investigator of the Board, as prescribed by Nevada law is grounds for the Investigative Committee to initiate a Formal Complaint against you, which may result in disciplinary action or denial of licensure (NRS 629.061; 630.3062(4); 630.352).

Providing the requested information is deemed a professional obligation of any physician under investigation by the Board and shall not be deemed to be cooperation subject to the whistle-blower protections provided to physicians in NRS 630.364(3).

Enclosed is a copy of the original letter and Order to Produce Records sent to you on *February 20, 2018.*

Should you have any questions you may contact me at (702) 486-3339.

Respectfully,

Kim Friedman, CMBI
Sr. Investigator
Las Vegas Office

■ LAS VEGAS OFFICE
Board of Medical Examiners
6010 S. Rainbow Boulevard
Building A, Suite 2
Las Vegas, NV 89118
Phone: 702-486-3300
Fax: 702-486-3301

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Board of Medical Examiners
1105 Terminal Way
Suite 301
Reno, NV 89502
Phone: 775-688-2559
Fax: 775-688-2553

Nevada State Board of Medical Examiners

Final Request

April 3, 2018
VIA CERTIFIED MAIL

Kiarash Mirkia, M.D.
[redacted] West Warm Springs Rd., Suite [redacted]
Las Vegas, NV 89148

RE: BME CASE NUMBER: 18-17705

Dear Dr. Mirkia:

This is the **final request** for your reply regarding the allegations associated with this case. Please provide the requested reply to the allegations and the copy of the related health care records. You received an Order to produce such records with the letter dated February 20, 2018, but have not yet complied. Failure to comply with an Order of the Board constitutes grounds for initiating disciplinary action. NRS 630.3065. Failure to produce and make available health care records to an authorized representative or Investigator of the Board, as prescribed by Nevada law is also grounds for initiating disciplinary action or denial of licensure. NRS 629.061; 630.3062(4); 630.352. **Please reply to this request within 10 calendar days.**

Providing the requested information is deemed a professional obligation of any physician under investigation by the Board and shall not be deemed to be cooperation subject to the whistle-blower protections provided to physicians in NRS 630.364(3).

Enclosed is a copy of the original letter and Order to Produce Health Care sent to you on February 20, 2018, and the Second Request sent to you on March 15, 2018.

Should you have any questions you may contact me at (702) 486-3339.

Respectfully,

Kim Friedman, CMBI
Sr. Investigator
Las Vegas Office

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NEVADA STATE BOARD OF MEDICAL EXAMINERS

6010 S. Rainbow Blvd., Bldg. A, Ste. 2
Las Vegas, NV 89118

Rachakonda D. Prabhu, M.D.
Board President

Edward O. Cousineau, J.D.
Executive Director

November 19, 2018

Kiarash Mirkia, M.D.
C/o Marie Ellerton, Esq.
Mandelbaum, Ellerton & Associates
2012 Hamilton Lane
Las Vegas, NV 89106

RE: BME CASE #: 18-17995
Patient: Jessica Barajas; DOB: 03/18/1992

Dear Dr. Mirkia:

Thank you for your timely response dated November 2, 2018. The Nevada State Board of Medical Examiners is requesting additional information.

Please provide a detailed explanation regarding the controlled substances prescribed for your patients' premedication for sedation; to include how the prescriptions for the controlled substances are written, how the patients provide you with their controlled substances for premedication sedation, how you deliver/dispense the controlled substances to your patients before, during, and after the procedure(s), as well as your procedure(s) on retaining/destroying the remaining doses of controlled substances by yourself, and/or other employees at your medical spas.

In order to determine whether or not there has been a violation of the Medical Practice Act, **please respond to the request noted above and any information that would be helpful.** Please include any further information you believe would be useful for the Board to make a determination in this matter. **Please reply to this request within 10 days.**

The Nevada State Board of Medical Examiners investigates all information received concerning possible violations of the Nevada Revised Statutes, Chapter 630. We make no determination as to whether or not there has been a violation of the Medical Practice Act, prior to the completion of our investigation. Providing the requested information is deemed a professional obligation of any physician under investigation by the Board and shall not be deemed to be cooperation subject to the whistle-blower protections provided to physicians in NRS 630.364 (3).

Please be advised that if the particular allegations referenced above did occur, and depending on the facts and circumstances, then you may have violated the NMPA, specifically including but not limited to: NRS 630.301(4), NAC 630.040, NRS 630.306(1)(b)(3).

Respectfully,

Kim Friedman, CMBI
Sr. Investigator
Las Vegas Office

Nevada State Board of Medical Examiners
INVESTIGATIONS DIVISION
6010 S. Rainbow Blvd. Bldg. A Suite 2
Las Vegas, NV 89118
Main: 775-688-2559
Phone: (702) 486-3339
Fax: (702) 486-3301

CONFIDENTIAL

FAX TRANSMISSION

Date: November 19, 2018

To: Mandelbaum, Ellerton & Associates

ATTN: Marie Ellerton, Esq.

From: Kim Friedman

Fax # 702-367-1978

COMMENTS: Please contact me at the number above if you have any questions.

Thank You,
Kim Friedman
Sr. Investigator, CMBI

kfriedman@medboard.nv.gov

This message is intended only for the addressee and may contain information that is confidential. If you receive this communication in error please contact us at the telephone number above.

NEVADA STATE BOARD OF PHARMACY
JAN 15 2021
FILED

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. KIARASH L. MIRKIA, MD, Certificate of Registration No. CS15197, Respondent.	Case No. 19-090-CS-S STIPULATION AND ORDER

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Kiarash L. Mirkia, MD, Certificate of Registration No. CS15197, by and through counsel, Keith A, Weaver, Esq. and Melanie L. Thomas, Esq., HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about June 13, 2019, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about June 24, 2019, Respondent voluntarily placed his License No. 12548 to practice medicine from the Nevada State Board of Medical Examiners (NSBME) on inactive status and ceased practicing medicine in Nevada.

4. On or about July 1, 2020, Respondent's Certificate of Registration No. CS15197 was placed on inactive status.

5. On or about March 20, 2020, Respondent filed an Answer and Notice of Defense to the Accusation.

6. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

7. Respondent is aware of his right to a hearing on the matters alleged in the Accusation, his right to reconsideration, his right to appeal and any and all other rights which

may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

8. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

9. Respondent does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*, that Respondent:

A. Failed to put into practice policies and procedures in the operation of Mirkia IV to ensure that dangerous drugs were stored, possessed, and administered to patients in compliance with NRS 454.213(1), NRS 454.316, NRS 454.221, NRS 454.321, NRS 454.356 and NRS 639.100(1);

B. Purchased sterile compounded dangerous drugs from an outsourcing facility not licensed with the Board, in violation of NRS 639.233, NRS 639.285 and/or NAC 639.6915 (the Board notes that Mirkia IV immediately terminated its relationship with the outsourcing facility upon notification by the Board that this facility was not licensed as a manufacturer pursuant to NAC 639.6915); and

C. Committed acts that render his controlled substance registration inconsistent with the public interest pursuant to NRS 453.231.

10. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210 and NRS 639.255.

11. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Kiarash L. Mirkia, MD, Certificate of Registration No. CS15197, stipulate to the following penalties:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding his duties and responsibilities as a practitioner when possessing and administering controlled substances and dangerous drugs to patients and purchasing sterile compounded dangerous drugs;

B. Certificate of Registration No. CS15197 shall remain inactive until such time as Respondent petitions the Board for reinstatement to active status and presents proof that his License No. 12548 to practice medicine from the NSBME is active and in good standing.

C. In the event Respondent applies for reinstatement of his certificate of registration to active status, or applies for any other certificate, license or permit with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

D. In the Event Respondent petitions the Board for reinstatement and the Board reinstates his certificate of registration, Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs.

E. Respondent shall pay a fine of One-Thousand Five-Hundred Dollars ($1500.00) for the alleged violations, payable by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within sixty (60) of the effective date of this Order.

F. Respondent shall pay One-Thousand Dollars ($1000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, payable by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

11. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 453 and/or Chapter 639.

12. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on January 13, 2021. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

13. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330.

14. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts

set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 4th day of January, 2021

KIARASH L. MIRKIA, MD,
Certificate of Registration No. CS15197

Signed this 15th day of January, 2021

BRETT [illegible], ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this 4th day of January, 2021

KEITH A. WEAVER, ESQ.
MELANIE L. THOMAS, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Kiarash L. Mirkia, MD, Certificate of Registration No. CS15197, in Case No. 19-090-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this 15th day of January, 2021.

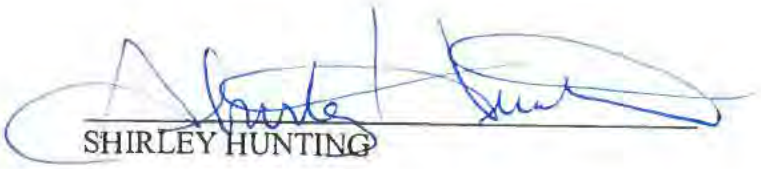
Helen Park, President
Nevada State Board of Pharmacy

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CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 21st of January, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Keith Weaver, Esq.
Melanie L. Thomas, Esq.
6385 S. Rainbow Blvd., Ste. 600
Las Vegas, NV 89118



SHIRLEY HUNTING

set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 4th day of January, 2021

KIARASH L. MIRKIA, MD,
Certificate of Registration No. CS15197

Signed this 13th day of January, 2021

BRETT RABBT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this 11th day of January, 2021

KEITH A. WEAVER, ESQ.
MELANIE L. THOMAS, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Kiarash L. Mirkia, MD, Certificate of Registration No. CS15197, in Case No. 19-090-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of January, 2021.

Helen Park, President
Nevada State Board of Pharmacy

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FILED
JUN 13 2019
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. KIARASH L. MIRKIA, M.D., Certificate of Registration No. CS15197, Respondent.	CASE NO. 19-090-CS-S NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the events alleged herein, Respondent Kiarash L. Mirkia, M.D., Certificate of Registration No. CS15197 ("Dr. Mirkia") held a Board issued controlled substance registration.

FACTUAL ALLEGATIONS

II.

In April 2018, Dr. Mirkia owned and was the Medical Director of Mirkia IV, PLLC ("Mirkia IV").

III.

Mirkia IV provided intravenous rehydration treatments to patients in the Las Vegas area using registered nurses who work for the company either directly or on a contract basis.

IV.

Dr. Mirkia allowed Mirkia IV's office staff, including office manager Alex Zukovski ("Zukovski"), who is not a practitioner or registered nurse, to possess the information and keys necessary to access Mirkia IV's inventory of dangerous drugs.

V.

Under Dr. Mirkia's direction, Zukovski or other Mirkia IV office staff accessed and possessed Mirkia IV's inventory of dangerous drugs and provided supplies of dangerous drugs to registered nurses without a practitioner on site, without a practitioner's direct supervision, before Dr. Mirkia or any other practitioner examined the patient, and before there was a patient-specific and medication-specific written order for the patient and/or the mediation.

VI.

Dr. Mirkia directed the registered nurses who were employed by or contracted with Mirkia IV to possess and control dangerous drugs from Mirkia IV's inventory, including storing them at their homes, without a practitioner on site, without direct practitioner supervision, without a patient-specific and medication-specific written order for the patient and/or medication. Dr. Mirkia allowed those nurses to possess and store dangerous drugs from Mirkia IV's inventory for up to three days at a time in anticipation that Dr. Mirkia might examine a patient and issue an order for administration.

VII.

Dr. Mirkia allowed registered nurses to transport the dangerous drugs he put into their possession and control without a patient-specific and medication-specific order.

VIII

Dr. Mirkia generally had no contact – did not examine and did not establish a bona fide therapeutic relationship with the patient – until after one of Mirkia IV's registered nurses transported the dangerous drugs in his/her possession to the patient's location.

IX.

After completing an "examination" of the patient by telephone, Dr. Mirkia would approve, deny or modify a pre-determined order authorizing the patient to receive treatment using an electronic medical record ("EMR") system.

X.

After Dr. Mirkia issued an order to administer medication to the patient, the registered nurse purportedly performed his/her own assessment.

XI.

Mirkia IV's nurses were directed to upsell, and often upsold, addational medications to the patient beyond what Dr. Mirkia initially ordered.

XII.

When an RN was successful in upselling additional dangerous drugs to a patient, an "on call" practitioner purportedly was available to amend the patient's order prior to administration.

XIII.

Dr. Mirkia purchased sterile compounded dangerous drugs from Fusion IV Pharmaceuticals, Inc., *dba* Axia Pharmaceuticals ("Fusion"), in Los Angeles, California.

XIV.

Fusion sold compounded sterile products to practitioners in Nevada, including Dr. Mirkia and/or Mirkia IV.

XV.

Fusion is not licensed in Nevada.

APPLICABLE LAW

XVI.

No person may possess a dangerous drug in Nevada without specific statutory authority to do so. *See* NRS 454.213, NRS 454.316, NRS 454.321.

XVII.

A practitioner can give a registered nurse limited authority to possess and administer dangerous drugs without the practitioner onsite by way of NRS 454.213(1)(c), which says in relevant part.

> a drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by . . . a registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a prescribing physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician or advanced practice registered nurse, *or pursuant to a chart order, for administration to a patient at another location*.

NRS 454.213(1)(a)(*emphasis added*); *see also* NRS 639.100

XVIII.

Chart orders must be written (NRS 454.223) and are patient-specific and medication-specific.[1]

XIX.

"Except as otherwise specifically provided, every person who violates any provision of NRS 454.181 to 454.371, inclusive, is guilty of a misdemeanor." NRS 454.356.

XX.

A practitioner must first establish a *bona fide therapeutic relationship* with a patient by examination before he or she can determine that a medication is medically necessary and direct and/or authorize a RN to possess and administer a dangerous drug on-site or issue a chart order for off-site administration of a dangerous drug to treat the patient's medical condition. *See* NAC 639.945(1)(o) and NRS 454.213(1)(a).

---

[1] *See* NRS 639.004 "Chart order" means an order entered on the chart of a patient in a hospital, facility for intermediate care or facility for skilled nursing which is licensed as such by the Division of Public and Behavioral Health of the Department of Health and Human Services or on the chart of a patient under emergency treatment in a hospital by a practitioner or on the written or oral order of a practitioner authorizing the administration of a drug to the patient.

XXI.

> [A] bona fide therapeutic relationship between the patient and practitioner shall be deemed to exist if the patient was examined in person, electronically, telephonically or by fiber optics . . . by the practitioner within the 6 months immediately preceding the date the practitioner . . . prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed.

NRS 639.945(3)

XXII.

> An outsourcing facility that is engaged in the compounding of sterile drugs in this State [Nevada] or for shipment into this State shall:
>
> 1. Obtain a license from the Board as a manufacturer in accordance with NRS 639.100 and 639.233;
>
> 2. Comply with the provisions of NAC 639.609 to 639.619, inclusive; and
>
> 3. Comply with all the requirements of 21 U.S.C. § 353b.

NAC 639.6915

XXIII.

"Supplying . . . medicines, substances or devices which are legally sold in pharmacies or by wholesalers, so that unqualified persons can circumvent any law pertaining to the legal sale of such articles" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(g).

XXIV.

A licensee "[p]erforming any of his or her duties as the holder of a license, certificate or registration issued by the Board . . . in an incompetent, unskillful or negligent manner" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(i).

XXV.

"Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(k).

XXVI.

The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

XXVII.

Engaging in conduct that constitutes unprofessional conduct or that is contrary to the public interest is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

XXVIII.

Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

FIRST CAUSE OF ACTION
Unlawful Access and Possession of Dangerous Drugs - Statutory Violations

XXIX.

By allowing Mirkia IV's staff, including its office manager and its registered nurses, none of whom were practitioners and none of whom were licensed to possess or prescribe dangerous drugs, to operate Mirkia IV and/or to obtain, access, possess and store dangerous drugs when he was not on site, before he examined the patient and before he wrote a patient-specific order, Dr. Mirkia violated, or assisted and abetted his staff in violating, NRS 454.213(1), NRS 454.316 and/or NRS 454.356. Because of that conduct, which violates Nevada law and is

inconsistent with the public interest. Dr. Mirkia's controlled substance registration, Certificate of Registration No. CS15197, is subject to discipline pursuant NRS 639.210(12), NRS 453.236(1)(d) and NRS 453.241(1).

SECOND CAUSE OF ACTION

Unlawful Access and Possession of Dangerous Drugs – Unprofessional Conduct

XXX.

By allowing Mirkia IV's staff, including its office manager and its registered nurses, none of whom were practitioners and none of whom were licensed to possess or prescribe dangerous drugs, to operate Mirkia IV and/or to obtain, access, possess and store dangerous drugs when he was not on site, before he examined the patient and before he wrote a patient-specific order, Dr. Mirkia engaged, or assisted and abetted his staff to engage, in unprofessional conduct as defined in NAC 639.945(1)(g), (i), and (k). For that conduct, Dr. Mirkia's controlled substance registration, Certificate of Registration No. CS15197, is subject to discipline pursuant to NRS 639.210(4), NRS 453.236(1)(d) and/or NRS 639.255.

THIRD CAUSE OF ACTION

Purchasing Sterile Compounded Drugs from an Unlicensed Pharmacy

XXXI.

By purchasing sterile compounded dangerous drugs from a pharmacy not licensed with the Board, Dr. Mirkia violated, or assisted and abetted that pharmacy in violating, NRS 639.233, NRS 639.285 and/or NAC 639.6915. Because of that conduct, Dr. Mirkia's controlled substance registration, Certificate of Registration No. CS15197 is subject to discipline pursuant to NRS 639.210(4) and (12), NRS 453.236(1)(d); NRS 453.241(1) and/or NRS 639.255.

[THIS SPACE INTENTIONALLY LEFT BLANK]

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 17th day of June 2019.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. KIARASH L. MIRKIA, M.D., Certificate of Registration No. CS15197, Respondent.	)	CASE NO. 19-090-CS-S STATEMENT TO THE RESPONDENT NOTICE OF INTENDED ACTION AND ACCUSATION RIGHT TO HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisfiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243

III

The Board has scheduled your hearing on this matter for Wednesday, July 17, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision NRS 622A.350.

DATED this 13th day of June, 2019.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. KIARASH L. MIRKIA, M.D., Certificate of Registration No. CS15197, Respondent.	)	CASE NO. 19-090-CS-S ANSWER AND NOTICE OF DEFENSE

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this __ day of June, 2019.

KIARASH L. MIRKIA, M.D.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. KIARASH L. MIRKIA, M.D., Certificate of Registration No. CS15197, Respondent.	)	CASE NO. 19-090-CS-S ANSWER AND NOTICE OF DEFENSE

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this __ day of June, 2019.

KIARASH L. MIRKIA, M.D.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. KIARASH L. MIRKIA, M.D., Certificate of Registration No. CS15197, Respondent.	)	CASE NO. 19-090-CS-S ANSWER AND NOTICE OF DEFENSE

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1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this __ day of June, 2019.

KIARASH L. MIRKIA, M.D.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14th day of June, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Kiarash L. Mirkia, MD
[redacted] Morro Vista Drive
Las Vegas, NV 89135

SHIRLEY HUNTING

NEVADA STATE BOARD OF MEDICAL EXAMINERS

9600 Gateway Drive
Reno, NV 89521

Rachakonda D. Prabhu, M.D.
Board Member

Edward O. Cousineau, J.D.
Executive Director

July 25, 2019

Kiarash L. Mirkia, M.D.
[redacted] Morro Vista Drive
Las Vegas, NV 89135

Via Certified Mail
Return Receipt Requested

RE: BME CASE #: 19-18826
RE: Valley Hospital Medical Center and Spring Valley Hospital Medical Center

Dear Dr. Mirkia:

We have received information regarding your June 13, 2019, summary suspension at Valley Hospital Medical Center and Spring Valley Hospital Medical Center; and the June 2019 denial of your reappointment at Valley Hospital Medical Center and Spring Valley Hospital Medical Center.

The Nevada State Board of Medical Examiners has also received information regarding medical care you provided to a patient on or about June 12, 2019, at Spring Valley Hospital Medical Center. Specifically, you performed surgery on patient Jubencia Alvirez Villalpando (DOB: 02-01-55). The patient expired the same day. It is alleged you performed a surgical procedure for which you did not have privileges.

Please provide a response to the following questions:

1. Please explain patient A[redacted] V[redacted]'s case and the medical care you provided.
2. Did you conduct a history and physical on patient Alvirez Villalpando prior to the first surgery? Can you please provide the history and physical you performed on this patient prior to the first surgery?
3. Did you obtain informed consent from the patient or the patient's family for all the procedures you performed on this patient? Can you provide the consent forms for all the procedures you performed on this patient?
4. Do you have vascular surgical privileges at Spring Valley Hospital Medical Center? If so, please provide documentation stating such. If you do not have vascular surgical privileges at Spring Valley Hospital Medical Center, then can you explain why you operated on the portal vein during this procedure?
5. During the last exploratory laparotomy it was stated a vascular surgeon was called and you were waiting for him. Can you explain why you failed to wait for the vascular surgeon at this time?
6. Please explain why a vascular surgeon was not utilized at any time during the 3 different operations?

CERTIFICATE OF CUSTODIAN OF RECORDS OR KIARASH L. MIRKIA, M.D.

STATE OF NEVADA)
) ss.
COUNTY OF _____)

NOW COMES _____ (*name of custodian of records*), who after being first duly sworn, deposes and says:

1. That I am the _____ (*position or title*) of _____ (*name of company or employer*) and in my capacity as _____ (*position or title*), I am a custodian of the records of _____ (*name of company or employer*).

2. That _____ (*name of company or employer*) is licensed to do business as a _____ in the State of Nevada.

3. That on the ____ day of the month of _____ of the year _____, I received an order for health care records in connection with the Nevada State Board of Medical Examiners Case No. **19-18826**, calling for the production of records pertaining to **Pt. Jubencia Alvirez Villalpando; 02-04-55**.

4. That I have examined the original of those records and have made or caused to be made a true and exact copy of them and the reproduction attached hereto is true and complete.

5. That the original of those records was made at or near the time of the act, event, condition, opinion or diagnosis recited therein by or from information transmitted by a person with knowledge, in the course of a regularly conducted activity of _____ (*name of company or employer*).

Executed on: _____ _____
Date *Signature of Custodian of Records / Kiarash L. Mirkia, M.D.*

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20____.

_____
NOTARY PUBLIC in and for the
County of _____, State of Nevada.

My commission expires: _____

Please provide a response to the following additional questions:

1. On June 24, 2019, you requested to change your Nevada medical license status to "Inactive", please provide the names of all hospitals and/or facilities where you held medical staff privileges prior to changing your license status to "Inactive".

2. Please provide the name and location of any and all clinics/facilities where you were providing medical services prior to changing your license status to "Inactive".

3. What is the current status of your privileges and Medical Staff membership at Valley Hospital Medical Center and Spring Valley Hospital Medical Center?

Due to the nature of the information, you may have violated the Nevada Medical Practice Act, Nevada Revised Statutes, Chapters 629 and 630, and Nevada Administrative Code, Chapters 629 and 630 (NMPA).

In order to determine whether or not there has been a violation of the NMPA, **please provide a written response to each question noted above, as well as complete health care records for the aforesaid patient. Include copies of any imaging, x-ray or other films that were produced during treatment of this patient.** Please include any further information you believe would be useful for the Board to make a determination in this matter. **Please reply to this request within 21 calendar days.**

Please return the health care records with the signed Custodian of Records Affidavit, enclosed herewith. IF YOU ARE NOT A CUSTODIAN OF THE PATIENT RECORDS, PLEASE INDICATE WHERE THE HEALTH CARE RECORDS CAN BE OBTAINED.

The Nevada State Board of Medical Examiners investigates all information received concerning possible violations of the NMPA. We make no determination as to whether or not there has been a violation of the NMPA until a thorough investigation is completed. As a physician under investigation by the Board, you are required by the NMPA to provide the requested information, and your cooperation is not subject to the whistle-blower protections provided to physicians in NRS 630.364(3).

Please be advised, depending on the facts and circumstances, you may have violated the NMPA, specifically including but not limited to: NRS 630.301(4), (6), (8), (9); and NRS 630.306(1)(e), (1)(f).

Respectfully,

Mollie Miller
Deputy Chief of Investigations

The Investigative Committee of the Board of Medical Examiners of the State of Nevada

* * * * *

In the Matter of the Investigation of:	
Kiarash L. MIRKIA, M.D.	Case No. 19-18826
License No. 12548	

ORDER TO PRODUCE HEALTH CARE RECORDS

The Investigative Committee (IC) of the Board of Medical Examiners of the State of Nevada sends greetings to:

Kiarash L. Mirkia, M.D.
[redacted] Morro Vista Drive
Las Vegas, NV 89135

Pursuant to the authority of Nevada Revised Statute (NRS) 630.311(1), the IC directs you to produce and deliver to the Nevada State Board of Medical Examiners, the materials as set forth in this Order:

1. Properly authenticated and complete copies of any and all health care records of **J[redacted] A[redacted] V[redacted]; DOB: [redacted], through the present date**.
2. The name and contact information for any entity, facility, or person that you believe may possess the health care records of **J[redacted] A[redacted] V[redacted]; DOB: [redacted], through the present date**.

Said records shall be provided to an investigator of the Nevada State Board of Medical Examiners **within 21 days of service** of this Order (Investigation Division, Attn. Mollie Miller, Nevada State Board of Medical Examiners, 9600 Gateway Drive, Reno, Nevada 89521). Failure to comply and produce said records in the aforesaid manner may subject you to potential disciplinary action, to include a violation of NRS 630.3065(2)(a) and NRS 630.3062(1)(d); further, the Investigative Committee may seek administrative sanctions as set forth in NRS 630.352.

Additionally, compliance with this order is deemed compulsory and shall not be deemed to be cooperation subject to the protections provided to a physician pursuant to NRS 630.364(3).

Dated this 25th day of July, 2019.

NEVADA STATE BOARD OF MEDICAL EXAMINERS
INVESTIGATIVE COMMITTEE

Wayne Hardwick

Wayne Hardwick, M.D., Chairman
Nevada State Board of Medical Examiners
Investigative Committee

NEVADA STATE BOARD OF MEDICAL EXAMINERS

6010 S. Rainbow Blvd., Bldg. A, Ste. 2
Las Vegas, NV 89118

Rachakonda D. Prabhu, M.D.
Board President

Edward O. Cousineau, J.D.
Executive Director

July 9, 2019

Kiarash Mirkia, M.D.
[redacted] Morro Vista Drive
Las Vegas, NV 89135

RE: BME CASE #: 19-18825
PATIENT: R[redacted] B[redacted]; DOB: [redacted]

Dear Dr. Mirkia:

We have received information and a complaint regarding your medical treatment of the above named patient. The complaint alleges your care and treatment of the above named patient may have fallen below the standard of care.

It is alleged:

1. The patient presented to you on or around February 14, 2018, at Spring Valley Hospital Medical Center located at 5400 S. Rainbow Blvd., Las Vegas, NV 89118 with a chief complaint of altered mental status and fever of 104.7.

2. You examined the patient and noted from a CT scan a mass in the patients gallbladder suggestive of cholecystitis.

It is further alleged:

3. On or around February 16, 2018, you performed a laparoscopic cholecystectomy on the patient.

4. During the procedure, you may have failed to properly identify the common bile duct and occluded the common bile duct; you may have failed to perform an intra-operative cholangiogram and/or timely convert to an open procedure; you may have failed to protect the portal vein from injury and injured the portal vein, and you may have failed to properly identify the right hepatic artery and occluded and injured the right hepatic artery.

It is further alleged:

5. You completed the laparoscopic cholecystectomy and failed to timely diagnose the iatrogenic injuries to the patient.

6. The patient suffered postoperative septic shock, as well as acute liver, renal and respiratory failure.

It is further alleged:

7. On or around March 18, 2018, the patient was transferred to UCLA for a higher level of

care and evaluation for liver transplant. It was determined the patient was not a viable candidate for liver transplant and was transported back to Las Vegas to Kindred Hospital for long term acute care. The patient succumbed on June 19, 2018, due to complications from the intra-operative injuries.

According to these allegations, you may have violated the Nevada Medical Practice Act, Nevada Revised Statutes, Chapters 629 and 630, and Nevada Administrative Code, Chapters 629 and 630 (NMPA).

In order to determine whether or not there has been a violation of the NMPA, **please provide a written response to each allegation noted above, as well as complete health care records for the aforesaid patient[s]. Include copies of any imaging, x-ray or other films that were produced during treatment of this patient.** Please include any further information you believe would be useful for the Board to make a determination in this matter. **Please reply to this request within 21 calendar days.**

Please return the health care records with the signed Custodian of Records Affidavit, enclosed herewith. If you are not a custodian of the patient records, please indicate where the health care records can be obtained.

The Nevada State Board of Medical Examiners investigates all information received concerning possible violations of the NMPA. We make no determination as to whether or not there has been a violation of the NMPA until a thorough investigation is completed. As a physician under investigation by the Board, you are required by the NMPA to provide the requested information, and your cooperation is not subject to the whistle-blower protections provided to physicians in NRS 630.364(3).

Please be advised that if the particular allegations referenced above did occur, and depending on the facts and circumstances, then you may have violated the NMPA, specifically including but not limited to: NRS 630.301(4), NAC 630.040.

Respectfully,

Kim Friedman, CMBI
Sr. Investigator
Las Vegas Office

The Investigative Committee of the Board of Medical Examiners of the State of Nevada

* * * * *

In the Matter of the Investigation of:	
Kiarash Mirkia, M.D.	Case No. 19-18825
License No. 12548	

ORDER TO PRODUCE HEALTH CARE RECORDS

The Investigative Committee (IC) of the Board of Medical Examiners of the State of Nevada sends greetings to:

Kiarash Mirkia, M.D.
[redacted]Morro Vista Drive
Las Vegas, NV 89135

Pursuant to the authority of Nevada Revised Statute (NRS) 630.311(1), the IC directs you to produce and deliver to the Nevada State Board of Medical Examiners, the materials as set forth in this Order:

1. Properly authenticated and complete copies of any and all health care records of **R[redacted] B[redacted]; DOB: [redacted] from February 14, 2018, through the present date.**
2. The name and contact information for any entity, facility, or person that you believe may possess the health care records of **R[redacted] B[redacted] DOB: [redacted] from February 14, 2018, through the present date.**

Said records shall be provided to an investigator of the Nevada State Board of Medical Examiners **within 21 days of service** of this Order (Investigation Division, Attn: Kim Friedman, Sr. Investigator, Nevada State Board of Medical Examiners, 6010 S. Rainbow Blvd., Bld. A, Suite 2 Las Vegas, NV 89118). Failure to comply and produce said records in the aforesaid manner may subject you to potential disciplinary action, to include a violation of NRS 630.3065(2)(a) and NRS

630.3062(4); further, the Investigative Committee may seek administrative sanctions as set forth in NRS 630.352.

Additionally, compliance with this order is deemed compulsory and shall not be deemed to be cooperation subject to the protections provided to a physician pursuant to NRS 630.364(3).

Dated this 9th day of July, 2019.

NEVADA STATE BOARD OF MEDICAL EXAMINERS
INVESTIGATIVE COMMITTEE

Wayne Hardwick

Wayne Hardwick, M.D., Chairman
Nevada State Board of Medical Examiners
Investigative Committee

CERTIFICATE OF CUSTODIAN OF RECORDS OR KIARASH MIRKIA, M.D.

STATE OF NEVADA)
) ss.
COUNTY OF _____)

NOW COMES _____ (*name of custodian of records*), who after being first duly sworn, deposes and says:

1. That I am the _____ (*position or title*) of _____ (*name of company or employer*) and in my capacity as _____ (*position or title*), I am a custodian of the records of _____ (*name of company or employer*).

2. That _____ (*name of company or employer*) is licensed to do business as a _____ in the State of Nevada.

3. That on the ___ day of the month of _____ of the year _____ , I received an order for health care records in connection with the Nevada State Board of Medical Examiners Case No. 19-18825, calling for the production of records pertaining to _____.

4. That I have examined the original of those records and have made or caused to be made a true and exact copy of them and the reproduction attached hereto is true and complete.

5. That the original of those records was made at or near the time of the act, event, condition, opinion or diagnosis recited therein by or from information transmitted by a person with knowledge, in the course of a regularly conducted activity of _____ (*name of company or employer*).

Executed on: _____ _____
Date *Signature of Custodian of Records*

SUBSCRIBED AND SWORN to before me this
_____ day of _____, 20____.

_____
NOTARY PUBLIC in and for the
County of _____, State of Nevada.

My commission expires: _____

NEVADA STATE BOARD OF MEDICAL EXAMINERS

6010 S. Rainbow Blvd., Bldg. A, Ste. 2
Las Vegas, NV 89118

Rachakonda D. Prabhu, M.D.
Board President

Edward O. Cousineau, J.D.
Executive Director

June 13, 2019

Kiarash Mirkia, M.D.
[redacted] Morro Vista Drive
Las Vegas, NV 89135

RE: BME CASE #: 19-18844

Dear Dr. Mirkia:

We have received information and a complaint you may be aiding and assisting in the unlicensed practice of medicine, and you may be in violation of regulations adopted by the Nevada State Board of Pharmacy.

It is alleged:

1. You may be aiding and assisting in the unlicensed practice of medicine at Vida Spa located at 3225 S. Rainbow Blvd., Ste. 107 Las Vegas, NV 89146 by allowing unlicensed individuals to perform Botox injections and Platelet-rich plasma (PRP) procedures.

2. You signed a contract as the medical director of Vida Spa effective October 10, 2018. The owner and operator of Vida Spa, Giselle Platfoot, pays you $5,000.00 a month plus 50% of all liposuction procedures you perform.

It is further alleged:

3. On October 23, 2018, an onsite inspection was conducted by the Nevada State Board of Pharmacy and the Nevada State Board of Medical Examiners at Vida Spa. During the inspection it was found that Vitrase and Xeomin vials were being stored in an unlocked refrigerator located in the staff break room.

4. Non FDA approved medications, to include Thin Body mL, Body Solution Slimming Sonic and +Plendor UP Hydration & Elasticity were also located inside the same refrigerator.

It is further alleged:

5. 30ml. Bacteriostatic 0.9% Sodium Chloride, Midazolam Hydrochloride Syrup 2mg/mL, Lidocaine 10mg/mL and Xylocaine 1000mg/30mL, was stored in an unlocked cabinet in the room where you perform liposuction procedures.

6. The owner, Giselle Platfoot who is not a licensed provider, informed investigators that all the medications were brought to Vida Spa by you, however, you may have failed to ensure the dangerous drugs, and Rx only medications, were not accessible to the unlicensed staff at Vida Spa.

It is further alleged:

7. Both you, and Giselle Platfoot, informed investigators with the Nevada State Board of Medical Examiners, as well as the investigator with the Nevada State Board of Pharmacy, your procedure when patients present to you at Vida Spa for Smartlipo procedures, you would require the patients to bring the prescription medications you prescribed on the day of the procedure, to include the controlled substance Ativan. You would take the patient specific medications from the patient, provide them with what they should take prior to the procedure, and take possession of any remaining prescription only medication and controlled substance. In addition, you would allow unlicensed individuals to "throw away" the remaining prescription only medication and controlled substance, and remove the prescription label off the bottles to dispose of them as well; however, per the Code of Federal Regulations (CFR) 1306.04(b) "A prescription may not be issued in order for an individual practitioner to obtain controlled substances for supplying the individual practitioner for the purpose of general dispensing to patients." In addition, you are not authorized by DEA to take back/possess any patient specific controlled substances.

According to these allegations, you may have violated the Nevada Medical Practice Act, Nevada Revised Statutes, Chapters 629 and 630, and Nevada Administrative Code, Chapters 629 and 630 (NMPA).

In order to determine whether or not there has been a violation of the NMPA, **please provide a written response to each allegation noted above.** Please include any further information you believe would be useful for the Board to make a determination in this matter. **Please reply to this request within 21 calendar days.**

The Nevada State Board of Medical Examiners investigates all information received concerning possible violations of the NMPA. We make no determination as to whether or not there has been a violation of the NMPA until a thorough investigation is completed. As a physician under investigation by the Board, you are required by the NMPA to provide the requested information, and your cooperation is not subject to the whistle-blower protections provided to physicians in NRS 630.364(3).

Please be advised that if the particular allegations referenced above did occur, and depending on the facts and circumstances, then you may have violated the NMPA, specifically including but not limited to: NRS 630.301(4),(9), NRS 630.305(1)(e),(1)(f), NRS 630.306(1)(b)(3),(1)(c),(1)(g),(1)(r), NRS 630.3062(1)(h), NAC 630.830(1), NAC 630.230(1)(g), (1)(h) and NAC 630.040.

Respectfully,

Kim Friedman, CMBI
Sr. Investigator
Las Vegas Office

The Investigative Committee of the Board of Medical Examiners of the State of Nevada

* * * * *

In the Matter of the Investigation of:	
Kiarash Mirkia, M.D.	Case No. 19-18844
License No. **12548**	

ORDER TO PRODUCE HEALTH CARE RECORDS

The Investigative Committee (IC) of the Board of Medical Examiners of the State of Nevada sends greetings to:

Kiarash Mirkia, M.D.
[redacted] Morro Vista Drive
Las Vegas, NV 89135

Pursuant to the authority of Nevada Revised Statute (NRS) 630.311(1), the IC directs you to produce and deliver to the Nevada State Board of Medical Examiners, the materials as set forth in this Order:

1. A formal written response to the allegations regarding the letter dated June 25, 2019.
2. A complete list of any and all employees, agents and/or contractors of Vida Spa located at 3225 S. Rainbow Blvd., Ste. 107 Las Vegas, NV 89146.
3. A copy of the contract and/or agreement between Vida Spa, yourself, and the employees, agents and/or contractors of Vida Spa.
4. A complete copy of your schedule at Vida Spa from October 10, 2018, through current.
5. A copy of the policy and procedures for Vida Spa.
6. A copy of the personnel file(s) of all employees of Vida Spa from October 10, 2018, through current.
7. A list of patient names and DOB's for any and all patients of Vida Spa from October 10, 2018, through current.

Said response shall be provided to an investigator of the Nevada State Board of Medical Examiners **within 21 days of service** of this Order (Investigation Division, Attn. Kim Friedman, Sr. Investigator, Nevada State Board of Medical Examiners, 6010 S. Rainbow Blvd., Bldg. A, Suite 2 Las Vegas, NV 89118.) Failure to comply and produce said response in the aforesaid manner may subject you to potential disciplinary action, to include a violation of NRS 630.3065(2)(a) and NRS 630.3062(4); further, the Investigative Committee may seek administrative sanctions as set forth in NRS 630.352.

Additionally, compliance with this order is deemed compulsory and shall not be deemed to be cooperation subject to the protections provided to a physician pursuant to NRS 630.364(3).

Dated this 25th day of June, 2019.

NEVADA STATE BOARD OF MEDICAL EXAMINERS
INVESTIGATIVE COMMITTEE

Wayne Hardwick

Wayne Hardwick, M.D., Chairman
Nevada State Board of Medical Examiners
Investigative Committee

CERTIFICATE OF CUSTODIAN OF RECORDS OR KIARASH MIRKIA, M.D.

STATE OF NEVADA)
) ss.
COUNTY OF _____)

NOW COMES _____ *(name of custodian of records)*, who after being first duly sworn, deposes and says:

1. That I am the _____ *(position or title)* of _____ *(name of company or employer)* and in my capacity as _____ *(position or title)*, I am a custodian of the records of _____ *(name of company or employer)*.

2. That _____ *(name of company or employer)* is licensed to do business as a _____ in the State of Nevada.

3. That on the ___ day of the month of _____ of the year _____, I received an order for health care records in connection with the Nevada State Board of Medical Examiners Case No. 19-18844, calling for the production of records pertaining to _____.

4. That I have examined the original of those records and have made or caused to be made a true and exact copy of them and the reproduction attached hereto is true and complete.

5. That the original of those records was made at or near the time of the act, event, condition, opinion or diagnosis recited therein by or from information transmitted by a person with knowledge, in the course of a regularly conducted activity of _____ *(name of company or employer)*.

Executed on: _____ _____
Date *Signature of Custodian of Records*

SUBSCRIBED AND SWORN to before me this
____ day of _____, 20__.

_____
NOTARY PUBLIC in and for the
County of _____, State of Nevada.

My commission expires:_____

Electronically Filed
11/7/2018 10:19 AM
Steven D. Grierson
CLERK OF THE COURT

NOTC
Paul D. Powell, Esq.
Nevada Bar No. 7488
Michael A. Kristof, Esq.
Nevada Bar No. 7780
The Powell Law Firm
6785 W. Russell Road, Suite 210
Las Vegas, Nevada 89118
paul@tplf.com
Phone: (702) 728-5500
Facsimile: (702) 728-5501

Attorneys for Plaintiff

DISTRICT COURT

CLARK COUNTY, NEVADA

PLEASE VACATE ALL FUTURE HEARING DATES

DOE PLAINTIFF I, individually, Plaintiff, vs. KIARASH MIRKIA, individually; DOES I-X, and ROE CORPORATIONS I-X, inclusive, Defendants.	CASE NO. A-18-779085-C DEPT. NO. XI **NOTICE OF VOLUNTARY DISMISSAL**

Pursuant to NRCP 41(a)(i), neither answer nor motion for summary judgment having been served by the Defendant, or any other party in this matter, the above-entitled matter is hereby dismissed without prejudice against Defendant.

DATED this 5 day of November, 2018.

THE POWELL LAW FIRM

Paul D. Powell, Esq.
Nevada Bar No. 7488
Michael A. Kristof, Esq.
Nevada Bar No. 7780
6785 W. Russell Road, Suite 210
Las Vegas, NV 89118

☐ Summary Judgment
☐ Stipulated Judgment
☐ Default Judgment
☐ Judgment of Arbitration

☒ Voluntary Dismissal
☐ Involuntary Dismissal
☐ Stipulated Dismissal
☐ Motion to Dismiss by Deft(s)

NEVADA STATE BOARD OF MEDICAL EXAMINERS

9600 Gateway Drive
Reno, NV 89521

Rachakonda D. Prabhu, M.D.
Board President

Edward O. Cousineau, J.D.
Executive Director

RECEIVED
DEC 20 2019
BY:

December 18, 2019

Kiarash Mirkia, M.D.
[redacted] Morro Vista Drive
Las Vegas, Nevada 89135

Re: BME Case Number 18-17883
Re: Nikita Clark - Patient

Dear Dr. Mirkia,

As you recall, The Nevada State Board of Medical Examiners (Board) received a complaint regarding your care of the above named patient.

The Investigative Committee of the Board, pursuant to the requirements of Nevada Revised Statute 630.311, conducted an investigation to determine whether or not a violation of any of the provisions of the Medical Practice Act (Chapter 630 of the Nevada Revised Statutes) had occurred. The law of the state of Nevada does not require that the committee file a formal complaint with the Board, even if it has determined that there has been a violation.

The Investigative Committee (IC) of the Board has determined that it will not file a formal complaint with the Board and the above case will be closed without formal action.

This determination should not be considered by you or anyone else that the IC or the Board has made a determination that you did or did not violate the Medical Practice Act, and the use of the content of this letter to either support or defend any civil cause of action would, in the opinion of the Board, be inappropriate.

Very truly yours,

M. Neil Duxbury

M. Neil Duxbury
Committee Chairman
Investigative Committee of the Board
MND: smh

NEVADA STATE BOARD OF MEDICAL EXAMINERS
9600 Gateway Drive
Reno, NV 89521

Rachakonda D. Prabhu, M.D.
Board President

Edward O. Cousineau, J.D.
Executive Director

December 9, 2020

Kiarash Mirkia, M.D.
c/o Keith Weaver, Esq.
Lewis, Brisbois, Bisgaard & Smith, LLP
6385 South Rainbow Blvd., Suite 600
Las Vegas, NV 89118

Re: Compliance Case #20-32904-1

Dear Dr. Mirkia:

On December 4, 2020, the Nevada State Board of Medical Examiners, approved and accepted the Settlement Agreement regarding the complaint filed on Case No. 20-32904-1 finding the following:

- Respondent admits to Count I of the Complaint, one (1) violation of NRS 630.301(4), Malpractice.

As a result the Board entered its **ORDER** as follows:

- Respondent shall be prohibited from performing general surgery until further order of the Board;
- Respondent's license shall be subject to a term of probation for a period of time not to less than twenty-four (24) months from the date of the Board's acceptance, adoption and approval of this Agreement (Probationary Period). Respondent must complete the following terms and conditions and demonstrate completion of or compliance them to the good faith satisfaction of the Board before the expiration of the Probationary Period, or before Respondent resumes the practice of medicine in Nevada during this Probationary Period, whichever is first;
    - Respondent shall pay a fine of five thousand dollars ($5,000.00) within sixty (60) days;
    - Respondent shall pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within sixty (60) days, the current amount being seven thousand three hundred thirty-seven dollars and twenty-eight cents ($7,337.28);
    - Respondent shall take twenty (20) hours of continuing medical education (CME) on Medical Ethics and Boundaries within sixty (60) days;
    - Respondent shall complete a Physician Assessment and Competency Evaluation (PACE) Program examination of his clinical competency, and a Fitness For Duty (FFD) examination;

- During the Probationary Period, Respondent shall not supervise any Physician Assistant, or collaborate with any Advanced Practice Registered Nurse;
- Within twenty-four (24) months, or before Respondent resumes the practice of medicine in Nevada during this Probationary Period, whichever is first, Respondent shall appear before the Board at a public meeting and demonstrate completion of or compliance with all the terms of this Agreement, at which time, Respondent may submit a Petition for Status Change to Active in accord with the requirement set forth in NRS 630.255(4)-(5), and petition the Board to permit Respondent to resume the active practice of medicine, which petition shall be considered by the Board in good faith;
- Respondent shall receive a Public Letter of Reprimand;
- All claims and allegations arising from Board Investigative Case Nos. 19-18849, 19-18826, 19-18825, 19-18817, 18-18275, 18-18141 and 18-17995 shall be dismissed with prejudice.

Your compliance with the terms and conditions pertaining to **CME's** will be monitored by Johnna S. LaRue, CMBI, Compliance Officer. Please contact me at (775) 324-9377 for any questions or concerns regarding CME's.

Your compliance with the terms and conditions pertaining to **Administrative Costs and Fines** will be monitored by Donya Jenkins, Finance Manager. Please contact Ms. Jenkins at (775) 324-9354 for any questions or concerns regarding payment of costs and fines.

Included in the Order are mandatory actions that you must fulfill some of which include:

1.) The fine in the amount of $5,000 is due by February 2, 2021.

2.) The costs in the amount of $7,337.28 are due by February 2, 2021.

3.) The 20 hours of CME on Medical Ethics and Boundaries must be completed by February 2, 2021. Please keep in mind that the CME must be pre-approved so you must submit to me a synopsis of the CME well in advance of the due date. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada and shall be approved by the Board to meet this requirement prior to their completion.

4.) The Physician Assessment and Competency Evaluation (PACE) Program examination and a Fitness For Duty (FFD) examination are due by December 4, 2022. The examination shall be conducted by a provider approved by the Board in advance of the examination. The examiner shall, within sixty (60) days of the completion of the examination, render an opinion and report to the Board regarding Respondent's competency and fitness for duty, noting any concerns or deficiencies and areas of necessary improvement or recommended treatment. The examination and report shall be performed at Respondent's sole expense.

Please contact me, in writing **within 21 days** and provide the most expeditious method of contacting you. Thereafter, please update me immediately upon any change in your contact information. You may mail the information to the address below, fax it to 775-688-2553 or e-mail it to me at jlarue@medboard.nv.gov.

In addition, any additional information required from you should be submitted to the same contact numbers and address.

If you have any questions please call or write. Thank you for your cooperation on this matter.

Respectfully,

Johnna S. LaRue, CMBI
Compliance Officer/Senior Investigator
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521
(775) 324-9377

NEVADA STATE BOARD OF MEDICAL EXAMINERS
9600 Gateway Drive
Reno, NV 89521

Rachakonda D. Prabhu, M.D.
Board President

Edward O. Cousineau, J.D.
Executive Director

December 11, 2020

Kiarash Mirkia, M.D.
c/o Keith Weaver, Esq.
Lewis, Brisbois, Bisgaard & Smith, LLP
6385 South Rainbow Blvd., Suite 600
Las Vegas, NV 89118

Re: In the Matter of Charges and Complaint Against Kiarash L. Mirkia, M.D.
BME Case No. 20-32904-1

Dr. Mirkia:

On December 4, 2020, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated NRS 630.301(4), as set forth in the Complaint. For the same you shall pay a fine in the amount of three thousand dollars ($3,000.00); you shall pay the Board's fees and costs incurred in the investigation and prosecution of this matter; you shall be prohibited from performing general surgery in Nevada until further order of the Board; your license to practice medicine in Nevada shall be placed on probation for a period of time not less than twenty-four (24) months, subject to various terms and conditions; you shall complete twenty (20) hours of continuing medical education (CME), the aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon you as a condition of licensure in the State of Nevada; you shall complete a Physician Assessment and Competency Evaluation (PACE) Program examination of your clinical competency and a Fitness for Duty (FFD) examination, the examination shall be conducted pursuant to NRS 630.318, shall be conducted by a provider approved by the Board in advance, and the examiner shall, within sixty (60) days of completion of the examination, render an opinion and report to the Board, the examination and report shall be performed at your sole expense; you shall not supervise any physician assistant or collaborate with any advanced practice registered nurse in Nevada during the probationary period; and you shall be publicly reprimanded.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

D Prabhu Rachakonda MD

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against KIARASH L. MIRKIA, M.D., Respondent.	**Case No. 20-32904-1**

FILED
DEC - 4 2020
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, Esq., Senior Deputy General Counsel for the Board and attorney for the IC, and Kiarash L. Mirkia, M.D. (Respondent), a licensed physician in Nevada, assisted by his attorney, Keith Weaver, Esq., of the law firm of Lewis Brisbois Bisgaard & Smith, LLP, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

A. BACKGROUND

1. Respondent is a medical doctor currently licensed in inactive status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act). His license was originally issued on December 1, 2007 (License No. 12548).

2. On November 30, 2020, in Case No. 20-32904-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges one (1) violation of NRS 630.301(4), Malpractice.

3. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

[1] All agreements and admissions made by Respondent are solely for final disposition of these matters and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

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4. Respondent was properly served with a copy of the Complaint, has reviewed and understands the Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of the Complaint.

5. Respondent is hereby advised of his rights regarding these administrative matters, and of his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in these administrative matters as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at his own expense, in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

6. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

7. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

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B. TERMS & CONDITIONS

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction**. Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**. Respondent acknowledges he is represented by counsel, and wishes to resolve the matters addressed herein with said counsel. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to have a full consultation with and upon the advice of legal counsel.

3. **Waiver of Rights**. In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with these administrative matters. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

4. **Acknowledgement of Reasonable Basis to Proceed**. As of the time of entering into this Settlement Agreement, the allegations of the Complaint remain unproven. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges

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that Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts that if these matters were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the count/claim alleged in the Complaint, but for the purposes of resolving these matters and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order.** In order to resolve the Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to Count I of the Complaint, one (1) violation of NRS 630.301(4), Malpractice.

b. Respondent shall be prohibited from performing general surgery in the State of Nevada until further order of the Board.

c. Respondent's license shall be subject to a term of probation for a period of time not to less than twenty-four (24) months from the date of the Board's acceptance, adoption and approval of this Agreement (Probationary Period). Respondent must complete the following terms and conditions and demonstrate completion of or compliance them to the good faith satisfaction of the Board before the expiration of the Probationary Period, or before Respondent resumes the practice of medicine in Nevada during this Probationary Period, whichever is first; if Respondent fails to demonstrate compliance with the terms and conditions of this Agreement during the Probationary Period, or otherwise violates the terms of this Agreement or the Medical Practice Act, then the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order To Show Cause Hearing, which hearing will be duly noticed. Respondent shall complete or comply with the following terms and conditions during the Probationary Period:

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i. Respondent shall pay a fine of three thousand dollars ($3,000.00) within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement.

ii. Respondent shall pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement, the current amount being seven thousand three hundred thirty-seven dollars and twenty-eight cents ($7,337.28), not including any costs that may be necessary to finalize this Agreement.

iii. Respondent shall take twenty (20) hours of continuing medical education (CME) on Medical Ethics and Boundaries within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the state of Nevada and shall be approved by the Board to meet this requirement prior to their completion.

iv. Respondent shall complete a Physician Assessment and Competency Evaluation (PACE) Program examination of his clinical competency, and a Fitness For Duty (FFD) examination. The examination shall be conducted pursuant to and in accord with NRS 630.318. The examination shall be conducted by a provider approved by the Board in advance of the examination. The examiner shall, within sixty (60) days of the completion of the examination, render an opinion and report to the Board regarding Respondent's competency and fitness for duty, noting any concerns or deficiencies and areas of necessary improvement or recommended treatment. The examination and report shall be performed at Respondent's sole expense.

v. During the Probationary Period, Respondent shall not supervise any Physician Assistant, or collaborate with any Advanced Practice Registered Nurse, in the State of Nevada.

vi. Within twenty-four (24) months, or before Respondent resumes the practice of medicine in Nevada during this Probationary Period, whichever is first, Respondent shall appear before the Board at a public meeting and demonstrate completion of or compliance

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with all the terms of this Agreement, at which time, Respondent may submit a Petition for Status Change to Active in accord with the requirement set forth in NRS 630.255(4)-(5), and petition the Board to permit Respondent to resume the active practice of medicine, which petition shall be considered by the Board in good faith.

d. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

e. Respondent shall receive a Public Letter of Reprimand.

f. All other claims and allegations arising from the Complaint shall be dismissed with prejudice.

6. **Release From Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

7. **Procedure for Adoption of Agreement** The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of the Complaint at an upcoming Board meeting at the Board's earliest convenience, and Respondent hereby waives notice of the same, whether under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, or otherwise. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

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Respondent acknowledges that such contacts and communications may be made or conducted ex parte, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to these matters. The IC and its counsel agree that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and any and all remaining claims arising out of the Complaint shall be dismissed with prejudice.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering the Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

10. **Binding Effect**. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause**. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the parties consent to such jurisdiction and agree that jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

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12. **Attorneys' Fees and Costs.** The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. **Failure to Comply With Terms.** Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order To Show Cause Hearing on revocation, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a). Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to any civil and administrative collection efforts available.

DATED this 30 day of November 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
Aaron Bart Fricke, Esq., Senior Deputy General Counsel
Attorney for the Investigative Committee

DATED this 30th day of November 2020.

LEWIS BRISBOIS BISGAARD & SMITH, LLP

By: _____
Keith Weaver, Esq.
Attorney for Respondent

DATED this 25 day of November 2020.

_____
Kiarash L. Mirkia, M.D., Respondent

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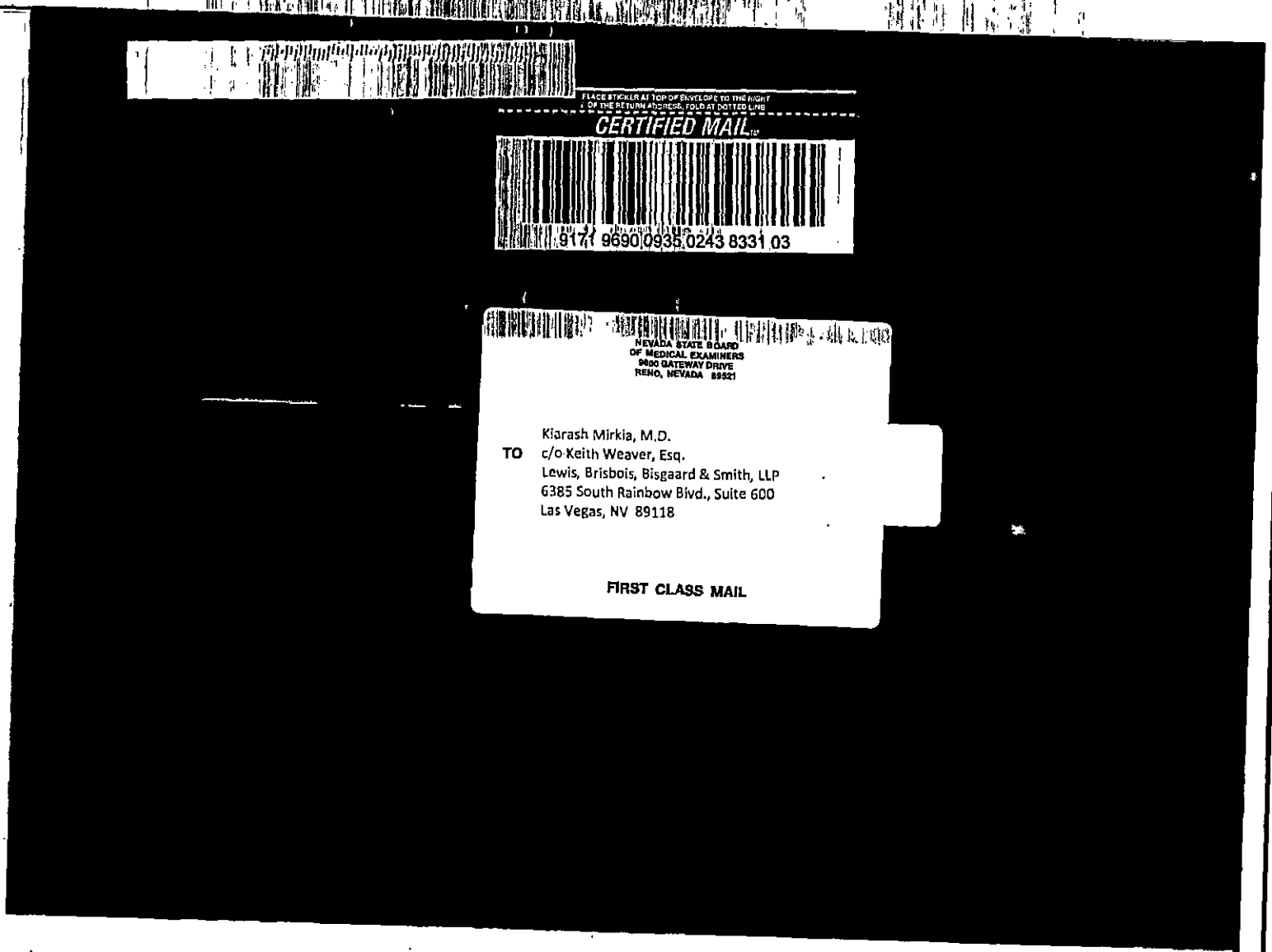
ORDER

IT IS HEREBY ORDERED, that the foregoing Settlement Agreement (Case No. 20-32904-1) was approved and accepted by the Nevada State Board of Medical Examiners on the 4th day of December, 2020, with the final total amount of costs due of seven thousand three hundred thirty-seven dollars and twenty-eight cents ($7,337.28).

DATED this 4th day of December, 2020.

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

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Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 895521
(775) 688-2559


PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE
CERTIFIED MAIL
9171 9690 0935 0243 8331 03
NEVADA STATE BOARD
OF MEDICAL EXAMINERS
9600 GATEWAY DRIVE
RENO, NEVADA 89521
TO
Kiarash Mirkia, M.D.
c/o Keith Weaver, Esq.
Lewis, Brisbois, Bisgaard & Smith, LLP
6385 South Rainbow Blvd., Suite 600
Las Vegas, NV 89118
FIRST CLASS MAIL

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of the License to Practice Medicine of: **KIARASH L. MIRKIA, M.D.,** **Licensee.**	**License No. 12548**

FILED
SEP 21 2022
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

ORDER MODIFYING STATUS AND CONDITIONS OF LICENSE

On December 4, 2020, a Settlement Agreement (Agreement) was entered into by the Licensee and the Investigative Committee (IC) wherein it was agreed that Kiarash L. Mirkia, M.D. (Dr. Mirkia) would be subject to a term of probation for "not less than twenty-four (24) months" from the date of acceptance and approval of the Agreement. *See* Settlement Agreement, p. 4 at 5(c). This probationary period was scheduled to expire on December 4, 2022. Subsequently, Dr. Mirkia requested that his license be deemed "Inactive" and his licensure status was updated to "Inactive – Probation."

On September 16, 2022, Dr. Mirkia personally appeared before the Nevada State Board of Medical Examiners (Board) at its regularly scheduled meeting and requested a change to the status of his medical license. He requested that his license status be changed from "Inactive – Probation" to "Active."

After considering the request and discussion, the Board enters the following order:

IT IS HEREBY ORDERED that Dr. Mirkia's probation is terminated. His license status shall be changed to "Active – With Conditions." The condition placed on Dr. Mirkia's license is

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that he must have a chaperone, who is the same gender as the patient, present at every patient interaction until further order of the Board.

DATED this 21st day of September, 2022.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

AURY NAGY, M.D.
President of the Board

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
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Reno, Nevada 89521
(775) 688-2559

16B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE TO PRESCRIBE

Rev (05/19/2021)

What types of drug(s) will you be prescribing?

☐ Dangerous Drugs ONLY **(Non-Refundable $80 Fee)**

■ Dangerous Drugs AND Controlled Substances (CS) II, III, IV and/or IV **(Non-Refundable $200 Fee). When the Nevada State Board of Pharmacy receives your completed application, you will receive an email with DEA and PMP registration instructions, and a PENDING CS registration number so that you may apply for your DEA registration. DO NOT apply for a DEA registration before receiving your PENDING CS registration number.**

Section 1: Personal Information (NAC 639.850)

First: Rebecca Middle: Ann Last: Reilly

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Home Address: [redacted] Hummingbird Hill Ave.

City: Henderson State: NV Zip Code: 89074

Telephone: [redacted] Email: [redacted]

APRN License #: 839946 Specialty: Family Practice

(You **must have a current license and active-PRESCRIBING status** with the Nevada State Board of Nursing to apply for and maintain a prescribe or a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name: Doctors Center

Practice Address: 2801 N. Tenaya Way Suite #: C

City: Las Vegas State: NV Zip: 89128

Telephone: 702-684-7800 Fax: 702-684-7878 Email: doctorscenterlv@gmail.com

Section 3: NRS 632.237 (Complete this section if you are applying to also prescribe SCHEDULED II CS).

An advanced practice registered nurse may apply to prescribe CS listed in schedule II if they meet one of the following qualifications (please mark that apply):

☐ I have at least 2 years or 2,000 hours of clinical experience; OR

■ The CS will be prescribed pursuant to a protocol approved by a collaborating physician. (If you marked this answer, provide the information as requested below per NAC 639.850.)

Collaborating Physician Name: Dr. Leo Capobianco

Collaborating Physician Practice Address: 2801 N. Tenaya Way Suite #: C

City: Las Vegas State: NV Zip: 89128

Telephone: 702-684-7800 Fax: 702-684-7878 Email: doctorscenterlv@gmail.com

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 6: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Rebecca Reilly
Applicant Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/22/2022
Date

COLLABORATING PHYSICIAN's name and signature per Section 3 of the application (if applicable):

Dr. Leo Capobianco
Collaborating Physician's Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/25/22
Date

Board Use Only: Date Processed: _____ Amount: 200 cc

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
REILLY, REBECCA ANN	APRN-CNP	839946	Active Prescribing - CII	03/19/2021	10/02/2022	NO

Advanced Practice license/recognition information

- Population Focus / Specialty:
  - Focus/Specialty: Family Across the Lifespan
  - Has discipline: NO
  - Expiration Date: 10/02/2022
  - Original Issuance Date: 03/19/2021
  - Current Issue Date: 03/19/2021
  - Certification expiration date: 02/28/2026

License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

Nevada State Board of
NURSING
Primary Source License Verification

ViewReportHeaderTitle

Primary Source Board of Nursing Report Summary for

REBECCA ANN REILLY

Tuesday, May 24 2022 11:58:47 AM

The legend below provides details related to the statuses for advanced practice registered nurses (APRNs) only

Active– *ascribed to APRNs who meet the requirements for licensure, but do not meet the requirements, or have not applied for, prescribing privileges.*

Active Prescribing– *ascribed to all APRNs who have been granted authority to prescribe all legend drugs and may include Schedule CIII-V*

Active Prescribing – CII – *ascribed to all APRNs who have been granted authority to prescribe within the Schedule CII-V category, and is not required to protocol with a collaborative physician.*

Active Prescribing-CII-COLL *– ascribed to all APRNs who have been granted authority to prescribe within the Schedule CII-V category, and have provide his/her current protocol with a collaborative physician.*

Active Prescribing -D– *ascribed to all APRNs who have been granted authority to prescribe and dispense all legend drugs and may include Schedule CIII-V*

Active Prescribing – CII – D *ascribed to all APRNs who have been granted authority to prescribe and dispense within the Schedule CII-V category, and is to obtain a protocol with a collaborative physician.*

Active Prescribing-CII-COLL –D *ascribed to all APRNs who have been granted authority to prescribe and dispense within the Schedule CII-V category, an provided a copy of his/her current protocol with a collaborative physician.*

APRNs must also apply with the Nevada State Board of Pharmacy and/or DEA before they can prescribe in Nevada.

If an APRN wishes to remove the protocol requirement they must submit a letter on letterhead from their employer to the Nevada State Board of Nursing ve they have worked a minimum of 2 years or 2,000 hours as an APRN.

Details related to License / Certificate Status can be found at the bottom of this page.

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
REILLY, REBECCA ANN	RN	RN94296	Active	06/13/2017	10/02/2022	NO

16C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (05/19/2021)

(This application cannot be used by PA's or APRN's)

Section 1: Personal Information

First: James Middle: Joseph Last: Zubernis

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Home Address: [redacted] Green Oak Circle

City: Thomaston State: GA Zip: 30286

Telephone: [redacted] Email: [redacted]

Degree: DO Practitioner License #: DO3250 Specialty: OB/GYN

(You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): Banner Health Clinic Fallon

Practice Address: 801 E Williams Street Suite #: 2207

City: Fallon State: NV Zip:

Telephone: 775-867-7740 Fax: 775-423-4646 Email: brenna.goings@bannerhealth.com

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✓	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
Suspension/Reinstatement	Pennsylvania	10/18/2001	127953-01

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James Zubernis — Print Name (First, Last)

8/9/2022 — Date

Original Signature (electronic, copies or stamps not accepted)

8/9/2022 — Date

Board Use Only: Date Processed: _____ Amount: 200.00 CC ✓ process 8/18/22

Recd - 8.17.22

James J. Zubernis, DO, FACOOG
[redacted]Green Oak Circle
Thomaston GA 30286

[redacted]

August 12, 2022

To Whom It May Concern:

On October 18, 2001 pursuant to a Consent Agreement and Order between the Pennsylvania State Board of Osteopathic Medicine and myself, my medical license (No. OS-007647-L) was suspended for at least three (3) years with an immediate stay and probation with conditions to be served in lieu of the suspension.

The suspension and probation were due to improper prescribing of a controlled substance to my former spouse in an attempt to treat her migraine headaches.

As there was an immediate stay, I continued to practice under the consent agreement and at no time did I stop practicing and I have practiced continuously since completing my residency in 1994.

The wording of the action in the National Practitioner Data Bank is:

> "Indefinite suspension for at least three years, stayed in favor of at least three years probation subject to conditions. Based on inability to practice with reasonable skill and safety by reason of illness, addiction to drugs or alcohol, or mental impairment."
>
> Basis for Action: Improper prescribing or dispensing.

In June of 2000 I had entered into a voluntary agreement with the Physician's Health Program (PHP) of the Pennsylvania Medical Society. My former spouse was a physician's assistant and I had sought help for her chemical dependency through PHP. PHP requested my participation as the physician spouse of a chemically dependent health care provider and to provide advocacy and documentation for me as the non-chemical dependent partner.

I was evaluated by the PHP who determined me to be codependent in providing narcotic prescriptions for my former spouse but not suffering from chemical dependency myself. The PHP enrolled me in a monitoring agreement, had me participate in psychological counselling for my codependence and did random urine toxicology screening to document my drug free status.

My diagnosis of codependency was the basis for the stipulation of mental impairment in the license sanction.

My participation with the PHP from June of 2000 led the PA State Board of Osteopathic Medicine to rescind my probation on June 30, 2003, sixteen months early.

My Pennsylvania license is currently inactive but was in good standing at the time I inactivated it.

My participation with PHP ended in December 2004 in good standing.

The DEA did not express any concern or impose any action against me. This action has not proven to be a barrier to licensing in any state or obtaining privileges/credentialing with any healthcare organization, malpractice carrier or insurer.

If you have any additional concerns or questions, please feel free to contact me at [redacted]

Sincerely,

James J. Zubernis, DO, FACOOG

PROTHONOTARY
2003 JUN 30 PM 3:16
Department of State

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF OSTEOPATHIC MEDICINE

Commonwealth of Pennsylvania,	:	
Bureau of Professional and	:	**Docket No. 0839-53-03**
Occupational Affairs	:	
	:	**File No. 03-53-05696**
v.	:	
	:	
James J. Zubernis, D.O.	:	
Respondent	:	

ORDER REINSTATING LICENSE

AND NOW, this 30th day of June, 2003, upon consideration of the Respondent's Petition for Reinstatement, and the Commonwealth's recommendation that probation be terminated, and finding the Respondent is in compliance with the Board's October 18, 2001 Order, the State Board of Osteopathic Medicine finds that the Respondent has completed the terms of probation outlined in the Board's Order of October 18, 2001, at File No. 00-53-00769. The Board therefore **ORDERS** that the Respondent's license to practice osteopathic medicine, license number OS-007647-L, is hereby **REINSTATED** to unrestricted, non-probationary status.

This order shall take effect immediately.

BY ORDER:

STATE BOARD OF OSTEOPATHIC MEDICINE

Thomas R. Czarnecki, D.O.,
Chairman

Respondent's Attorney:	John A. Knapp, Esquire Katherine M. Layman, Esquire 1900 Market Street Philadelphia, PA 19103
Prosecuting Attorney:	Benjamin A. Cero, Esquire P.O. Box 2649 Harrisburg, PA 17105-2649
Case Manager:	Harold Rozzelle Professional Health Monitoring Programs P.O. Box 2649 Harrisburg, PA 17105-2649
Board Counsel:	Amy L. Nelson, Counsel P.O. Box 2649 Harrisburg, PA 17105-2649
Date of Mailing:	June 30, 2003

PROTHONOTARY
2001 OCT 18 AM 8:33
Department of State

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF OSTEOPATHIC MEDICINE

Commonwealth of Pennsylvania,	:	
Bureau of Professional and	:	
Occupational Affairs	:	
	:	**Docket No.** 1279 **53-01**
vs.	:	**File No. 00-53-00769**
	:	
James Joseph Zubernis, D.O.	:	
Respondent	:	

COPY

CONSENT AGREEMENT AND ORDER

The Commonwealth and Respondent stipulate as follows in settlement of the above-captioned case.

1. This matter is before the State Board Of Osteopathic Medicine ("Board") pursuant to the Osteopathic Medical Practice Act, 63 P.S. §271.1 et seq.

2. At all relevant and material times, James Joseph Zubernis, D. ("Respondent") held a license to practice osteopathic medicine in the Commonwealth of Pennsylvania, License No.OS-007647-L.

3. The Respondent admits that the following facts are true:

a. Respondent's license is current through October 31, 2002 and may be renewed thereafter upon the filing of the appropriate documentation and payment of the necessary fees.

b. Respondent's last address on file with the Board is 1501 Lansdowne Avenue, Suite 101, Darby, PA 19023.

c. Respondent last practiced at Darby, PA.

d. Respondent has self-prescribed Stadol for migraine headaches. At the time he did so, it was a prescription, but, not a scheduled drug under the Controlled Substance, Drug, Device and Cosmetic Act, 35 P.S. §780-101 et seq.

e. Shortly after Stadol became a scheduled drug, Respondent stopped self-prescribing the drug, and subsequently stopped taking the drug altogether.

f. Respondent never consulted with another physician before self-prescribing Stadol.

g. Respondent's spouse, Margaret T. Zubernis, has abused the prescription drug Stadol for several years.

h. Respondent has prescribed Stadol for his wife on numerous occasions.

i. As a result of his wife's co-dependent drug abuse, Respondent has suffered marital and employment problems.

4. Based upon the factual allegations in paragraph 3 above, the Board is authorized to suspend, revoke or otherwise restrict Respondent's license under the Act.

5. The parties consent to the issuance of the following Order in settlement of this matter:

a. The Board is authorized to suspend, revoke or otherwise restrict Respondent's license under 63 P.S. §271.15(a)(5) in that Respondent is unable to practice the profession with reasonable skill and safety to patients by reason of illness, addiction to drugs or alcohol, or mental impairment.

b. Respondent's license, No.OS-007647-L, is indefinitely SUSPENDED for no less than three (3) years, such suspension to be immediately STAYED in favor

of no less than three (3) years of PROBATION, said probation to be subject to the following terms and conditions:

GENERAL

(1) Respondent shall fully and completely comply and cooperate with the Bureau of Professional and Occupational Affairs, Professional Health Monitoring Program, Disciplinary Monitoring Unit ("DMU") and its agents and employees in their monitoring of Respondent's impairment under this Consent Agreement and Order ("Agreement").

(2) Respondent shall abide by and obey all laws of the United States, the Commonwealth of Pennsylvania and its political subdivisions and all rules and regulations and laws pertaining to the practice of the profession in this Commonwealth or any other state or jurisdiction in which Respondent holds a license to practice the profession. Summary traffic violations shall not constitute a violation of this Agreement.

(3) Respondent shall at all times cooperate with the DMU and its agents and employees in the monitoring, supervision and investigation of Respondent's compliance with the terms and conditions of this Agreement, including requests for, and causing to be submitted at Respondent's expense, written reports, records and verifications of actions that may be required by the DMU.

(4) Respondent's failure to fully cooperate with the DMU shall be deemed a violation of this Agreement.

(5) Respondent shall not falsify, misrepresent or make material omission of any information submitted pursuant to this Agreement.

(6) Respondent may not be absent from the Commonwealth of Pennsylvania for any period exceeding twenty (20) days unless Respondent seeks and receives prior written permission from the DMU subject to any additional terms and conditions required by the DMU.

(7) In the event Respondent relocates to another jurisdiction, within five days (5) days of relocating Respondent shall either enroll in the other jurisdiction's impaired professional program and have the reports required under this Agreement sent to the Pennsylvania DMU, or if the other jurisdiction has no impaired professional program, Respondent shall notify the licensing board of the other jurisdiction that Respondent is impaired and enrolled in this Program. In the event Respondent fails to do so, in addition to being in violation of this Agreement, the periods of suspension and probation shall be tolled.

(8) Respondent shall notify the DMU in writing within five (5) days of the filing of any criminal charges against Respondent,

the initiation of any legal action pertaining to Respondent's practice of the profession, the initiation of charges, action, restriction or limitation related to Respondent's practice of the profession by a professional licensing authority of any state or jurisdiction or the Drug Enforcement Agency of the United States Department of Justice, or any investigation, action, restriction or limitation related to Respondent's privileges to practice the profession at any health care facility.

(9) Respondent shall notify the DMU by telephone within 48 hours and in writing within five (5) days of any change of Respondent's home address, phone number, employment status, employer and/or change in practice at a health care facility. Failure to timely advise the DMU under this subsection due to the DMU office being closed is not an excuse for not leaving a voice mail message with this information.

EVALUATION - TREATMENT

(10) If an assessment/treatment evaluation has not been done by a DMU-approved provider within thirty (30) days prior to the effective date of this Agreement, or within thirty (30) days subsequent to the effective date of this Agreement, Respondent shall have forwarded to the DMU, P.O. Box 10749, Harrisburg, PA 17105-0749, (717) 783-4857, a written evaluation by a DMU-approved provider

assessing Respondent's fitness to actively practice the profession. If the provider determines that Respondent is not fit to practice, Respondent shall immediately cease practicing the profession and not practice until a DMU-approved provider and the DMU case manager determine that Respondent is fit to resume practice with reasonable skill and safety to patients.

(11) Respondent shall provide the DMU-approved provider with a copy of any prior evaluations and counseling records and a copy of this Agreement.

(12) Respondent shall authorize, in writing, the DMU to have a copy of the DMU-approved provider's written evaluation reports.

(13) If the DMU provider's evaluation includes recommendations that Respondent obtain treatment, Respondent must fully comply with those recommendations as part of these probationary requirements.

(14) Respondent shall arrange and ensure that written treatment reports from all DMU-approved providers are submitted to the DMU upon request or at least every sixty (60) days after the effective date of this Agreement. The reports shall contain at least the following information:

(a) Verification that the provider has received a copy of this Agreement and understands the conditions of this probation;

(b) A treatment plan, if developed;

(c) Progress reports, including information regarding compliance with the treatment plan;

(d) Physical evaluations, if applicable;

(e) The results of any testing;

(f) Modifications in treatment plan, if applicable;

(g) Administration or prescription of any drugs to Respondent; and

(h) Discharge summary and continuing care plan at discharge.

(15) Respondent shall identify a primary care physician who shall send written notification to the Respondent's DMU case manager certifying Respondent's health status as requested.

SUPPORT GROUP ATTENDANCE

(16) Respondent shall attend and actively participate in any support group programs recommended by the provider or the DMU case manager at the frequency recommended by the provider, but no less than twice a week.

(17) Respondent shall provide written verification of any and all support group attendance to the DMU on at least a monthly basis or as otherwise directed by the DMU.

ABSTENTION

(18) Respondent shall completely abstain from the use of controlled substances, mood altering drugs or drugs of abuse including alcohol in any form, except under the following conditions:

(a) Respondent is a bona fide patient of a licensed health care practitioner who is aware of Respondent's impairment and participation in the DMU;

(b) Such medications are lawfully prescribed by Respondent's treating practitioner and approved by the DMU case manager; and

(c) Respondent provides the DMU, within 48 hours of receiving the medication, the name of the practitioner prescribing the drug, the illness or medical condition diagnosed, the type, strength, amount and dosage of the medication, and a signed statement consenting to the release of the medical information from the prescribing practitioner to the DMU or its designated representative for the purpose of verification.

SUPERVISED PRACTICE

(19) Respondent shall not without the DMU case manager's written approval:

(a) Practice the profession in any capacity that involves the administration of controlled substances for a period of at least six (6) months following return to work in the practice of the profession, nor shall he write any prescription medication for his spouse;

(b) Function as a supervisor;

(c) Function in a private practice setting or without direct supervision;

(d) Work in an intensive care unit, operating room, coronary care unit, or emergency department; or

(20) Within five (5) days of the effective date of this Agreement, Respondent shall give any employer, supervisor or instructor ("supervisor") and any prospective supervisor a copy of this Agreement.

(21) Respondent shall provide the DMU by telephone within 48 hours, and in writing within five (5) days, notification of the following:

(a) Name and address of the supervisor responsible for Respondent's practice;

(b) The name(s) and address(es) of the place(s) at which Respondent will practice the profession and a description of Respondent's duties and responsibilities at such places of practice; and

(c) Any restrictions on Respondent's practice.

(22) Respondent shall ensure that Respondent's supervisor submits to the DMU the following information in writing:

(a) Verification that the supervisor has received a copy of this Agreement and understands the conditions of this probation;

(b) An evaluation of Respondent's work performance on a 60-day or more frequent basis, as requested by the DMU; and

(c) Immediate notification of any suspected violation of this probation by Respondent.

BODY FLUID TOXICOLOGY SCREENING

(23) Respondent shall submit to random unannounced and observed body fluid toxicology screens for the detection of substances prohibited under this Agreement as directed by the DMU. A positive result on a body fluid toxicology screen shall constitute an irrefutable

violation of this Agreement unless Respondent has complied with the provisions of this Agreement pertaining to the use of drugs. Failure to provide a specimen when requested will be considered a violation of this Agreement.

(24) Respondent shall avoid all foods which contain poppy seeds. Ingestion of poppy seeds will not be accepted as a valid explanation for a positive screen.

REPORTING/RELEASES

(25) Respondent, Respondent's providers, supervisor(s), employer(s) or other persons required to submit reports under this Agreement shall cause such reports, data or other information to be filed with the DMU, unless otherwise directed, at:

DMU
Box 10749
Harrisburg, PA 17105-0749

(26) Respondent consents to the release by the DMU of any information or data produced as a result of this probation, including written provider evaluations, to any treatment provider, supervisor, Commonwealth's attorney, hearing examiner, and Board members in the administration and enforcement of this Agreement.

(27) Respondent shall sign any required waivers or release forms requested by the DMU for any and all records, including medical or other health-related and psychological records, pertaining

to treatment and monitoring rendered to Respondent during this probation and any corresponding criminal probation, as well as any employment, personnel, peer review or review records pertaining to Respondent's practice of the profession during this probation, to be released to the DMU, the Commonwealth's attorney, hearing examiner and Board members in the administration and enforcement of this Agreement.

COSTS

(28) Respondent shall be responsible for all costs incurred in complying with the terms of this Agreement, including but not limited to psychiatric or psychotherapy treatments, DMU-required toxicology screens prior to each screen's being conducted, and reproduction of treatment or other records.

BUREAU/PHMP EVALUATIONS

(29) Upon request of the DMU, the Respondent shall submit to mental or physical evaluations, examinations or interviews by a DMU-approved treatment provider or the DMU. Respondent's failure to submit to such an evaluation, examination or interview shall constitute a violation of this Agreement.

VIOLATION OF THIS ORDER

(30) Notification of a violation of the terms or conditions of this Agreement shall result in the **IMMEDIATE VACATING** of the stay order, **TERMINATION** of the period of probation, and **ACTIVATION** of the suspension, imposed in paragraph 5b above, of Respondent's license(s) to practice the profession in the Commonwealth of Pennsylvania, as follows:

(a) The prosecuting attorney for the Commonwealth shall present to the Board's Probable Cause Screening Committee ("Committee") a Petition which indicates that Respondent has violated any terms or conditions of this Agreement.

(b) Upon a probable cause determination by the Committee that Respondent has violated any of the terms or conditions of this Agreement, the Committee shall, without holding a formal hearing, issue a preliminary order vacating the stay of the within suspension, terminating this probation and activating the suspension of Respondent's license.

(c) Respondent shall be notified of the Committee's preliminary order within three (3) business days of its issuance by certified mail and first class mail, postage prepaid, sent to Respondent's last registered address on file with the Board, or by personal service if necessary.

(d) Within twenty (20) days of mailing of the preliminary order, Respondent may submit a written answer to the Commonwealth's petition and request that a formal hearing be held concerning Respondent's violation of probation, in which Respondent may seek relief from the preliminary order activating the suspension. Respondent shall mail the original answer and request for hearing, as well as all subsequent writings in the matter, to the Bureau of Professional and Occupational Affairs' Prothonotary, 124 Pine Street, Suite 200, Harrisburg, PA 17101, and a copy to the prosecuting attorney for the Commonwealth.

(e) If Respondent submits a timely answer and request for a formal hearing, the Board or a designated hearing examiner shall convene a formal hearing within forty-five (45) days from the date of the Prothonotary's receipt of Respondent's request for a formal hearing.

(f) Respondent's submission of a timely answer and request for a hearing shall not stay the suspension of Respondent's license under the preliminary order. The suspension shall remain in effect unless the Board or the hearing examiner issues an order after the formal hearing staying the suspension again and reactivating the probation.

(g) The facts and averments in this Agreement shall be deemed admitted and uncontested at this hearing.

(h) If the Board or hearing examiner after the formal hearing makes a determination against Respondent, a final order will be issued sustaining the suspension of Respondent's license and imposing any additional disciplinary measures deemed appropriate.

(i) If Respondent fails to timely file an answer and request a hearing, the Board shall issue a final order affirming the suspension of Respondent's license.

(j) If Respondent does not make a timely answer and request for a formal hearing and a final order affirming the suspension is issued, or the Board or hearing examiner makes a determination against Respondent sustaining the suspension of Respondent's license, after at least 3 years of active suspension and any additional imposed discipline,

Respondent may petition the Board for reinstatement based upon an affirmative showing that Respondent has at least 36 (thirty-six) months of sustained documented recovery, a DMU-approved provider's evaluation that Respondent is fit to safely practice, and verification that Respondent has abided by and obeyed all laws of the United States, the Commonwealth of Pennsylvania and its political subdivisions, and all rules and regulations pertaining to the practice of the profession in this Commonwealth.

c. Respondent's failure to fully comply with any terms of this Agreement may also constitute grounds for additional disciplinary action.

6. Nothing in this Agreement shall preclude the prosecuting attorney for the Commonwealth from filing charges or the Board from imposing disciplinary action or corrective measures for violations or facts not contained in this Agreement.

7. After successful completion of probation, Respondent may petition the Board to reinstate Respondent's license to unrestricted, non-probationary status upon an affirmative showing that Respondent has complied with all terms and conditions of this Agreement and that Respondent's resumption of unsupervised practice does not present a threat to the public health and safety.

8. This Agreement shall take effect immediately upon its approval and adoption by the Board.

9. Respondent waives filing and service of an Order to Show Cause in this matter. Respondent knowingly and voluntarily waives the right to an administrative hearing in this matter,

and to the following rights related to that hearing: to be represented by counsel at the hearing; to present witnesses and testimony in defense or in mitigation of any sanction that may be imposed for a violation; to cross-examine witnesses and to challenge evidence presented by the Commonwealth; to present legal arguments by means of a brief; and to take an appeal from any final adverse decision.

10. Respondent agrees, as a condition of entering into this Agreement, not to seek modification of it at a later date without first obtaining the express written concurrence of the Prosecution Division of the Bureau of Professional and Occupational Affairs.

11. This Agreement is between the prosecuting attorney and Respondent only. Except as otherwise noted, this Agreement is to have no legal effect unless and until the Office of General Counsel approves the contents as to form and legality and the Board approves and adopts the Agreement.

12. Should the Board not approve this Agreement, presentation to and consideration of it by the Board shall not prejudice the Board or any of its members from further participation in the adjudication of this matter. This paragraph is binding on the participants even if the Board does not approve this Agreement.

13. This Agreement contains the whole agreement between the participants. There are no other terms, obligations, covenants, representations, statements or conditions, or otherwise, of any kind whatsoever concerning this Agreement.

14. Respondent verifies that the facts and statements set forth in this Agreement are true and correct to the best of Respondent's knowledge, information and belief. Respondent understands that statements in this Agreement are made subject to the criminal penalties of 18 Pa.C.S. '4904 relating to unsworn falsification to authorities.

Mary E. McDaniel
Prosecuting Attorney
Bureau of Professional and
Occupational Affairs

DATED: 8-28-01

James Joseph Zubernis, D.O.
Respondent

DATED: 6/6/01

William Arbuckle
Respondent's Attorney

DATED: 6/6/01

ORDER

AND NOW, this 10 day of OCT 2001, the State Board of State Board Of Osteopathic Medicine approves and adopts the foregoing Consent Agreement and incorporates the terms of paragraph 5, which shall constitute the Board's Order and is now issued in resolution of this matter.

This Order shall take effect immediately.

BY ORDER:

BUREAU OF PROFESSIONAL AND OSTEOPATHIC MEDICINE OCCUPATIONAL AFFAIRS

Albert H. Masland
Commissioner

STATE BOARD OF STATE BOARD OF

Daniel D. Dowd, Jr., D.O.
Chairperson

File No. 00-53-00769

Date of Mailing: 10-18-01

For the Commonwealth: Mary E. McDaniel, Prosecuting Attorney
P. O. Box 2649
Harrisburg, PA 17105-2649

For Respondent: William Arbuckle, Esquire
1315 S. Allen Street, Suite 302
State College, PA 16801

MEM



December 19, 2008

Georgia Composite Board of Medical Examiners
Physician Licensure
2 Peachtree St. NW
36th Floor
Atlanta, GA 30303

Re: James J. Zubernis, DO

To Whom It May Concern:

Dr. Zubernis has requested a summary of his participation in the Pennsylvania Physicians' Health Programs (PHP). He was referred to the PHP when he was found to be prescribing a controlled substance for a family member. He cooperated with PHP requests for evaluation. He was not diagnosed as being chemically dependent himself, but was seen as being codependent in providing these medications to the family member in attempts to help.

He agreed to enter therapy and enrolled in a monitoring agreement running from June 29, 2000 through June 29, 2005. PHP staff asked Dr. Zubernis to provide urine toxicology samples to document his own drug-free status even though he is not diagnosed as an addict. He cooperated with these arrangements. In addition, he followed up with therapy and embraced the concepts of recovery from codependence.

Because his difficulty involved prescribing controlled substances, Dr. Zubernis was referred to the State Board of Osteopathic Medicine. Since there was no "Axis I Diagnosis" in his case, he was put into the Disciplinary Monitoring Unit rather than the non-disciplinary unit, where he would have been placed had he been diagnosed as chemically dependent.

Dr. Zubernis completed his therapy requirement, and provided the PHP with documentation of his own drug-free status. He maintained regular contact with the PHP staff, per his monitoring agreement requirements. He attended Nar-Anon for approximately three and one-half years. All toxicology screens were negative for prohibited substances and he successfully completed a course of individual therapy.

COPY

777 East Park Drive • PO Box 8820 • Harrisburg, PA 17105-8820
Tel 717.558.7819 • TOLL FREE 1.866.747.2255 • FAX 717.558.7818 • EMAIL php-foundation@pamedsoc.org • WEB www.paphp.org
The official registration and financial information of the Foundation may be obtained from the Pennsylvania Department of State by calling toll-free within Pennsylvania. 1-800-732-0999. Registration does not imply endorsement

Dr. Zubernis relocated to North Dakota in January 2005. As the state of North Dakota declined to continue any monitoring, the PHP successfully closed Dr. Zubernis' case on January 25, 2005. I hope this information is useful. Please contact me at the PHP office should you have any questions.

Sincerely,

John W. Martyniuk, PhD, MD
Medical Director

cc: James J. Zubernis, DO

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR, part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
PROFESSIONAL HEALTH MONITORING PROGRAMS (PHMP)
UNIT II: DISCIPLINARY MONITORING UNIT (DMU)
PO BOX 10569
HARRISBURG, PA 17105-0569
1-800-554-3428
717-783-4857
FAX: 717-772-1950
www.dos.state.pa.us

July 15, 2003

PCL.U-2

Dr. James Zubernis
[redacted] W. Countyline Road
Ardmore, PA 19003

Dear Dr. Zubernis:

You have provided the necessary documentation and have successfully completed your monitoring by the Disciplinary Monitoring Unit (DMU). We wish you continued success with your career, and with your recovery.

If you have questions or concerns, please contact us; our primary desire is to support your continued recovery in whatever ways are most appropriate and helpful.

Sincerely,

Harold B. Rozzelle, CAC, CCS, Program Manager
Professional Health Monitoring Programs (PHMP)

HBR/kk
cc: PHP

Physicians' HEALTH Program
The Foundation of the Pennsylvania Medical Society

400 Winding Creek Blvd.
Mechanicsburg, PA 17050-1885
Tel: (866) 747-2255 / (717) 558-7819
Fax: (855) 933-2605
Email: php-foundation@pamedsoc.org
www.PAPHP.org

November 9, 2022

CONFIDENTIAL

Olivia Mora, Licensing Specialist
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

RE: James Joseph Zubernis, DO

Dear Ms. Mora:

I am writing this letter to summarize the participation of James Joseph Zubernis, DO in the Pennsylvania Physicians' Health Program (PHP). Dr. Zubernis initially contacted the PHP on June 15, 2000, at the request of the Pennsylvania Professional Health Monitoring Programs (PHMP) following an investigation for prescription irregularities.

Dr. Zubernis was evaluated by Dr. Jon Shapiro on June 16, 2000. He was not given a substance use diagnosis, but was found to be codependent, which contributed to his irregular prescribing of controlled substances to a family member.

Dr. Zubernis signed a five year monitoring agreement with the PHP effective June 29, 2000 through June 29, 2005. The agreement required 12-Step meeting attendance, individual therapy, peer, and workplace monitor reports, ongoing contact with the PHP staff, as well as drug testing (both urine drug screens and Phosphatidylethanol testing).

Dr. Zubernis elected to close his Pennsylvania PHP file on January 19, 2005; he was in full compliance with his monitoring requirements. All drug screens were negative for prohibited substances.

I hope this information is useful. Please contact the PHP office should you have any questions.

Sincerely,

Raymond C. Truex Jr, MD, FACS, FAANS
Medical Director

cc: James Joseph Zubernis, DO

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see §2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§2.12(c)(5) and 2.65.

17

17A

Personal Information

First Name : * IRFAN

Middle (initial only) :

Last Name : * MIRZA

License # : CS10274

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA :

Military Address : ☐

Street : * [redacted] LOLA LN

Country : * United States

City : * PAHRUMP

State : * Nevada

Zip : * 89048

Practice Phone : (XXX) XXX-XXXX

Practice Fax : (XXX) XXX-XXXX

Email Address : * vistahealthmd@live.com

Sex : * Male

Practice License Number:

Specialty:

Child Support Information – Check appropriate answer

- ◉ I am **NOT SUBJECT** to a court order for the support of a child.
- ○ I am **SUBJECT** to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ○ I am **SUBJECT** to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **IRFAN MIRZA, M.D.** Holder of License No. 28306 For the Practice of Allopathic Medicine In the State of Arizona.	**Case No. MD-21-0308B** **ORDER FOR LETTER OF REPRIMAND AND PROBATION; AND CONSENT TO THE SAME**

Irfan Mirza, M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Order for Letter of Reprimand and Probation; admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this Order by the Board.

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of license number 28306 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-21-0308B after receiving a complaint regarding Dr. Mirza's care and treatment of a 63 year-old female patient ("MD") alleging inappropriate prescribing of controlled substances.

4. MD first established care with Respondent as a cardiac referral for circulation problems in the hands and feet, chest pain, and intermittent arm numbness. MD had a past medical history of reflex sympathetic dystrophy ("RSD") of the right hand following an on the job crush injury in 1995. MD also has associated severe neuropathy, Raynaud's disease, osteoarthritis, chronic pain syndrome, severe anxiety, muscle spasms, and insomnia.

5. On February 7, 2018, MD established care with Respondent as her Primary Care Provider. At the time, MD's medications included Ambien 10mg at bedtime, Soma

350mg three times daily, oxycodone 30mg 1-2 tablets every four hours, lorazepam 0.5mg every twelve hours, and gabapentin 400mg 3 capsules four times daily. Respondent documented that MD's pain management providers prescribed Soma, lorazepam, and oxycodone in the past. Respondent further documented that MD's current Pain Management Provider ("PMP") requested that Respondent prescribe Soma and Ambien in addition to the oxycodone and lorazepam being provided by the PMP. Respondent documented review of MD's Controlled Substance Prescription Monitoring Program ("CSPMP") report and a phone consultation with the pain management provider. Respondent documented informed consent and a discussion of the risks of Soma and oxycodone with MD. Respondent also discussed the prescribing of multiple controlled substances with the pharmacist. Respondent noted that MD's hand surgeon was contemplating amputation but was concerned it might lead to phantom limb pain.

6. Subsequently, Respondent saw MD monthly and continued to prescribe her Soma and Ambien.

7. On August 29, 2018, MD reported weight gain. Respondent recommended changes to MD's diet.

8. On September 12, 2018, Respondent prescribed MD phentermine 37.5mg daily for weight loss.

9. On November 21, 2018, MD reported losing her bottle of lorazepam and her PMP's refusal to replace it. Respondent agreed to prescribe her one time prescription for Xanax 0.25 mg twice daily.

10. On October 12, 2020, Respondent documented that discussed tapering the Soma, but that MD was reluctant to attempt a taper. On December 30, 2020, Respondent documented that he was unable to taper MD's Soma.

11. On February 16, 2021, MD reported that her PMP discharged her from the practice and she was looking for a new pain provider. Respondent advised MD to go to ER if she has withdrawal symptoms.

12. On March 30, 2021, Respondent called MD at home for a wellbeing check. MD reported nausea, itching, and severe anxiety since she was out of lorazepam and pain all over since she is out of oxycodone. Respondent advised MD to go to ER, which the patient declined. Respondent warned of risks including death.

13. On April 19, 2021, MD phoned Respondent's office to report that she was unable to come to appointment because too ill. Respondent called MD and left a detailed message, and MD's husband called back. Respondent told MD's husband to call 911 or got to the hospital.

14. On April 20, 2021, MD phoned Respondent's office to report that she was doing better. Respondent's office again recommended going to hospital if her symptoms worsened.

15. On April 21, 2021 MD presented to a Hospital with complaints of abdominal pain but left against medical advice.

16. During the course of the Board's investigation Board staff received a letter signed by MD expressing support for Respondent's care. MD subsequently reported that Respondent's staff drafted the letter for her to sign, and further reported that Respondent promised to write her a prescription for Ambien in exchange for the letter. MD reported that Respondent ultimately did not provide her the prescription, but provided her with a trazadone pill instead.

17. The standard of care prohibits a physician from prescribing Soma for long term use without clinical justification. Respondent deviated from this standard of care by prescribing MD Soma for long term use without clinical justification.

18. The standard of care prohibits a physician from prescribing Ambien without clinical justification. Respondent deviated from the standard of care by prescribing Ambien without clinical justification.

19. The standard of care requires a physician to address aberrant behaviors. Respondent deviated from the standard of care by failing to address MD's aberrant behaviors.

20. The standard of care requires a physician to perform urinary drug screens prior to prescribing controlled substances. Respondent deviated from the standard of care by failing to perform urinary drug screens prior to prescribing controlled substances to MD.

21. There was the potential for patient harm in that MD was at risk of sleep apnea, overdose, diversion and death.

CONCLUSIONS OF LAW

a. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

b. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(e)("Failing or refusing to maintain adequate records on a patient.").

c. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(r)("Committing any conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.").

d. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(kk) ("Knowingly making a false or misleading statement to the board or on a form required by the board or in a written correspondence, including attachments, with the board.").

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Letter of Reprimand.

2. Respondent is placed on Probation for a period of two years with the following terms and conditions:

a. Continuing Medical Education

Respondent shall within 3 months of the effective date of this Order obtain no less than 15 hours of Board Staff pre-approved Category I Continuing Medical Education ("CME") in an intensive, in-person course regarding controlled substance prescribing. Respondent shall within **thirty days** of the effective date of this Order submit his request for CME to the Board for pre-approval. Upon completion of the CME, Respondent shall provide Board staff with satisfactory proof of attendance. The CME hours shall be in addition to the hours required for the biennial renewal of medical licensure.

b. ProBE

Within 3 months of the effective date of this Order, Respondent shall complete the Professional/Problem-Based Ethics ("ProBE") program offered by the Center for Personalized Education for Physicians ("CPEP") for Ethics and Boundaries. The CME hours shall be in addition to the hours required for the renewal of licensure. Respondent shall obtain an unconditional or conditionally passing grade.

In the event that Respondent does not receive an unconditional or conditionally passing grade, Respondent shall follow any and all recommendations made for further education and/or remediation, subject to approval by the Board or its staff.

Respondent shall sign any and all consents or releases necessary to allow CPEP to communicate to the Board directly. Respondent shall not revoke any releases prior to successful completion of ProBE. Respondent shall be responsible for the expenses of

participation in ProBE and shall notify Board staff immediately upon scheduling the ProBE course.

c. Chart Reviews

Within 30 days of completion of the CME, Respondent shall enter into a contract with a Board-approved monitoring company to perform periodic chart reviews at Respondent's expense. The chart reviews shall involve current patients' charts for care rendered after the date Respondent returned to practice as stated herein. Based upon the chart review, the Board retains jurisdiction to take additional disciplinary or remedial action.

d. Obey All Laws

Respondent shall obey all state, federal and local laws, all rules governing the practice of medicine in Arizona, and remain in full compliance with any court ordered criminal probation, payments and other orders.

e. Tolling

In the event Respondent should leave Arizona to reside or practice outside the State or for any reason should Respondent stop practicing medicine in Arizona, Respondent shall notify the Executive Director in writing within ten days of departure and return or the dates of non-practice within Arizona. Non-practice is defined as any period of time exceeding thirty days during which Respondent is not engaging in the practice of medicine. Periods of temporary or permanent residence or practice outside Arizona or of non-practice within Arizona, will not apply to the reduction of the probationary period.

f. Probation Termination

After three consecutive favorable chart reviews, Respondent may petition the Board to terminate the Probation. Respondent may not request early termination without satisfaction of the chart review requirements as stated in this Order.

Prior to any Board consideration for termination of Probation, Respondent must submit a written request to the Board for release from the terms of this Order. Respondent's request for release will be placed on the next pending Board agenda, provided a complete submission is received by Board staff no less than 30 days prior to the Board meeting. Respondent's request for release must provide the Board with evidence establishing that he has successfully satisfied all of the terms and conditions of this Order.

The Probation shall not terminate except upon affirmative request of Respondent and approval by the Board. In the event that Respondent requests Probation termination and the Practice Restriction is in effect at the time of the request, the Board may require any combination of examinations and/or evaluations in order to determine whether or not Respondent is safe to prescribe controlled substances and the Board may continue the Practice Restriction or take any other action consistent with its authority.

The Board has the sole discretion to determine whether all of the terms and conditions of this Order have been met or whether to take any other action that is consistent with its statutory and regulatory authority..

3. The Board retains jurisdiction and may initiate new action against Respondent based upon any violation of this Order. A.R.S. § 32-1401(27)(s)

DATED AND EFFECTIVE this 4th day of March, 2022.

ARIZONA MEDICAL BOARD

By Pam E McSorley
Patricia E. McSorley
Executive Director

CONSENT TO ENTRY OF ORDER

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent acknowledges he has the right to consult with legal counsel regarding this matter.

2. Respondent acknowledges and agrees that this Order is entered into freely and voluntarily and that no promise was made or coercion used to induce such entry.

3. By consenting to this Order, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Order in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Order.

4. The Order is not effective until approved by the Board and signed by its Executive Director.

5. All admissions made by Respondent in this Order are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.

6. Notwithstanding any language in this Order, this Order does not preclude in any way any other State agency or officer or political subdivision of this state from instituting proceedings, investigating claims, or taking legal action as may be appropriate now or in the future relating to this matter or other matters concerning Respondent, including but not limited to, violations of Arizona's Consumer Fraud Act. Respondent acknowledges that, other than with respect to the Board, this Order makes no representations, implied or otherwise, about the views or intended actions of any other

state agency or officer or political subdivisions of the State relating to this matter or other matters concerning Respondent.

7. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the consent to the entry of the Order. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and void unless mutually approved by the parties.

8. This Order is a public record that will be publicly disseminated as a formal disciplinary action of the Board and will be reported to the National Practitioner's Data Bank and on the Board's web site as a disciplinary action.

9. If any part of the Order is later declared void or otherwise unenforceable, the remainder of the Order in its entirety shall remain in force and effect.

10. If the Board does not adopt this Order, Respondent will not assert as a defense that the Board's consideration of the Order constitutes bias, prejudice, prejudgment or other similar defense.

11. Any violation of this Order constitutes unprofessional conduct and may result in disciplinary action. A.R.S. § § 32-1401(27)(s) ("[v]iolating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under this chapter.") and 32-1451.

12. ***Respondent has read and understands the conditions of probation.***

IRFAN MIRZA, M.D.

DATED: Feb 18 2022

EXECUTED COPY of the foregoing mailed this 4th day of March, 2022 to:

Irfan Mirza, M.D.
Address of Record

ORIGINAL of the foregoing filed this 4th day of March, 2022 with:

Arizona Medical Board
1740 West Adams, Suite 4000
Phoenix, Arizona 85007

Michelle Robles
Board staff

17B

Back To Dashboard

Renewal Application
Controlled Substance

Application Fee : $200.00
Convenience Fee : $10 00
License Number : CS31725
License Type : Controlled Substance
New Expiration Date : 10/31/2024

Personal Information

First Name : Anjmun
Middle (initial only) :
Last Name : Sharma
License # : CS31725

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA : Golden Valley Medicine Center
Military Address :
Street : 515 W Haskell St
Country : United States
City : Winnemucca
State : Nevada
Zip : 89445
Practice Phone : (XXX) XXX-XXXX
Practice Fax : (XXX) XXX-XXXX
Email Address : [redacted]
Sex : Male
Practice License Number:
Specialty:

Child Support Information – Check appropriate answer

- I am **NOT SUBJECT** to a court order for the support of a child.
- (•) I am **SUBJECT** to a court order for the support of one or more children and am in compliance with the order or am in compliance wi h a plan approved by the district attorney or other public agency enforcing the order for the repayment of he amount owed pursuant to the order.
- I am **SUBJECT** to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for he repayment of he amount pursuant to he order.

Military Service Information

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under condition o her han dishonorable — Yes / (•) No

Have you ever been assigned to duty for minimum of 6 continuous years in National Guard or a reserve component of the Armed Forces of he United States and separated from such service under conditions other than dishonorable — Yes / (•) No

Have you ever served the Commissioned Corp of the United States Public Service or the Commissioned Corp of the National Oceanic and Atmospheric Administra ion of the United States in the capacity of the commissioned officer while on active duty in defense of he United States and separated from such service under conditions other than dishonorable? — Yes / (•) No

Legal Information

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition hat would impair your ability to perform the essential func ions of your license? ○ Yes ◉ No

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? ○ Yes ◉ No

3. Since your last renewal or recent licensure have you been he subject of a board cita ion or an administrative action whether completed or pending in any state? ◉ Yes ○ No

SEE BELOW

Document Name	Document Type	Date	Link	Action
Board Action Colorado	Legal - Question 3	10/12/2022	Document Details	☐
Board Action Colorado	Legal - Question 3	10/12/2022	Document Details	☐

Document Name :

Document Type : Legal - Question 3

Document : Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

Click here to complete Upload | Cancel

Board Administrative Action :

State : Select

Date : 04/27/2022

Case # :

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? ○ Yes ◉ No

DEA Registration

Document Name	Document Type	Date	Link	Action
No Record Found				

Document Name :

Document Type : NV DEA Certificate

Document : Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

Click here to complete Upload | Cancel

Acknowledgement and Declaration

By signing and submitting this renewal applica ion, I cer ify that: 1. My DEA certificate is ACTIVE and reflects my current NV practicing address, 2. I hold an active Nevada license with my professional licensing board, and 3. I have an active Nevada Prescrip ion Monitoring Program (PMP) account.

It is a violation of Nevada Statute to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

Signature : ANJMUN SHARMA

Date Of Application : 10/12/2022

Please type only he First and Last Name that are listed at he top of the page.

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2022 to 10/31/2024	License Renewal Fee	$200.00
	Convenience Fee	$10.00
	Late Fee	$0.00
	Total :	**$210.00**

Fee and Payment

Payment Method : Credit / Debit Card

Application Fees : 200

Reinstatement Fee : 0

Transaction Fee : 10

Late Fees : 0

Reference Number : 63991655406

InvoiceDate : 10/12/2022

Paid

Pay & Submit

BEFORE THE COLORADO MEDICAL BOARD

STATE OF COLORADO

CASE NO. 2019-315-B

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE LICENSE TO PRACTICE MEDICINE IN THE STATE OF COLORADO OF ANJMUN SHARMA, M.D., LICENSE NUMBER DR-46192,

Respondent.

IT IS HEREBY STIPULATED and agreed by and between Inquiry Panel[panel] B ("Panel") of the Colorado Medical Board ("Board") and Anjmun Sharma, M.D. ("Respondent") (collectively, the "Parties") as follows:

JURISDICTION AND CASE HISTORY

1. Respondent was licensed to practice medicine in the state of Colorado on November 14, 2007 and was issued license number DR-46192, which Respondent has held continuously since that date ("License").

2. The Panel and the Board have jurisdiction over Respondent and over the subject matter of this proceeding.

3. On July 16, 2020, the Panel reviewed case number 2019-315-B and determined that further proceedings by formal complaint were warranted pursuant to Section 12-240-125(4)(c)(V), C.R.S. and the matter was referred to the Attorney General's Office.

4. It is the intent of the Parties and the purpose of this Stipulation and Final Agency Order ("Order") to provide for a settlement of all matters set forth in case number 2019-315-B, without the necessity of conducting a formal disciplinary hearing. This Order constitutes the entire agreement between the Parties, and there are no other agreements or promises, written or oral, which modify, interpret, construe or affect this Order.

5. Respondent understands that:

a. Respondent has the right to be represented by an attorney of the Respondent's choice, and Respondent has voluntarily chosen to proceed without representation;

b. Respondent has the right to a formal complaint and disciplinary hearing pursuant to Sections 12-240-125(4)(c)(V) and 12-240-125(5), C.R.S.;

c. By entering into this Order, Respondent is knowingly and voluntarily giving up the right to a formal complaint and disciplinary hearing, admits the facts contained in this Order, and relieves the Panel of its burden of proving such facts;

d. Respondent is knowingly and voluntarily giving up the right to present a defense by oral and documentary evidence and to cross-examine witnesses who would testify on behalf of the Panel; and

e. Respondent is knowingly and voluntarily waiving the right to seek judicial review of this Order.

FACTUAL BASIS

6. Respondent specifically admits and the Panel finds that:

a. Between and including January 2017 and December 2018, Respondent recommended the use of medical marijuana to patients to treat various medical conditions.

b. Respondent's physical examinations did not meet generally accepted standards of medical practice for the following reasons:

i. Respondent did not complete adequate physical examinations related to the presenting complaints as outlined in patients' medical history reports or supporting documentation in medical records.

ii. Respondent's physical examinations of patients resulted in findings that did not support the ultimately stated diagnosis.

iii. The medical condition for which patients sought to use medical marijuana and the condition listed on the Physician Certification were not supported by patients' medical histories and the information in the medical records.

c. Respondent's medical records for patients lacked essential entries in the following areas:

i. Respondent failed to document patients' chief complaint, history of the present illness, relevant physical examination findings, and a plan of treatment.

ii. Respondent failed to document relevant positive and negative physical findings.

iii. Respondent failed to document the rationale for authorizing increased plant counts.

iv. The parties agree that Respondent did not falsify any patient medical records.

7. Respondent admits and the Panel finds that the acts and/or omissions described in the factual basis above constitutes unprofessional conduct pursuant to Section 12-240-121(1)(j), and (v) C.R.S., which states:

(1) "Unprofessional conduct" as used in this article 240 means:

(j) Any act or omission that fails to meet generally accepted standards of medical practice;

(v)-documentation. Falsifying or repeatedly making incorrect essential entries or repeatedly failing to make essential entries on patient records.

8. Based upon the above, the parties stipulate that the terms of this Order are authorized by Section 12-240-125(5)(c)(III), C.R.S.

LETTER OF ADMONITION

9. This provision shall constitute a Letter of Admonition as set forth in Sections 12-240-125(4)(c)(IV) and 12-240-125(5)(c)(III), C.R.S. Respondent is hereby admonished for the acts and omissions described in the factual basis above.

10. By entering this Order, Respondent agrees to waive the rights provided by Section 12-20-404(4), C.R.S., to contest this Letter of Admonition.

OUT OF STATE PRACTICE

11. Respondent may wish to leave Colorado and practice in another state. At any time other than during a period of suspension imposed by this Order, and whether to practice out of state or for any other reason, Respondent may request, in writing, that the Board place Respondent's License on inactive status as set forth in Section 12-240-141, C.R.S. Respondent's request to place his License on inactive status must include written evidence that Respondent has reported this Order to all other jurisdictions in which Respondent is licensed, as required by the "Other Terms" section of this Order. Upon the approval of such request, Respondent may cease to comply with the terms of this Order. Failure to comply with the terms of

this Order while inactive shall not constitute a violation of this Order. While inactive, Respondent shall not perform any act in the state of Colorado that constitutes the practice of medicine, nor shall Respondent perform any act in any other jurisdiction pursuant to the authority of a license to practice medicine granted by the state of Colorado. Unless Respondent's License is inactive, Respondent must comply with all terms of this Order, irrespective of Respondent's location.

12. Respondent may resume the active practice of medicine at any time pursuant to written request and as set forth in Section 12-240-141(5), C.R.S.

PERMANENT VOLUNTARY MEDICAL MARIJUANA PRESCRIBING RESTRICTION

13. Commencing on the effective date of this Order, Respondent shall not prescribe medical marijuana or conduct evaluations for prescribing medical marijuana. This restriction shall be permanent, and Respondent has voluntarily agreed to discontinue this service.

OTHER TERMS

14. The terms of this Order were mutually negotiated and determined.

15. Both Parties acknowledge that they understand the legal consequences of this Order; both Parties enter into this Order voluntarily; and both Parties agree that no term or condition of this Order is unconscionable.

16. All costs and expenses incurred by Respondent to comply with this Order shall be the sole responsibility of Respondent and shall in no way be the obligation of the Board or Panel.

17. If Respondent is licensed by any other jurisdiction, Respondent shall report this Order to all other jurisdictions in which Respondent is licensed.

18. Respondent shall obey all state and federal laws while the terms of this Order are in effect.

19. So that the Board may notify hospitals of this agreement pursuant to section 12-240-125(11), C.R.S., Respondent presently holds privileges at or is employed by the following hospitals and facilities:

_____

20. This Order and all its terms shall have the same force and effect as an order entered after a formal disciplinary hearing pursuant to section 12-240-125(5)(c)(III), C.R.S., except that it may not be appealed. Failure to comply with the terms of this Order may be sanctioned by the Inquiry Panel as set forth in section 12-240-125(5)(c)(IV), C.R.S. This Order and all its terms also constitute a valid board order for purposes of section 12-240-121(1)(n), C.R.S.

21. This Order shall be admissible as evidence at any proceeding or future hearing before the Board.

22. Invalidation of any portion of this Order by judgment or court order shall in no way affect any other provision, which shall remain in full force and effect.

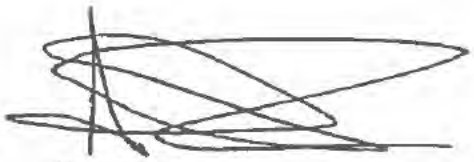
23. During the pendency of any action arising out of this Order, the terms of this Order shall be deemed to be in full force and effect and shall not be tolled.

24. Respondent acknowledges that the Panel may choose not to accept the terms of this Agreement and that if the Agreement is not approved by the Panel and signed by a Panel member or other authorized person, it is void.

25. This Order shall be effective upon service by electronic means on Respondent at Respondent's electronic address of record with the Board. Respondent hereby consents to service by electronic means if Respondent has an electronic address on file with the Board.

26. Upon becoming effective, this Order shall be open to public inspection and shall be publicized pursuant to the Board's standard policies and procedures. This Order constitutes discipline against Respondent's license. Additionally, this Order shall be reported the Federation of State Medical Boards, the National Practitioner Data Bank and as otherwise required by law.

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25APR22

Anjmun Sharma, M.D.

THE FOREGOING Stipulation and Final Agency Order is approved this 2nd day of May, 2022.

FOR THE COLORADO MEDICAL BOARD
INQUIRY PANEL B

Paula E. Martinez
Program Director
Delegated Authority to Sign by Inquiry Panel

THE FOREGOING Stipulation and Final Agency Order is effective upon service to Respondent, on May 2, 2022.

APPROVED AS TO FORM

FOR RESPONDENT

Thomas J KRESL

ATTORNEY'S NAME (please print)

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein as designated below, at Denver, Colorado, this 2nd day of May, 2022, addressed as follows:

____ By United States mail, postage prepaid __X__ By Electronic Mail Anjmun Sharma, M.D. [redacted] Palisade Ridge Drive Colorado Springs, CO 80920 Email: anjmun@gmail.com	Other Addresses for Respondent
____ By United States mail, postage prepaid __X__ By Electronic Mail ____ By Facsimile Respondent's counsel Thomas Kresl Address for service tkresl@kresljohnson.com	CPHP/CPEP (if appropriate)

Carla Gilkison

COLORADO
Department of Regulatory Agencies
Division of Professions and Occupations

PERSONAL AND CONFIDENTIAL

May 2, 2022

Anjmun Sharma, M.D.
[redacted] Palisade Ridge Drive
Colorado Springs, CO 80920
Via email to: [redacted]

Case No. 2019-315-B

Dear Dr. Sharma,

On April 14, 2022, Inquiry Panel B ("Panel") of the Colorado Medical Board ("Board") approved the Stipulation and Final Agency Order ("Order"), whereby you agree to a Letter of Admonition, and a permanent voluntary medical marijuana prescribing restriction. Effective May 2, 2022. A copy of the Order is enclosed for your records.

Your Healthcare Professions Profile will be updated to reflect this Colorado public action. Pursuant to Section 12-30-102, C.R.S., your profile must be updated within 30 days of any reportable event. To ensure compliance, you must regularly review and update your profile. To access your profile, go to www.colorado.gov/dora/hppp and click the "Create/Update a Profile" link. For any questions, please contact dora_dpo_hppp@state.co.us.

Please do not hesitate to contact me if you have any questions or concerns about this matter.

Sincerely,

FOR THE COLORADO MEDICAL BOARD
INQUIRY PANEL B

Paula E. Martinez
Program Director

Enclosure

cc: Thomas Kresl, Esq.

18

18A

September 22, 2022

Dear Nevada Board of Pharmacy Members,

I am submitting this letter of request to provide Medication Therapy Management (MTM) and primary care services to patients through the Roseman University of Health Sciences. I am requesting an appearance before the Board at the October 2022 meeting for approval to provide pharmacy services at an alternate site other than a licensed pharmacy. I am including the following details as required per NAC 639.403 sections (a) through (k):

(a) **The name of the pharmacist:**
Quynh Nhu Doan, PharmD (NV License #20459)

(b) **A description of the services that the pharmacist intends to provide at the site:**
Services provided:

- Management of medication therapy by addressing poly-pharmacy, drug interactions, high cost medication therapy, and medication adherence
- Medication reconciliation
- Enhancement of therapeutic outcome through medication and disease states education
- Improvement of overall health through smoking cessation and lifestyle modification recommendations
- Teaching and precepting pharmacy students from Roseman University of Health Sciences, College of Pharmacy

(c) **The location at which the pharmacist will provide the services:**
Roseman University of Health Sciences – Henderson Campus
11 Sunset Way, Henderson, NV 89014

Southern Nevada Health District – With Every Heartbeat is Life (WEHIL) Project
Community centers selected by Southern Nevada Health District with qualifying patients that have hypertension or may be pre-hypertensive.

(d) **An identification of the types of patients or other persons to whom the pharmacist intends to provide the services:**
Referred patients with chronic disease states, patients transitioning between facilities (in-patient to home, skilled nursing facility to home, etc.), as well as patients who would like to improve their overall medication regimen and health

(e) **An identification of the types of pharmacies or other entities to whom the pharmacist intends to provide the services:**

- Nevada Senior Services: this organization will be providing the referrals and is licensing the Homemeds program for MTM services
- Southern Nevada Health District: Will set up training courses through WEHIL project that will provide MTM referrals at a specified class time for participants
- Roseman University of Health Sciences: this facility will be used for analyzing data, composing reports, and/or presenting results

(f) **A description of all resources, both paper and electronic, that will be available to the pharmacist in the course of providing the services:**

- Patient reported medications, allergies, health conditions, incidents, and health related habits.
- Clinical Pharmacology
- Facts & Comparisons
- Lexicomp Online
- Micromedex

- UpToDate
- Pharmacists Letter
- Natural Medicines Database
- As well as clinical guidelines and evidence-bases sources as necessary for the various disease states

(g) **The days and hours during which the pharmacist intends to provide the services:**
Monday through Friday. Some weekends if Pharmacist is available.

(h) **An explanation of the policy of the pharmacist for users of the services when the pharmacist is unavailable:**
All referrals and medication inquiries will be submitted to the pharmacists electronically and be resolved/answered within 72 hours for Nevada Senior Services. If the pharmacist is unavailable, patients will be able to speak with staff from Nevada Senior Services to get in contact with appropriate medical providers during office hours. In the case of an emergency, patients will be directed to emergency services.

For the WEHIL project, MTM services will be provided as part of a 6-week training course. If a pharmacist is not available to provide medication reviews on a selected date, an alternative date will be provided to course members for such services. In the case of an emergency, patients will be directed to emergency services.

(i) **An explanation of the policy of the pharmacist regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including, without limitation, paper and electronic records:**
Records and data will be kept confidential in compliance with HIPAA regulations and best practices. Data will be stored in patient's electronic health record and password protected devices accessible by authorized users only.

(j) **Whether the services provided will be affiliated with, an adjunct of or otherwise related to a licensed pharmacy:**
The services will have no affiliation with a licensed pharmacy.

(k) **A description of the business plan for the services provided:**
No business plan is needed. Services provided through Roseman University are covered through grant funding and volunteer services.

I appreciate the Board for taking the time to review the information included in this application. Please contact me if any additional information is needed.

Respectfully,



Quynh Nhu Doan, PharmD
Roseman University of Health Sciences
11 Sunset Way, Henderson, NV 89014
Email: qdoan1@roseman.edu

18B

September 22, 2022

Dear Nevada Board of Pharmacy Members,

I am submitting this letter of request to provide Medication Therapy Management (MTM) and primary care services to patients through the Roseman University of Health Sciences. I am requesting an appearance before the Board at the October 2022 meeting for approval to provide pharmacy services at an alternate site other than a licensed pharmacy. I am including the following details as required per NAC 639.403 sections (a) through (k):

(a) **The name of the pharmacist:**
Michelle Hon, PharmD (NV License #19909)

(b) **A description of the services that the pharmacist intends to provide at the site:**
Services provided:

- Management of medication therapy by addressing poly-pharmacy, drug interactions, high cost medication therapy, and medication adherence
- Medication reconciliation
- Enhancement of therapeutic outcome through medication and disease states education
- Improvement of overall health through smoking cessation and lifestyle modification recommendations
- Teaching and precepting pharmacy students from Roseman University of Health Sciences, College of Pharmacy

(c) **The location at which the pharmacist will provide the services:**
Roseman University of Health Sciences – Henderson Campus
11 Sunset Way, Henderson, NV 89014

Southern Nevada Health District – With Every Heartbeat is Life (WEHIL) Project
Community centers selected by Southern Nevada Health District with qualifying patients that have hypertension or may be pre-hypertensive.

(d) **An identification of the types of patients or other persons to whom the pharmacist intends to provide the services:**
Referred patients with chronic disease states, patients transitioning between facilities (in-patient to home, skilled nursing facility to home, etc.), as well as patients who would like to improve their overall medication regimen and health

(e) **An identification of the types of pharmacies or other entities to whom the pharmacist intends to provide the services:**

- Nevada Senior Services: this organization will be providing the referrals and is licensing the Homemeds program for MTM services
- Southern Nevada Health District: Will set up training courses through WEHIL project that will provide MTM referrals at a specified class time for participants
- Roseman University of Health Sciences: this facility will be used for analyzing data, composing reports, and/or presenting results

(f) **A description of all resources, both paper and electronic, that will be available to the pharmacist in the course of providing the services:**

- Patient reported medications, allergies, health conditions, incidents, and health related habits.
- Clinical Pharmacology
- Facts & Comparisons
- Lexicomp Online
- Micromedex

- UpToDate
- Pharmacists Letter
- Natural Medicines Database
- As well as clinical guidelines and evidence-bases sources as necessary for the various disease states

(g) **The days and hours during which the pharmacist intends to provide the services:**
Monday through Friday. Some weekends if Pharmacist is available.

(h) **An explanation of the policy of the pharmacist for users of the services when the pharmacist is unavailable:**
All referrals and medication inquiries will be submitted to the pharmacists electronically and be resolved/answered within 72 hours for Nevada Senior Services. If the pharmacist is unavailable, patients will be able to speak with staff from Nevada Senior Services to get in contact with appropriate medical providers during office hours. In the case of an emergency, patients will be directed to emergency services.

For the WEHIL project, MTM services will be provided as part of a 6-week training course. If a pharmacist is not available to provide medication reviews on a selected date, an alternative date will be provided to course members for such services. In the case of an emergency, patients will be directed to emergency services.

(i) **An explanation of the policy of the pharmacist regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including, without limitation, paper and electronic records:**
Records and data will be kept confidential in compliance with HIPAA regulations and best practices. Data will be stored in patient's electronic health record and password protected devices accessible by authorized users only.

(j) **Whether the services provided will be affiliated with, an adjunct of or otherwise related to a licensed pharmacy:**
The services will have no affiliation with a licensed pharmacy.

(k) **A description of the business plan for the services provided:**
No business plan is needed. Services provided through Roseman University are covered through grant funding and volunteer services.

I appreciate the Board for taking the time to review the information included in this application. Please contact me if any additional information is needed.

Respectfully,



Michelle Hon, PharmD
Roseman University of Health Sciences
11 Sunset Way, Henderson, NV 89014
Phone: 702[redacted]
Email: mhon1@roseman.edu

18C

September 22, 2022

Dear Nevada Board of Pharmacy Members,

I am submitting this letter of request to provide Medication Therapy Management (MTM) and primary care services to patients through the Roseman University of Health Sciences. I am requesting an appearance before the Board at the October 2022 meeting for approval to provide pharmacy services at an alternate site other than a licensed pharmacy. I am including the following details as required per NAC 639.403 sections (a) through (k):

(a) **The name of the pharmacist:**
Maribeth Moran, PharmD (NV License #20913)

(b) **A description of the services that the pharmacist intends to provide at the site:**
Services provided:

- Management of medication therapy by addressing poly-pharmacy, drug interactions, high cost medication therapy, and medication adherence
- Medication reconciliation
- Enhancement of therapeutic outcome through medication and disease states education
- Improvement of overall health through smoking cessation and lifestyle modification recommendations
- Teaching and precepting pharmacy students from Roseman University of Health Sciences, College of Pharmacy

(c) **The location at which the pharmacist will provide the services:**
Roseman University of Health Sciences – Henderson Campus
11 Sunset Way, Henderson, NV 89014

Southern Nevada Health District – With Every Heartbeat is Life (WEHIL) Project
Community centers selected by Southern Nevada Health District with qualifying patients that have hypertension or may be pre-hypertensive.

(d) **An identification of the types of patients or other persons to whom the pharmacist intends to provide the services:**
Referred patients with chronic disease states, patients transitioning between facilities (in-patient to home, skilled nursing facility to home, etc.), as well as patients who would like to improve their overall medication regimen and health

(e) **An identification of the types of pharmacies or other entities to whom the pharmacist intends to provide the services:**

- Nevada Senior Services: this organization will be providing the referrals and is licensing the Homemeds program for MTM services
- Southern Nevada Health District: Will set up training courses through WEHIL project that will provide MTM referrals at a specified class time for participants
- Roseman University of Health Sciences: this facility will be used for analyzing data, composing reports, and/or presenting results

(f) **A description of all resources, both paper and electronic, that will be available to the pharmacist in the course of providing the services:**

- Patient reported medications, allergies, health conditions, incidents, and health related habits.
- Clinical Pharmacology
- Facts & Comparisons
- Lexicomp Online
- Micromedex

- UpToDate
- Pharmacists Letter
- Natural Medicines Database
- As well as clinical guidelines and evidence-bases sources as necessary for the various disease states

(g) **The days and hours during which the pharmacist intends to provide the services:**
Monday through Friday. Some weekends if Pharmacist is available.

(h) **An explanation of the policy of the pharmacist for users of the services when the pharmacist is unavailable:**
All referrals and medication inquiries will be submitted to the pharmacists electronically and be resolved/answered within 72 hours for Nevada Senior Services. If the pharmacist is unavailable, patients will be able to speak with staff from Nevada Senior Services to get in contact with appropriate medical providers during office hours. In the case of an emergency, patients will be directed to emergency services.

For the WEHIL project, MTM services will be provided as part of a 6-week training course. If a pharmacist is not available to provide medication reviews on a selected date, an alternative date will be provided to course members for such services. In the case of an emergency, patients will be directed to emergency services.

(i) **An explanation of the policy of the pharmacist regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including, without limitation, paper and electronic records:**
Records and data will be kept confidential in compliance with HIPAA regulations and best practices. Data will be stored in patient's electronic health record and password protected devices accessible by authorized users only.

(j) **Whether the services provided will be affiliated with, an adjunct of or otherwise related to a licensed pharmacy:**
The services will have no affiliation with a licensed pharmacy.

(k) **A description of the business plan for the services provided:**
No business plan is needed. Services provided through Roseman University are covered through grant funding and volunteer services.

I appreciate the Board for taking the time to review the information included in this application. Please contact me if any additional information is needed.

Respectfully,



Maribeth Moran, PharmD
Roseman University of Health Sciences
11 Sunset Way, Henderson, NV 89014
Phone: [redacted]
Email: [redacted]

September 22, 2022

Dear Nevada Board of Pharmacy Members,

I am submitting this letter of request to provide Medication Therapy Management (MTM) and primary care services to patients through the Roseman University of Health Sciences. I am requesting an appearance before the Board at the October 2022 meeting for approval to provide pharmacy services at an alternate site other than a licensed pharmacy. I am including the following details as required per NAC 639.403 sections (a) through (k):

(a) **The name of the pharmacist:**
Maribeth Moran, PharmD (NV License #20913)

(b) **A description of the services that the pharmacist intends to provide at the site:**
Services provided:

- Management of chronic conditions including, but not limited to, hypertension, diabetes, hyperlipidemia
- Management of medication therapy by addressing poly-pharmacy, drug interactions, high cost medication therapy, and medication adherence
- Medication reconciliation
- Enhancement of therapeutic outcome through medication and disease states education
- Improvement of overall health through smoking cessation and lifestyle modification recommendations
- Management of disease states and medication safety through collecting and analyzing patient information such as demographics, social history, medication therapy history, past medical history, allergies, and lab results
- Management of medication therapy through adjusting, initiating, discontinuing medications
- Management of disease states and medication therapy through ordering and analyzing lab values
- Teaching and precepting pharmacy students from Roseman University of Health Sciences, College of Pharmacy

(c) **The location at which the pharmacist will provide the services:**
Roseman University of Health Sciences – Henderson Campus
11 Sunset Way, Henderson, NV 89014

Family Doctors of Boulder City
895 Adams Blvd, Boulder City, NV 89005

Boulder City Primary Care
999 Adams Blvd, Boulder City, NV, 89005

(d) **An identification of the types of patients or other persons to whom the pharmacist intends to provide the services:**

Referred patients with chronic disease states as well as patients who would like to improve their overall medication regimen and health

(e) **An identification of the types of pharmacies or other entities to whom the pharmacist intends to provide the services:**
- Primary Care Clinics:
  - Family Doctors of Boulder City
  - Boulder City Primary Care
- Roseman University of Health Sciences: this facility will be used for analyzing data, composing reports, and/or presenting results

(f) **A description of all resources, both paper and electronic, that will be available to the pharmacist in the course of providing the services:**
- Patient profiles from the respective clinic's electronic health record
  - reported medications
  - allergies
  - health conditions
  - incidents
  - health related habits.
- Clinical Pharmacology
- Facts & Comparisons
- Lexicomp Online
- Micromedex
- UpToDate
- Pharmacists Letter
- Natural Medicines Database
- As well as clinical guidelines and evidence-bases sources as necessary for the various disease states

(g) **The days and hours during which the pharmacist intends to provide the services:**
Monday through Friday by appointment only based on pharmacist availability

(h) **An explanation of the policy of the pharmacist for users of the services when the pharmacist is unavailable:** Services will be available by appointment only. All referrals submitted and appointments scheduled will be made through the respective clinic's appointment system. In the event that the pharmacist is unavailable, patients will be able to speak with receptionists, medical assistants, and/or medical providers during office hours. In the case of an emergency, patients will be directed to emergency services.

(i) **An explanation of the policy of the pharmacist regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including, without limitation, paper and electronic records:**
Records and data will be kept confidential in compliance with HIPAA regulations and best practices. Data will be stored in patient's electronic health record and password protected devices accessible by authorized users only.

(j) **Whether the services provided will be affiliated with, an adjunct of or otherwise related to a licensed pharmacy:**
The services will have no affiliation with a licensed pharmacy.

(k) **A description of the business plan for the services provided:**
No business plan is needed. Services provided through Roseman University at the respective clinics are covered through grant funding and volunteer services.

I appreciate the Board for taking the time to review the information included in this application. Please contact me if any additional information is needed.

Respectfully,



Maribeth Moran, PharmD
Roseman University of Health Sciences
11 Sunset Way, Henderson, NV 89014
Phone: [redacted]
Email: [redacted]

18D

September 22, 2022

Dear Nevada Board of Pharmacy Members,

I am submitting this letter of request to provide Medication Therapy Management (MTM) and primary care services to patients through the Roseman University of Health Sciences. I am requesting an appearance before the Board at the October 2022 meeting for approval to provide pharmacy services at an alternate site other than a licensed pharmacy. I am including the following details as required per NAC 639.403 sections (a) through (k):

(a) **The name of the pharmacist:**
Catherine Oswald, PharmD (NV License #17138)

(b) **A description of the services that the pharmacist intends to provide at the site:**
Services provided:

- Management of medication therapy by addressing poly-pharmacy, drug interactions, high cost medication therapy, and medication adherence
- Medication reconciliation
- Enhancement of therapeutic outcome through medication and disease states education
- Improvement of overall health through smoking cessation and lifestyle modification recommendations
- Teaching and precepting pharmacy students from Roseman University of Health Sciences, College of Pharmacy

(c) **The location at which the pharmacist will provide the services:**
Roseman University of Health Sciences – Henderson Campus
11 Sunset Way, Henderson, NV 89014

Southern Nevada Health District – With Every Heartbeat is Life (WEHIL) Project
Community centers selected by Southern Nevada Health District with qualifying patients that have hypertension or may be pre-hypertensive.

(d) **An identification of the types of patients or other persons to whom the pharmacist intends to provide the services:**
Referred patients with chronic disease states, patients transitioning between facilities (in-patient to home, skilled nursing facility to home, etc.), as well as patients who would like to improve their overall medication regimen and health

(e) **An identification of the types of pharmacies or other entities to whom the pharmacist intends to provide the services:**

- Nevada Senior Services: this organization will be providing the referrals and is licensing the Homemeds program for MTM services
- Southern Nevada Health District: Will set up training courses through WEHIL project that will provide MTM referrals at a specified class time for participants
- Roseman University of Health Sciences: this facility will be used for analyzing data, composing reports, and/or presenting results

(f) **A description of all resources, both paper and electronic, that will be available to the pharmacist in the course of providing the services:**

- Patient reported medications, allergies, health conditions, incidents, and health related habits.
- Clinical Pharmacology
- Facts & Comparisons
- Lexicomp Online
- Micromedex

- UpToDate
- Pharmacists Letter
- Natural Medicines Database
- As well as clinical guidelines and evidence-bases sources as necessary for the various disease states

(g) **The days and hours during which the pharmacist intends to provide the services:**
Monday through Friday. Some weekends if Pharmacist is available.

(h) **An explanation of the policy of the pharmacist for users of the services when the pharmacist is unavailable:**
All referrals and medication inquiries will be submitted to the pharmacists electronically and be resolved/answered within 72 hours for Nevada Senior Services. If the pharmacist is unavailable, patients will be able to speak with staff from Nevada Senior Services to get in contact with appropriate medical providers during office hours. In the case of an emergency, patients will be directed to emergency services.

For the WEHIL project, MTM services will be provided as part of a 6-week training course. If a pharmacist is not available to provide medication reviews on a selected date, an alternative date will be provided to course members for such services. In the case of an emergency, patients will be directed to emergency services.

(i) **An explanation of the policy of the pharmacist regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including, without limitation, paper and electronic records:**
Records and data will be kept confidential in compliance with HIPAA regulations and best practices. Data will be stored in patient's electronic health record and password protected devices accessible by authorized users only.

(j) **Whether the services provided will be affiliated with, an adjunct of or otherwise related to a licensed pharmacy:**
The services will have no affiliation with a licensed pharmacy.

(k) **A description of the business plan for the services provided:**
No business plan is needed. Services provided through Roseman University are covered through grant funding and volunteer services.

I appreciate the Board for taking the time to review the information included in this application. Please contact me if any additional information is needed.

Respectfully,



Catherine Oswald, PharmD, BCGP
Roseman University of Health Sciences
11 Sunset Way, Henderson, NV 89014
Phone: [redacted]
Email: coswald@roseman.edu

18E

September 22, 2022

Dear Nevada Board of Pharmacy Members,

I am submitting this letter of request to provide Medication Therapy Management (MTM) and primary care services to patients through the Roseman University of Health Sciences. I am requesting an appearance before the Board at the October 2022 meeting for approval to provide pharmacy services at an alternate site other than a licensed pharmacy. I am including the following details as required per NAC 639.403 sections (a) through (k):

(a) **The name of the pharmacist:**
Kaylee Putney, PharmD, BCCCP, BCPS, MBA (NV License #19978)

(b) **A description of the services that the pharmacist intends to provide at the site:**
Services provided:

- Management of medication therapy by addressing poly-pharmacy, drug interactions, high cost medication therapy, and medication adherence
- Medication reconciliation
- Enhancement of therapeutic outcome through medication and disease states education
- Improvement of overall health through smoking cessation and lifestyle modification recommendations
- Teaching and precepting pharmacy students from Roseman University of Health Sciences, College of Pharmacy

(c) **The location at which the pharmacist will provide the services:**
Roseman University of Health Sciences – Henderson Campus
11 Sunset Way, Henderson, NV 89014

Southern Nevada Health District – With Every Heartbeat is Life (WEHIL) Project
Community centers selected by Southern Nevada Health District with qualifying patients that have hypertension or may be pre-hypertensive.

(d) **An identification of the types of patients or other persons to whom the pharmacist intends to provide the services:**
Referred patients with chronic disease states, patients transitioning between facilities (in-patient to home, skilled nursing facility to home, etc.), as well as patients who would like to improve their overall medication regimen and health

(e) **An identification of the types of pharmacies or other entities to whom the pharmacist intends to provide the services:**

- Nevada Senior Services: this organization will be providing the referrals and is licensing the Homemeds program for MTM services
- Southern Nevada Health District: Will set up training courses through WEHIL project that will provide MTM referrals at a specified class time for participants
- Roseman University of Health Sciences: this facility will be used for analyzing data, composing reports, and/or presenting results

(f) **A description of all resources, both paper and electronic, that will be available to the pharmacist in the course of providing the services:**

- Patient reported medications, allergies, health conditions, incidents, and health related habits.
- Clinical Pharmacology
- Facts & Comparisons
- Lexicomp Online
- Micromedex

- UpToDate
- Pharmacists Letter
- Natural Medicines Database
- As well as clinical guidelines and evidence-bases sources as necessary for the various disease states

(g) **The days and hours during which the pharmacist intends to provide the services:**
Monday through Friday. Some weekends if Pharmacist is available.

(h) **An explanation of the policy of the pharmacist for users of the services when the pharmacist is unavailable:**
All referrals and medication inquiries will be submitted to the pharmacists electronically and be resolved/answered within 72 hours for Nevada Senior Services. If the pharmacist is unavailable, patients will be able to speak with staff from Nevada Senior Services to get in contact with appropriate medical providers during office hours. In the case of an emergency, patients will be directed to emergency services.

For the WEHIL project, MTM services will be provided as part of a 6-week training course. If a pharmacist is not available to provide medication reviews on a selected date, an alternative date will be provided to course members for such services. In the case of an emergency, patients will be directed to emergency services.

(i) **An explanation of the policy of the pharmacist regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including, without limitation, paper and electronic records:**
Records and data will be kept confidential in compliance with HIPAA regulations and best practices. Data will be stored in patient's electronic health record and password protected devices accessible by authorized users only.

(j) **Whether the services provided will be affiliated with, an adjunct of or otherwise related to a licensed pharmacy:**
The services will have no affiliation with a licensed pharmacy.

(k) **A description of the business plan for the services provided:**
No business plan is needed. Services provided through Roseman University are covered through grant funding and volunteer services.

I appreciate the Board for taking the time to review the information included in this application. Please contact me if any additional information is needed.

Respectfully,

KP

Kaylee Putney, PharmD, BCCCP, BCPS, MBA
Roseman University of Health Sciences
11 Sunset Way, Henderson, NV 89014
Phone: [redacted]
Email: kvitale1@roseman.edu

18F

NUTILE LAW

Maria Nutile, Esq.*
Bridget Kelly, Esq. **

* licensed in NV, AZ and CO
** licensed in NV and AZ

October 17, 2022

VIA EMAIL
dwuest@pharmacy.nv.gov

J. David Wuest, R.Ph.
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy. Ste. 206
Reno, NV 89521

Re: ***Application to Practice Pharmacy at a Site Other Than a Licensed Pharmacy; Bradley Rassuchine, R.Ph. (Lic. No. 08310); Matthew Williams, Pharm.D., R.Ph (Lic. No. 16412).; and Ean Tucker, Pharm.D., R.Ph. (Lic. No. 19609)***

Dear Mr. Wuest:

This firm represents Allison, Curtis, Kingsley, Meoz, Michael & Sanchez, Prof. Corp., dba Comprehensive Cancer Centers of Nevada ("CCCN"), employer of the above-named registered pharmacists ("Pharmacists"). As we previously discussed via telephone, it has recently come to our attention that the Pharmacists had not submitted applications to practice pharmacy at CCCN's locations (none of which is a licensed pharmacy) as required pursuant to NAC 639.403. The Pharmacists' application is attached herewith, and we respectfully request that it be considered at the November 30 - December 1, 2022 general meeting.[1]

CCCN and the Pharmacists are unable to account for their failure to apply sooner. Perhaps because Mr. Rassuchine's and Mr. Williams's employment with CCCN pre-dated the 2008 adoption of NAC 639.403, and served as a model for subsequent employment of CCCN pharmacists, this requirement went unnoticed and was never incorporated into CCCN's onboarding procedures. As you know, CCCN has a long history of working closely with the Nevada State Board of Pharmacy ("BOP") with regard to legislative and regulatory matters, and had never concealed the Pharmacists' work or sought to bypass this application requirement. Stated simply, this issue had just not come up until it was brought to the Pharmacists' attention by BOP Investigator Kenneth C. Scheuber.

As explained in the attached application, the Pharmacists are responsible for overseeing and informing CCCN's medical oncology treatment programs, including chemotherapy. CCCN simply could

[1] One of the Pharmacists will be travelling for professional purposes on the afternoon of December 1, 2022, so we additionally request that the application be placed on the agenda for November 30th or the morning of December 1st at the latest, if possible.

not continue to provide the medication treatments relied upon by thousands of CCCN patients each month, quite literally as a matter of life or death, without the support of the Pharmacists.

CCCN, the Pharmacists, and we as CCCN's legal counsel agree that the interests of the public are best served if the Pharmacists continue the work they have been doing over the past many years pending the BOP's consideration, and hopefully approval, of the application. None of the Pharmacists has been the subject of a BOP investigation or discipline related to their past work at CCCN; no malpractice actions have been filed against them; and there have been no incidents of or concerns for patient harm arising from their services at CCCN. Although the Pharmacists' continued work at CCCN may constitute a knowing noncompliance with NAC 639.403, we trust the BOP will recognize that, under these circumstances, the safety of seriously ill cancer patients in Nevada is better protected through the continued practice of the Pharmacists, rather than through the unthinkable alternative of suspending all medical oncology treatments at CCCN.

Although we are still researching the issue, the Pharmacists may be required to submit Collaborative Practice Agreements in accordance with NRS 639.2623. If so, we will provide those to the BOP as soon as possible, with the caveat that it will take some time to obtain the signatures of the roughly twenty-five (25) CCCN medical oncologists who collaborate with each of the Pharmacists.

We appreciate your consideration of the foregoing issues. Should you wish to discuss further, I may be reached at 702.307.4870.

Sincerely,

NUTILE LAW

Maria Nutile, Esq.

Encl.

cc: Mark Sedar, COO
Brett Kandt, General Counsel
CCCN
Bradley Rassuchine, R.Ph.
Matthew Williams, Pharm.D., R.Ph.
Ean Tucker, Pharm.D., R.Ph.
Bridget Kelly, Esq.

Chief Executive Officer
Joe Pilmer

Medical Oncology
Imran Ahmed, MD
Fadi Braiteh, MD
Stephen Christensen, MD
Khoi Dao, MD
Mohammad S. Ghori, MD
Oscar B. Goodman, Jr., MD, PhD
Vikas Gupta, MD
Dawaty Ho, MD
Ragan Holdridge, MD
Henry Igel, MD
Karen S. Jacks, MD
Clark S. Jeon, MD
Gill Kaniel, MD
Dhoa Kanehal, MD
Edwin C. Kingsley, MD
Anthony V. Nguyen, MD
Gregory Obrist, MD
Rupesh J. Parikh, MD
D. Keshava Prasad, MD, FRCP, FRCPath
Ravi Ramasubbaiah, MD
William Sarosiek, MD, FACP
Hamidreza Sanatinia, MD
Anu Thummala, MD
Kostiuk Tibayan, MD
Brian Vicens, MD

Medical Oncology APPs
Rafaela E. Abaya, MSN, APRN, FNP-C
Anne Raquel C. Bacani, MSN, APRN, FNP-C
Yasmine Balleseros, MSN, APRN, FNP-BC, AOCNP
Michelle Biga, MSN, FNP-BC
Barbara Caldwell, MSN, APRN, OCRA
Michelle Hunt, MSN, FNP-BC, ACHPN
Stacey Lythgoe, MSN, APRN, FNP-C
Shelley S. Miles, MSN, APRN, FNP-BC, AOCNP
Charlene Southwick, MSN, APRN, FNP-BC, AOCNP

Radiation Oncology
Michael J. Anderson, MD
Andrew M. Collen, MD
Daniel Costa, MD
Farzaneh Farzin, MD
Steven R. Frankel, MD, MS
Kapil T. Mehta, MD, FACR
Matthew Schwartz, MD
Michael T. Spiropoli, MD
W. Andrew Wong, MD

Radiation Oncology APPs
Sruti Kummetha M. Marrapu, MSN, APRN, FNP-C
Kelsey Meekler, PA-C

Breast Surgery
Sawsan El-Eid, MD, FACS
M. Fernanda Duffy, DO, FACOS
Margaret A. Tarbox, MD, FACS

Pulmonology
Nitasty Changawala, MD, MPH
John (Jack) Collier, MD, FCCP, DABSM
James S. J. Lee, MD, FCCP, DABSM
Krishna Bhatia Mehta, MD
Vallabh Mehta, MD
Ralph M. Tarazona, MD, FCCP, FACP
George S. Yu, MD, FCCP, DABSM
Lisa J. Wojcik, MD, FCCP, DABSM

Pulmonology APPs
Lindee Anderson, MSN, APRN-C, FNP-C
Katie Capp, MSN, APRN, FNP-C
Denise Harsath, MSN, APRN, FNP-C
Vida Kim, MSN, APRN, FNP-BC
Lorraine Kassal, MSN, APRN, FNP-BC
Chris H. McCormick, APRN, DNP, FNP-C

COMPREHENSIVE
CANCER CENTERS

October 17, 2022

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway #206
Reno, Nevada 89251

Re: Request to practice pharmacy at a site not licensed as a pharmacy.

Dear Board Members,

We are requesting that each of the below pharmacists be granted permission to practice pharmacy at a site that is not licensed as a pharmacy. Each of the sites noted below is a location of Comprehensive Cancer Centers of Nevada ("CCCN"), and we are each an employee of CCCN. In accordance with NAC 639.403, we submit the following information for your consideration:

a. Names of Pharmacists

1. Bradley Rassuchine RPh (Lic. No. 08310)
2. Matthew Williams PharmD, RPh (Lic. No. 16412)
3. Ean Tucker PharmD, RPh (Lic. No. 19609)

b. Description of services

1.Oversight of the admixture staff in the procurement, storage and admixture of intravenous medications and chemotherapy.

2. Oversight of the staff in the selection, procurement, and storage of medical supplies.

3. Management of investigation products (IP):
   a. Their proper storage and documentation of storage conditions.
   b. Maintenance of inventory logs
   c. Proper admixture and administration of IP per Study Protocol.
   d. Completion of Study Protocol required documents concerning the receipt, storage, dispensing and destruction of IP.
   e. Assisting in the addition of Research Protocol Regimens into the Electron Medical Record (EMR) system.

4. Providing medication information and training to staff.

5. Assisting in obtaining insurance approval or appeal of denials of coverage for medications given in the clinic.

6. Assisting the Pharmacy and Therapeutics Committee in developing drug administration policies and preferred drug lists.

7. Assisting providers in the selection of the proper biosimilar and therapeutic agents that require Step Edits for insurance coverage.

c. Locations:

Services will be provided at the following offices of CCCN:

3730 S. Eastern Ave. Las Vegas, NV 89169
1505 Wigwam Parkway #130 Henderson, NV 89074
2460 W. Horizon Ridge Parkway Henderson, NV 89052
10001 S. Eastern Ave Henderson, NV 89052
9280 W. Sunset Road Las Vegas, NV 89148
653 Town Center Drive #402 Las Vegas, NV 89144
7445 Peak Drive Las Vegas, NV 89128

d. Types of patients or other persons to whom the pharmacist intends to provide the services.

Services will be provided to patients of CCCN physicians primarily treating cancer, at the CCCN Locations.

e. Types of pharmacies or other entities to whom the pharmacist intends to provide the services

No pharmacies or other entities will be served.

f. Resources available:

a. US Oncology Pharmacy Operations Policy and Procedures and Admixture Guidelines
b. Clinical Pharmacology
c. National Comprehensive Cancer Network (NCCN) Guidelines
d. UptoDate

g. Days and hours of operation

CCCN Locations are open Monday thru Friday of each week. 8am to 5pm

h. Explanation of the policy of the pharmacist for users of the services when the pharmacist is unavailable

CCCN employs three (3) full time pharmacists: this permits scheduling so one pharmacist is always available during normal operating hours.

i. An explanation of the policy of the pharmacist regarding the confidentiality and security of the patient data that will be gathered, made and maintained as part of the services which are provided

Pharmacists, like all CCCN employees, are required to have annual HIPAA training. All patient data is secured within the EMR of CCCN and paper documents in the medical record department or admixture departments of CCCN. No documents are taken outside of the CCCN Locations.

j. Whether the services provided will be affiliated with, an adjunct of or otherwise related to a licensed pharmacy

Services are not affiliated, adjunct or in any way related to a licensed pharmacy, the services are solely for the patients of CCCN.

k. A description of the business plan for the services provided

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Respectfully,

Brad Rassuchine

Bradley Rassuchine, RPH

Matthew Williams, PharmD, RPh

Ean Tucker

Ean Tucker, PharmD, RPh

NSBP Letter 10.17.22

Final Audit Report 2022-10-17

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Adobe Acrobat Sign

18G

NUTILE LAW

Maria Nutile, Esq.*
Bridget Kelly, Esq. **

* licensed in NV, AZ and CO
** licensed in NV and AZ

October 17, 2022

VIA EMAIL
dwuest@pharmacy.nv.gov

J. David Wuest, R.Ph.
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy. Ste. 206
Reno, NV 89521

Re: ***Application to Practice Pharmacy at a Site Other Than a Licensed Pharmacy; Bradley Rassuchine, R.Ph. (Lic. No. 08310); Matthew Williams, Pharm.D., R.Ph (Lic. No. 16412).; and Ean Tucker, Pharm.D., R.Ph. (Lic. No. 19609)***

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This firm represents Allison, Curtis, Kingsley, Meoz, Michael & Sanchez, Prof. Corp., dba Comprehensive Cancer Centers of Nevada ("CCCN"), employer of the above-named registered pharmacists ("Pharmacists"). As we previously discussed via telephone, it has recently come to our attention that the Pharmacists had not submitted applications to practice pharmacy at CCCN's locations (none of which is a licensed pharmacy) as required pursuant to NAC 639.403. The Pharmacists' application is attached herewith, and we respectfully request that it be considered at the November 30 - December 1, 2022 general meeting.[1]

CCCN and the Pharmacists are unable to account for their failure to apply sooner. Perhaps because Mr. Rassuchine's and Mr. Williams's employment with CCCN pre-dated the 2008 adoption of NAC 639.403, and served as a model for subsequent employment of CCCN pharmacists, this requirement went unnoticed and was never incorporated into CCCN's onboarding procedures. As you know, CCCN has a long history of working closely with the Nevada State Board of Pharmacy ("BOP") with regard to legislative and regulatory matters, and had never concealed the Pharmacists' work or sought to bypass this application requirement. Stated simply, this issue had just not come up until it was brought to the Pharmacists' attention by BOP Investigator Kenneth C. Scheuber.

As explained in the attached application, the Pharmacists are responsible for overseeing and informing CCCN's medical oncology treatment programs, including chemotherapy. CCCN simply could

[1] One of the Pharmacists will be travelling for professional purposes on the afternoon of December 1, 2022, so we additionally request that the application be placed on the agenda for November 30th or the morning of December 1st at the latest, if possible.

not continue to provide the medication treatments relied upon by thousands of CCCN patients each month, quite literally as a matter of life or death, without the support of the Pharmacists.

CCCN, the Pharmacists, and we as CCCN's legal counsel agree that the interests of the public are best served if the Pharmacists continue the work they have been doing over the past many years pending the BOP's consideration, and hopefully approval, of the application. None of the Pharmacists has been the subject of a BOP investigation or discipline related to their past work at CCCN; no malpractice actions have been filed against them; and there have been no incidents of or concerns for patient harm arising from their services at CCCN. Although the Pharmacists' continued work at CCCN may constitute a knowing noncompliance with NAC 639.403, we trust the BOP will recognize that, under these circumstances, the safety of seriously ill cancer patients in Nevada is better protected through the continued practice of the Pharmacists, rather than through the unthinkable alternative of suspending all medical oncology treatments at CCCN.

Although we are still researching the issue, the Pharmacists may be required to submit Collaborative Practice Agreements in accordance with NRS 639.2623. If so, we will provide those to the BOP as soon as possible, with the caveat that it will take some time to obtain the signatures of the roughly twenty-five (25) CCCN medical oncologists who collaborate with each of the Pharmacists.

We appreciate your consideration of the foregoing issues. Should you wish to discuss further, I may be reached at 702.307.4870.

Sincerely,

NUTILE LAW

Maria Nutile, Esq.

Encl.

cc: Mark Sedar, COO
Brett Kandt, General Counsel
CCCN
Bradley Rassuchine, R.Ph.
Matthew Williams, Pharm.D., R.Ph.
Ean Tucker, Pharm.D., R.Ph.
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Fadi Braiteh, MD
Stephen Christensen, MD
Khoi Dao, MD
Mohammad S. Ghori, MD
Oksana B. Goodman, Jr., MD, PhD
Vikas Gupta, MD
Dawaty Ho, MD
Ragan Holdridge, MD
Henry Igel, MD
Karen S. Jacks, MD
Clark S. Joor, MD
Gill Kaniel, MD
Dhoa Kayshal, MD
Edwin C. Kingsley, MD
Anthony V. Nguyen, MD
Gregory Obrist, MD
Rupesh J. Parikh, MD
D. Keshava Prasad, MD, FRCP, FRCPath
Ravi Ramasubbaiah, MD
William Sarosiek, MD, FACP
Hamidreza Sanatinia, MD
Anu Thummala, MD
Kostiuk Tibayan, MD
Brian Vicens, MD

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Raphaela E. Ataun, MSN, APRN, FNP-C
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Yashienne Ballesteros, MSN, APRN, FNP-BC, AOCNP
Michelle Biga, MSN, FNP-BC
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M. Fernanda Duffy, DO, FACOS
Margaret A. Tarbox, MD, FACS

Pulmonology
Nitasty Changawala, MD, MPH
John (Jack) Collier, MD, FCCP, DABSM
James S. J. Lee, MD, FCCP, DABSM
Krishna Bhatia Mehta, MD
Vallabh Mehta, MD
Ralph M. Tarazona, MD, FCCP, FACP
George S. Yu, MD, FCCP, DABSM
Lisa J. Wojcik, MD, FCCP, DABSM

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Lindsey Anderson, MSN, APRN-C, FNP-C
Katie Capp, MSN, APRN, FNP-C
Denise Harsath, MSN, APRN, FNP-C
Vida Kim, MSN, APRN, FNP-BC
Lorraine Kassal, MSN, APRN, FNP-BC
Chris H. McCormick, APRN, DNP, FNP-C

COMPREHENSIVE
CANCER CENTERS

October 17, 2022

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway #206
Reno, Nevada 89251

Re: Request to practice pharmacy at a site not licensed as a pharmacy.

Dear Board Members,

We are requesting that each of the below pharmacists be granted permission to practice pharmacy at a site that is not licensed as a pharmacy. Each of the sites noted below is a location of Comprehensive Cancer Centers of Nevada ("CCCN"), and we are each an employee of CCCN. In accordance with NAC 639.403, we submit the following information for your consideration:

a. Names of Pharmacists

1. Bradley Rassuchine RPh (Lic. No. 08310)
2. Matthew Williams PharmD, RPh (Lic. No. 16412)
3. Ean Tucker PharmD, RPh (Lic. No. 19609)

b. Description of services

1.Oversight of the admixture staff in the procurement, storage and admixture of intravenous medications and chemotherapy.

2. Oversight of the staff in the selection, procurement, and storage of medical supplies.

3. Management of investigation products (IP):
   a. Their proper storage and documentation of storage conditions.
   b. Maintenance of inventory logs
   c. Proper admixture and administration of IP per Study Protocol.
   d. Completion of Study Protocol required documents concerning the receipt, storage, dispensing and destruction of IP.
   e. Assisting in the addition of Research Protocol Regimens into the Electron Medical Record (EMR) system.

4. Providing medication information and training to staff.

5. Assisting in obtaining insurance approval or appeal of denials of coverage for medications given in the clinic.

6. Assisting the Pharmacy and Therapeutics Committee in developing drug administration policies and preferred drug lists.

7. Assisting providers in the selection of the proper biosimilar and therapeutic agents that require Step Edits for insurance coverage.

c. Locations:

Services will be provided at the following offices of CCCN:

3730 S. Eastern Ave. Las Vegas, NV 89169
1505 Wigwam Parkway #130 Henderson, NV 89074
2460 W. Horizon Ridge Parkway Henderson, NV 89052
10001 S. Eastern Ave Henderson, NV 89052
9280 W. Sunset Road Las Vegas, NV 89148
653 Town Center Drive #402 Las Vegas, NV 89144
7445 Peak Drive Las Vegas, NV 89128

d. Types of patients or other persons to whom the pharmacist intends to provide the services.

Services will be provided to patients of CCCN physicians primarily treating cancer, at the CCCN Locations.

e. Types of pharmacies or other entities to whom the pharmacist intends to provide the services

No pharmacies or other entities will be served.

f. Resources available:

a. US Oncology Pharmacy Operations Policy and Procedures and Admixture Guidelines
b. Clinical Pharmacology
c. National Comprehensive Cancer Network (NCCN) Guidelines
d. UptoDate

g. Days and hours of operation

CCCN Locations are open Monday thru Friday of each week. 8am to 5pm

h. Explanation of the policy of the pharmacist for users of the services when the pharmacist is unavailable

CCCN employs three (3) full time pharmacists: this permits scheduling so one pharmacist is always available during normal operating hours.

i. An explanation of the policy of the pharmacist regarding the confidentiality and security of the patient data that will be gathered, made and maintained as part of the services which are provided

Pharmacists, like all CCCN employees, are required to have annual HIPAA training. All patient data is secured within the EMR of CCCN and paper documents in the medical record department or admixture departments of CCCN. No documents are taken outside of the CCCN Locations.

j. Whether the services provided will be affiliated with, an adjunct of or otherwise related to a licensed pharmacy

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There is no formal written business plan for medical oncology services provided through the pharmacists; the services are ancillary to the services of the CCCN providers. The physician providers of CCCN develop the treatment plans of patients and they are implemented with the services described above by each of the pharmacists.

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Executive Secretary
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Vida Kim, MSN, APRN, FNP-BC
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July 19, 2022

Alexandra Pace, NHA CPhT
Director, Pharmacy Technician Education and Training Program
Asher College – Las Vegas
6029 W Charleston Blvd
Las Vegas, NV 89146

Dear Alexandra Pace:

It is a pleasure to inform you of the following action taken at the Pharmacy Technician Accreditation Commission meeting on May 4, 2022.

VOTED
To approve for accreditation the pharmacy technician education and training program at Asher College – Las Vegas, Las Vegas, Nevada; further,

To grant accreditation for three years (2025), at which time a progress report will be requested to determine continued accreditation.

(Note: The Commission identified that areas of partial compliance 2, 4 through 9, 11, 14 through 23, 26, 27, 30, 32, 33, 34, and 37 have been resolved to its satisfaction and no further information needs to be provided in these areas on the progress report; all other areas of partial compliance should be addressed.)

The Commission arrived at its decision based on a thorough review of the report of the survey conducted on December 7, 2021, and your facility's response to the survey findings. The ASHP and ACPE Board of Directors reviewed and accepted the Pharmacy Technician Accreditation Commission on June 11, 2022 and June 15, 2022. This pharmacy technician education and training program has been duly accredited by ASHP/ACPE since August 24, 2020. Accreditation is granted subject to the provisions set forth in the *ASHP/ACPE Regulations on Accreditation of Pharmacy Technician Education and Training Programs*. A Certificate of Accreditation from our Chief Executive Officer's office on behalf of the Society's Board of Directors will be forwarded to the program director. We congratulate you and the members of your staff on receiving accreditation for your pharmacy technician education and training program.

Sincerely,

Janet A. Silvester
Janet A. Silvester, PharmD, MBA, FASHP
Vice President, Accreditation Services Office
American Society of Health-System Pharmacists

Janet Engle
Janet P. Engle, PharmD, PhD (Hon), FAPhA, FCCP, FNAP
Executive Director
Accreditation Council for Pharmacy Education

ASO/NV-12

cc: Bill Zavatchin, Director of Education
David Vice, President

ASHER COLLEGE

ashp CANDIDATE

RECEIVED
SEP 30 2020
NEVADA STATE BOARD OF PHARMACY

September 25, 2020
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno Nevada 89521

Re: Asher College Pharmacy Technician Program

Greetings,

Asher College is submitting our program to the Nevada State Board of Pharmacy for approval, pending the accreditation from American Society of Health-System Pharmacists (ASHP). The institution is approved by ACCET (Accrediting Council for Continuing Education and Training) and by the Nevada State Commission on Postsecondary Education (CPE).

Asher College Las Vegas is now in candidate status with ASHP and is looking forward to full accreditation.

Asher College is committed to providing education opportunities to students and abiding by the education regulations found in NAC 639.

We look forward to presenting this to the board.

Thank you,

Kat Johnson

Kat Johnson
Director of Compliance
Asher College Las Vegas
6029 W Charleston Blvd
Las Vegas, NV 89146-1116
702-836-9900
Direct Line 916-597-1507
kjohnson@asher.edu

ACCET ASHER COLLEGE

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Oncology Group Practice – Dispensing Practitioner Shared Inventory Registration Application

Non-Refundable $300.00 Fee

Rev (10/19/2022)

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

Approval of this application is required for an oncology group practice to maintain a single inventory of ***dangerous drugs***, excluding compounded drug products, received at a site of practice in lieu of maintaining separate inventories for each dispensing practitioner of the oncology group practice. A dispensing practitioner cannot maintain a shared inventory with other dispensing practitioners or dispense from a Shared Inventory Site before this application is approved and a certificate of registration is issued. An Oncology Group Practice - Dispensing Practitioner Shared Inventory Certificate of Registration is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder. NAC 639.742 - 639.745.

Instructions:

1. Print and mail the completed application to the address indicated above with a **non-refundable fee of $300.00** paid for by credit or debit card or a check, cashier's check or money order made payable to the Nevada State Board of Pharmacy. Credit and debit card payments are charged a 5% processing fee.

2. Once a completed application and fee is submitted and reviewed by the Board, the Shared Inventory Site MUST be inspected by a Board inspector before a certificate of registration may be issued. You will receive an email to schedule your inspection.

3. Once an application is approved, the Shared Inventory Site receives a satisfactory pre-inspection, and all other requirements have been completed, you will receive your Oncology Group Practice - Dispensing Practitioner Shared Inventory Certificate of Registration in your email. Please check your spam or junk mail.

Please note:

- A separate Certificate of Registration is required for each Shared Inventory Site.
- A change in Shared Inventory Site location requires a new application with payment of a registration fee. A satisfactory inspection of the new location will be required before a new Oncology Group Practice - Dispensing Practitioner Shared Inventory Certificate of Registration will be issued and before any dispensing can take place from the new Shared Inventory Site location.
- Each practitioner who will be dispensing from the shared inventory must have a Dispensing Practitioner Registration. NAC 639.742. Please locate the Dispensing Practitioner Registration application here: https://bop.nv.gov/Services/newapps/Practitioners/
- **A practitioner MUST have a dispensing registration at all sites Dangerous Drugs will be stored and dispensed. This includes Shared Inventory Sites and other practice sites where Dangerous Drugs are stored and dispensed.**
- Controlled substances and compounded drug products cannot be maintained in the shared inventory.
- The oncology group practice shall provide written notice to the Board of the addition to or removal of a dispensing practitioner from the Oncology Group Practice Dispensing Practitioner Shared Inventory Site not later than 15 days after the addition or removal.
- Each practitioner who dispenses from the shared inventory shall comply with the requirements of NAC 639.745, including, without limitation, maintaining separate records of each dangerous drug dispensed by that practitioner.
- Every dispensing practitioner who dispenses from the shared inventory is jointly responsible for ensuring that the requirements of NAC 639.742(3) are met.
- The Certificate of Registration must be renewed in **October of even numbered years** despite when the original certificate was issued. Fees ARE NOT prorated.
- Nevada statutes and regulations can be accessed at www.bop.nv.gov
- For questions contact us at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Oncology Group Practice – Dispensing Practitioner Shared Inventory Registration Application

Non-Refundable $300.00 Fee

Rev (10/19/2022)

Type of Application

New Shared Inventory Site Location

☐ Shared Inventory Site Location Change (Provide current Shared Inventory Site License #: _____)

Changes in Dispensing Practitioners sharing inventory (Provide current Shared Inventory Site License #: _____)
(Application fee is not required for this change) (DO NOT SUBMIT A FEE)

Section 1: General Information

Oncology Group Practice Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____

Fax: _____ Contact Email: _____

Website: _____

Nevada Business License # (if applicable) _____

Medical Director Name: _____

Section 2: Shared Inventory Site

Physical Address: _____

City: _____ State: _____ Zip: _____

Contact Person Name: _____

Contact Person Telephone: _____

Contact Person Email: _____

Section 3: List all registered dispensing practitioners that will be dispensing from the Shared Inventory Site. (Use a separate piece of paper if additional space is needed.)

Name: _____	Dispensing Practitioner Registration #: _____
Name: _____	Dispensing Practitioner Registration #: _____
Name: _____	Dispensing Practitioner Registration #: _____
Name: _____	Dispensing Practitioner Registration #: _____
Name: _____	Dispensing Practitioner Registration #: _____
Name: _____	Dispensing Practitioner Registration #: _____
Name: _____	Dispensing Practitioner Registration #: _____
Name: _____	Dispensing Practitioner Registration #: _____
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Name: _____	Dispensing Practitioner Registration #: _____
Name: _____	Dispensing Practitioner Registration #: _____
Name: _____	Dispensing Practitioner Registration #: _____
Name: _____	Dispensing Practitioner Registration #: _____
Name: _____	Dispensing Practitioner Registration #: _____
Name: _____	Dispensing Practitioner Registration #: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____

Print Name (First, Last)

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop nv.gov

Applicant Name: _____

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**. Credit Cards are charged a 5% processing fee		
Credit Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	**Credit Card #:** __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	
Expiration Date: __ __/__ __ (MM/YY	**CVV** (3 digits on back of card): _____	**License Amount**: $_____
Name on Card: _____		
Billing Address: _____ _____ _____		

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EXECUTIVE SECRETARY REPORT
November 30- December 1, 2022

- **FINANCIAL REPORT**
- **TEMPORARY LICENSES**
- **CHANGE OF ADDRESS BUSINESS LIST**
- **Citations & Fines issued pursuant to NRS 639.2895**
- **STAFF ACTIVITIES**
  - Meetings with Other Health Care Boards
  - COVID-19
- **REPORT TO BOARD**
  - Legislative Update
- **BOARD RELATED NEWS**
- **ACTIVITIES REPORT**
  - DEA Registration Update

December 2022 Temporary Licenses since the last Board Meeting

Alicia Finnerty	Pharmacist
Anh Vo	Pharmacist
Anna Barnard	Pharmacist
Anne Dall	Pharmacist
Aquaib Naseem	Pharmacist
Cindy Chang	Pharmacist
Craig Elrod	Pharmacist
Daniel Woo	Pharmacist
Gabriela Krzan	Pharmacist
Jackie White	Pharmacist
Jeff Deucher	Pharmacist
Jennifer Laird	Pharmacist
Joey Reichmuth	Pharmacist
Johannes Botes	Pharmacist
Julie Yi	Pharmacist
Leatha Lynch	Pharmacist
LeeAnna Melton	Pharmacist
Maria Jimena Resendiz Garnica	Pharmacist
Melissa Hansen	Pharmacist
Nathan Deem	Pharmacist
Russell McCauley	Pharmacist
Samy Habib	Pharmacist
Scarlett Eckert	Pharmacist
Selamawit Campbell	Pharmacist
Shalini Chhaya	Pharmacist
Stacey Mohn	Pharmacist
Tahrik Goombs	Pharmacist
Kuehne + Nagel Inc.	Wholesaler
DHL Supply Chain (USA)	Wholesaler
Cordis US Corp	Wholesaler

2022 - NVBOP Business Address Change Only

Date of Request	Business Name	License Number	New Location Address
12/29/2021	The Burkhart Dental Supply Co.	WH01734	6550 Longley Ln Ste 155, Reno, NV 89511
3/10/2022	Reliant Medical Group LLC	MP01458	3935 W Reno Ave Ste H, Las Vegas, NV 89118
3/15/2022	RARX LLC	PH03792	525 Metroplex Drive Ste 202, Nashville, TN 37211
3/17/2022	Roman Health Pharmacy LLC	PH04136	1125 W Pinnacle Peak Rd Bldg 1 Ste 111, Phonenix, AZ 85027
3/29/2022	iSleep LLC	MP01593	4690 Longley Lane Ste 7, Reno, NV 89502
3/29/2022	ZYLA LIFE SCIENCES US INC.	WH02143	100 S Saunders Rd Suite 300 Room 10, Lake Forest IL 60045
4/5/2022	CURITEC LLC	MP03047	24 Waterway Ave, Ste 755, The Woodlands, TX 77380
4/25/2022	Benecard Central Fill of FL, LLC	PH04364	27090 Bay Landing Dr, Bonita Springs, FL 34134
4/28/2022	Blink Pharmacy Plus	PH04261	5 Penn Center West Ste 200, Pittsburgh PA 15276
5/5/2022	Roman Health Pharmacy LLC	PH03937	30-30 47th Ave, Ste 535, Long Island Cirty, NY 11101
6/29/2022	SpinLife	MP03021	330 W Spring St Ste 303, Columbus, OH 43215
7/12/2022	Aveanna Healthcare Medical Solutions	MP00318	5670 Wynn Rd Suite F, Las Vegas, NV 89118
7/12/2022	Tri County Medical & Ostomy	MP01331	198 Marketplace Blvd Ste B110, Johnson City, TN 37604
7/20/2022	Cala Health, Inc	MP02946	1800 Gateway Dr Ste 120, San Mateo, CA 94404
7/26/2022	Fertility Pharmacy of America, LP	PH03761	525 Metroplex Drive Ste 202, Nashville, TN 37211
8/5/2022	RARX LLC	PH03913	525 Metroplex Drive Ste 206, Nashville, TN 37211
9/27/2022	Apostrophe Pharmacy, LLC	PH04071	1440 N Fiesta Blvd Ste 100, Gilbert, AZ
10/4/2022	St Joseph Medical Equipment Corporation	MP01643	17835 Ventura Blvd Suite 303, Encino CA 91316
10/19/2022	HOVEROUND CORPORATION	MP00624	6015 31st St East, Suite 201 Bradenton FL 34203
10/27/2022	Las Vegas Community Pharmacy	PH04396	3200 Soaring Gulls Dr, Ste 101 Las Vegas NV 89129

Citations & Fines issued pursuant to NRS 639.2895

(Since the last Board Meeting)

- Cite & Fine
  - Unlicensed Practice: 7
- Cease & Desist/Cite & Fine
  - Misfill: 9

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
639.NEW – Criminal Conviction/ Administrative Action Reporting (Licensee)	10/10/19	10/18/19	R094-19	11/29/19	01/29/20	03/19/20 Postponed per Brett 4/22/21 Brett to review with Dave.		
639.220 - licensing and regulation of a facility to dispense controlled substances and dangerous drugs if the facility is licensed by the State Board of Health (recovery centers)	03/19/20 – postponed to 06/03/20	6/16/20	R085-20	09/17/20	10/22/20 12/03/20	01/13/21	01/29/21	04/14/21
639.NEW - licensing and regulating the practice of pharmacy (appearance requirements)	03/19/20	3/24/20	R041-20	05/14/20	06/09/20	07/16/20	07/22/20	08/26/20
453.550 – Deschedule Epidiolex	06/03/20	6/16/20	R090-20 R073-19	07/30/20	09/11/20	10/15/20	10/28/20	12/29/20
639.NEW – CS Electronic Transmission Exemption	06/03/20	6/16/20	R083-20	10/15/20	10/07/20	11/10/20	12/12/20	12/29/20
639.464 & 639.468 – P&T Committee vs CPA	06/03/20				Dave revising (Dave has file)			
639.NEW – PT Administer Immunizations	07/16/20	07/21/20	R142-20	08/20/20	08/03/20	09/03/20	09/15/20	09/21/20

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
453.510 – Schedule I - Designer Benzos	07/16/20	07/21/20	R143-20	12/14/20	01/26/21	03/03/21	03/24/21	04/14/21
453.510 – Schedule II - Kratom	07/16/20	07/21/20	R144-20	12/14/20 Hold per Dave	03/15/22	04/14/22 04/06/22: Removed from agenda.		
NAC 639.742, 639.743, 639.744. and 639.745: Dispensing Practitioners: shared inventory and centralized activities.	09/03/20 01/13/21	03/12/21	R007-21	02/17/22 To Dave for review	03/11/22	04/14/22: Failed 06/02/22:PH	03/21/22	06/13/22
NAC 639.501 – Workplace Assessment Tool	10/15/20	10/21/20	R165-20	11/17/21	12/09/21	01/13/22	01/20/22	02/28/22
NAC 639 Pharmacist Practice Location	10/15/20	10/21/20	R164-20	4/28/22 – under review by Dave/ Brett	11/08/22	12/08/22		
NAC 639 – Cite and Fine for Misfilled Prescriptions	10/15/20	10/21/20	R166-20	08/27/21	1/25/22 – Close per Brett/Karly O'Krent			
NAC 639.220 - Schedule of fees; medical interns and residents reduced fees	01/13/21	02/02/21	R003-21	08/17/21	08/26/21	10/14/21	10/21/21	12/22/21
NAC 639.NEW Compounded Drugs (dispensing, supplying, furnishing)	01/13/21	01/20/21	R002-21	09/01/21	10/22/21	12/02/21 tabled		

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
NAC 639.715, 639.718, 639.720: Use of mechanical devices to dispense drugs	03/03/21 06/03/21	06/10/21	R013-21	10/28/21 (under review) by Dave/Yenh	01/19/22	03/03/22	03/10/22	06/13/22
NAC 453: PMP Integration with electronic health records of practitioners	03/03/21	03/12/21	R008-21	07/13/21	08/26/21	10/14/21	10/21/21	12/22/21
NAC 639: Reference Standards for Compounding	06/03/21	06/10/21	R012-21					
NAV 639: Hormonal Contraceptive Protocol	07/15/21	09/07/21	R036-21	10/27/21 (returned to LCB 11/3/21 for revision)	12/09/21	01/13/22	01/14/22	02/28/22
NAC 639: Background Check RPH, PT, PTT; increase fees for investigation or issuance or renewal of a license as a manufacturer or wholesaler; application valid for one year; clarify licensing requirements for an outsourcing facility or euthanasia technician. (Senate Bill 408)	07/15/21	07/20/21	R025-21	09/30/21 (under review) by Dave/Yenh	01/19/22	03/03/22	03/10/22	04/11/22
NAC 453.510: Schedule I – Eutylone and fentanyl related substances.	07/15/21	07/20/21	R023-21	09/28/21	10/22/21	12/02/21	12/10/21	12/22/21
NAC 453.540: Schedule IV – lemborexant and Remimazolam.	07/15/21	07/20/21	R024-21	08/17/21	08/26/21	10/14/21	10/21/21	12/22/21

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
NAC 639: Allow pharmacists to dispense drugs approved the FDA for human immunodeficiency virus. (Senate Bill 325)	07/15/21 09/02/21	09/08/21	R039-21	11/04/21	11/05/21 Under review by Yenh 12/12/21 Under review by Dave	03/03/22	03/10/22	04/11/22
NAC 639: Prescription information in English and another language (AB 177).	09/02/21 Continued 12/02/21	12/08/21	R119-21	2/25/22 to Dave/ Yenh for review	03/11/22	04/14/22 07/14/22	04/27/22 06/10/22- Pulled by Leg Com Scheduled for 07/14/22 Public Hearing To LCB 07/20/22	9/27/22 Leg Comm – Failed
NAC 639.010, 639.240, 639.242, 639.256: PT/PTT registration requirements.	09/02/21	09/08/21	R041-21	4/20/22 – Under review by Dave/Yenh	04/27/22	06/02/22	08/17/22 *9/27/22 Leg Comm*	09/28/22
NAC 639.208: Requirements to obtain a registration as a pharmacist by reciprocity.	09/02/21	09/08/21	R040-21	12/29/21 Under review by Dave/Yenh	01/19/22	03/03/22	03/10/22	04/11/22
NAC 639.360: Accreditation of material, course or program (CE)	12/02/21	12/08/21	R120-21	01/10/22 01/26/22: Returned	04/27/22	06/02/22	07/05/22 *9/27/22 Leg Comm*	09/28/22

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
				to LCB for changes. 2/20/22 – To Dave/ Yenh for review. 2/18/22 – Returned to LCB for changes. 3/11/22 – returned to LCB for revisions. 4/7/22 – Under review by Dave/Yenh				
NAC 453.510: Schedule I – Isotonitazene	01/13/22	01/14/22	R006-22	02/23/22 02/24/22 – Under review by Dave/Yenh	03/11/22	04/14/22	04/27/22	06/13/22
NAC 453B: Prescription Drug Donation Program	01/13/22	01/14/22	R007-22	03/21/22 – Under review by Dave/Yenh	10/20/22	12/01/22		
NAC 453: Registration of a law enforcement officer engaged in training a canine in drug detection, and add methoxetamine.	04/14/22	04/21/22	R050-22	04/27/22 Under review by Dave/Yenh	08/05/22	09/08/22	*9/27/22 Leg Comm*	09/28/22

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
NAC 639: Requires the holder of any certificate, license or permit issued by the BOP to report certain convictions and administrative actions to the Board.	04/14/22	04/21/22	R051-22	05/05/22	06/09/22	07/14/22	07/20/22 *9/27/22 Leg Comm*	09/28/22
NAC 639: Medical Products Wholesaler	06/02/22	06/09/22	R085-22	07/19/22	08/05/22	09/08/22	09/15/22 *9/27/22 Leg Comm*	09/28/22
NAC 639: Medication Assisted Treatment	06/02/22	06/09/22	R087-22	08/08/22	08/31/22	10/13/22	10/19/22	
NAC 639.870: APRN Dispensing License/pharmacy applicant appearance	06/02/22	06/02/22 – Dave revising language.	R086-22	06/29/22 07/05/22: under Dave review				
NAC 639: Dispensing Technicians	07/14/22	08/03/22	R178-22	9/29/22 Under review by Dave	10/20/22	12/01/22		
NAC 639: Automated Dispensing Device	07/14/22	08/03/22	R179-22	8/24/22: Under review by Dave	10/20/22	12/01/22		
NAC 639: Reproductive Health Care Center	07/14/22	08/03/22	R180-22	8/12/22: Under review by Dave	10/20/22	12/01/22		

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
				LCB returned 9/6/22. 9/13/22: Under review by Dave and Yenh.				
NAC 639: Dispensing Practitioners in Reproductive Healthcare Center: single inventory of dangerous drugs.	07/14/22	07/14/22 – Dave revising language. To LCB 08/03/22	R181-22	8/29/22: Under review by Dave	08/31/22	10/13/22	10/19/22	
NAC 453.540: Schedule IV – Daridorexant.	07/14/22	07/19/22	R170-22	08/02/22	08/05/22	09/08/22	09/15/22 *9/27/22 Leg Comm*	09/28/22
NAC 639: Narcotic Treatment Program	10/13/22	10/19/22	R196-22					
NAC 453.310: DEA Registration	10/13/22	10/19/22	R197-22					
NAC 639.2973 & NAC 639.2974: Basic Life Support Certification	10/13/22	10/19/22	R198-22					

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24A

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R007-22

February 17, 2022

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §§ 1-7 and 10-12; NRS 453B.080 and 453B.120; § 8, NRS 453B.080, 453B.110 and 453B.120; § 9, NRS 453B.080, 453B.100 and 453B.120

A REGULATION relating to prescription drugs; establishing requirements governing participating in or receiving prescription drugs through the Prescription Drug Donation Program; providing that a participating pharmacy, medical facility, health clinic or provider of health care is not required to accept a donated prescription drug; removing certain definitions; and providing other matters properly relating thereto.

Legislative Counsel's Digest

Senate Bill No. 91 of the 2017 Legislative Session: (1) combined the HIV/AIDS Drug Donation Program and the Cancer Drug Donation Program; and (2) expanded the combined program to create the Prescription Drug Donation Program. (Chapter 153, Statutes of Nevada 2017, at page 684) Under existing law, the Prescription Drug Donation Program provides for: (1) the donation of any prescription drug, with certain exceptions, through a participating pharmacy, medical facility, health clinic or provider of health care; and (2) the dispensing of donated prescription drugs by pharmacists. (NRS 453B.080, 453B.100) **Sections 2-6 and 8-11** of this regulation revise existing regulations governing the Cancer Drug Donation Program to apply instead to the Prescription Drug Donation Program. **Sections 5, 9 and 12** of this regulation remove the requirement that a person must be approved by the State Board of Pharmacy to receive a drug through the Program, thereby authorizing any resident of this State with a valid prescription to receive such a drug.

Existing regulations prescribe criteria for a pharmacy, medical facility, health clinic or provider of health care to participate in the Program. (NAC 453B.080) **Section 6** of this regulation adds to these eligibility criteria requirements that: (1) a pharmacy must be in good standing with the Board; and (2) a pharmacy, medical facility, health clinic or provider of health care must establish procedures for receiving, inspecting, storing and disposing of donated prescription drugs, keeping records and verifying the eligibility of patients to receive donated prescription drugs through the Program.

Existing regulations require a pharmacy, medical facility, health clinic or provider of health care that wishes to participate in the Program to apply to the Board. (NAC 453B.085) **Section 7** of this regulation requires the Executive Secretary of the Board, rather than the Board, to review such applications. **Section 7** also authorizes a pharmacy, medical facility, health clinic

or provider of health care that is aggrieved by the denial of an application by the Executive Secretary to appeal that denial to the Board. **Section 9** of this regulation provides that a participating pharmacy, medical facility, health clinic or provider of health care is not required to accept a prescription drug for donation. **Section 12** of this regulation repeals certain unnecessary definitions and a provision concerning record keeping that is duplicative of existing law. **Section 1** of this regulation makes a conforming change to remove references to repealed sections.

Section 1. NAC 453B.010 is hereby amended to read as follows:

453B.010 As used in this chapter, unless the context otherwise requires, the words and terms defined in NAC ~~[453B.015 to 453B.055, inclusive,]~~ ***453B.020, 453B.030 and 453B.035*** have the meanings ascribed to them in those sections.

Sec. 2. NAC 453B.020 is hereby amended to read as follows:

453B.020 ~~["Cancer]~~ ***"Donated prescription*** drug" ~~[has the meaning ascribed to it in NRS 453B.160.]~~ ***means a drug that has been donated to the Program.***

Sec. 3. NAC 453B.030 is hereby amended to read as follows:

453B.030 "Distribute" means to deliver, other than by administering or dispensing, a ~~[cancer]~~ ***donated prescription*** drug.

Sec. 4. NAC 453B.035 is hereby amended to read as follows:

453B.035 "Health clinic" means a facility which provides, as a regular course of practice, medical services and goods ~~[to persons with cancer]~~ and is operated by a physician who is licensed pursuant to chapter 630 or 633 of NRS.

Sec. 5. NAC 453B.070 is hereby amended to read as follows:

453B.070 A person who wishes to receive a ~~[cancer]~~ ***donated prescription*** drug dispensed pursuant to the Program must be ~~[:~~

~~1. A]~~ *a* resident of this State . ~~[:~~

~~2. Diagnosed as having cancer; and~~

~~3. Approved to participate in the Program pursuant to NAC 453B.075.]~~

Sec. 6. NAC 453B.080 is hereby amended to read as follows:

453B.080 *1.* To be eligible to participate in the Program:

~~[1.]~~ *(a)* A pharmacy must ~~[be:~~

~~(a) Licensed]~~ *:*

(1) Be licensed in this State; ~~[and~~

~~(b) Approved]~~ *(2) Have established the procedures required by subsection 2;*

(3) Be approved to participate in the Program pursuant to NAC 453B.085 ~~[.]~~ *; and*

(4) Be in good standing with the Board.

~~[2.]~~ *(b)* A medical facility must:

~~[(a)]~~ *(1)* Be licensed in this State;

~~[(b) Provide, as a regular course of practice, medical services and goods to persons with cancer; and~~

~~(c)]~~ *(2) Have established the procedures required by subsection 2; and*

(3) Be approved to participate in the Program pursuant to NAC 453B.085.

~~[3.]~~ *(c)* A health clinic must ~~[be]~~ *:*

(1) Have established the procedures required by subsection 2; and

(2) Be approved to participate in the Program pursuant to NAC 453B.085.

~~[4.]~~ *(d)* A provider of health care must:

~~[(a)]~~ *(1)* Be licensed in this State;

~~[(b)]~~ *(2)* Provide, as a regular course of practice, medical services and goods *;* ~~[to persons with cancer; and~~

~~(c)]~~ *(3) Have established the procedures required by subsection 2; and*

(4) Be approved to participate in the Program pursuant to NAC 453B.085.

2. To be eligible to participate in the Program, a pharmacy, medical facility, health clinic or provider of health care must have established procedures for:

(a) Receiving, inspecting and storing donated prescription drugs in accordance with NAC 453B.105.

(b) Keeping the records required by NRS 453B.090.

(c) Verifying and recording verification that each person who receives a donated prescription drug:

(1) Meets the requirements of NAC 453B.070;

(2) Has been issued a prescription as required by NRS 453B.100; and

(3) Has signed the waiver of liability required by NRS 453B.130.

(d) Disposing of donated prescription drugs.

Sec. 7. NAC 453B.085 is hereby amended to read as follows:

453B.085 1. A pharmacy, medical facility, health clinic or provider of health care that wishes to participate in the Program must submit an application to the Board on a form prescribed by the Board.

2. The ***Executive Secretary of the*** Board ~~[will]~~ ***shall*** review the application and determine if the pharmacy, medical facility, health clinic or provider of health care is qualified to participate in the Program.

3. If the ~~[Board]~~ ***Executive Secretary*** approves a pharmacy, medical facility, health clinic or provider of health care for participation in the Program, the ~~[Board will]~~ ***Executive Secretary shall*** provide written notice of its approval of the application to the pharmacy, medical facility, health clinic or provider of health care not later than 30 days after ~~[its]~~ ***his or her*** decision.

4. If the ~~[Board]~~ *Executive Secretary* denies a pharmacy, medical facility, health clinic or provider of health care from participating in the Program, the ~~[Board will]~~ *Executive Secretary shall* provide written notice of its denial of the application to the pharmacy, medical facility, health clinic or provider of health care not later than 30 days after ~~[its]~~ *his or her* decision.

5. A pharmacy, medical facility, health clinic or provider of health care that is aggrieved by a decision of the Executive Secretary to deny participation in the Program may appeal that decision by submitting a written notice of appeal to the Board not later than 30 days after receiving notice of the decision pursuant to subsection 4.

Sec. 8. NAC 453B.090 is hereby amended to read as follows:

453B.090 A pharmacy, medical facility, health clinic or provider of health care that participates in the Program ~~[must]~~ *shall* comply with all applicable federal and state laws and regulations when accepting, distributing and dispensing a ~~[cancer]~~ *donated prescription* drug pursuant to the Program.

Sec. 9. NAC 453B.105 is hereby amended to read as follows:

453B.105 1. ~~[Except as otherwise required for the storage of cancer drugs pursuant to subsection 3, a]~~ *A* pharmacy, medical facility, health clinic or provider of health care ~~[shall not limit the amount of cancer drugs that a person may donate to]~~ *that participates in* the Program ~~[.]~~ *is not required to accept a prescription drug for donation.*

2. In addition to the requirements of NRS ~~[453B.210,]~~ *453B.100 and 453B.130,* a pharmacist may dispense a ~~[cancer]~~ *donated prescription* drug to a person ~~[who is participating in the Program]~~ if:

(a) The pharmacist has inspected the packaging of the ~~[cancer]~~ ***donated prescription*** drug to determine if the ~~[cancer]~~ ***donated prescription*** drug meets the requirements of subsection ~~[4]~~ *6* of NRS ~~[453B.200;]~~ ***453B.080; and***

(b) ~~[The person requesting the cancer drug presents to the pharmacist the written notice of approval from the Board which states that the person is approved to participate in the Program; and~~

~~(c)]~~ The person requesting the ~~[cancer]~~ ***donated prescription*** drug presents to the pharmacist ***:***

~~[a]~~

(1) Proof that the person meets the requirements of NAC 453B.070; and

(2) A prescription written by a person who is authorized to write prescriptions.

3. A pharmacy, medical facility, health clinic or provider of health care shall store a ~~[cancer]~~ ***donated prescription*** drug ***:*** ~~[that is donated to the Program:]~~

(a) Pursuant to the recommendations of the manufacturer of the ~~[cancer]~~ ***donated prescription*** drug concerning the storage conditions;

(b) Separately from all other drugs; and

(c) In a locked storage area.

4. If a ~~[cancer]~~ ***donated prescription*** drug ~~[that is donated to the Program]~~ expires before it is dispensed, the pharmacy, medical facility, health clinic or provider of health care shall destroy the ~~[cancer]~~ ***donated prescription*** drug.

Sec. 10. NAC 453B.110 is hereby amended to read as follows:

453B.110 1. In addition to the requirements of NRS ~~[453B.200,]~~ ***453B.080,*** a ~~[cancer]~~ ***donated prescription*** drug ***:*** ~~[that is donated to the Program:]~~

(a) Must not be a controlled substance.

(b) Must not be a compounded drug product.

(c) Must not be dispensed by a pharmacist if the pharmacist suspects that the ~~[cancer]~~ ***donated prescription*** drug is adulterated or misbranded.

(d) Must not be dispensed by a pharmacist if, in the professional judgment of the pharmacist, there is a reasonable concern relating to the safety or efficacy of the ~~[cancer]~~ ***donated prescription*** drug.

(e) Must not require refrigeration or freezing or other temperature requirements that are not a controlled room temperature.

(f) Must not be a ~~[cancer]~~ ***donated prescription*** drug for which a program of restrictive distribution has been established by the manufacturer of the ~~[cancer]~~ ***donated prescription*** drug.

(g) Must not be a ~~[cancer]~~ ***donated prescription*** drug for which an ongoing clinical trial or study is being conducted.

(h) Must be a ~~[cancer]~~ ***donated prescription*** drug that was dispensed ~~[pursuant to an original prescription]~~ by a pharmacy licensed pursuant to chapter 639 of NRS.

2. As used in this section, "program of restrictive distribution" means a program that is developed in collaboration with the United States Food and Drug Administration by a manufacturer of a drug to reduce the risks associated with that drug by limiting the persons who can prescribe the drug and who can receive the drug.

Sec. 11. NAC 453B.120 is hereby amended to read as follows:

453B.120 A pharmacy, medical facility, health clinic or provider of health care may charge a handling fee of not more than $10 for distributing or dispensing a ~~[cancer]~~ ***donated prescription*** drug **.** ~~[that is donated to the Program.]~~

Sec. 12. NAC 453B.015, 453B.025, 453B.040, 453B.045, 453B.050, 453B.055, 453B.075 and 453B.115 are hereby repealed.

TEXT OF REPEALED SECTIONS

453B.015 "Board" defined.

"Board" means the State Board of Pharmacy.

453B.025 "Dispense" defined.

"Dispense" has the meaning ascribed to it in NRS 639.0065.

453B.040 "Medical facility" defined.

"Medical facility" has the meaning ascribed to it in NRS 449.0151.

453B.045 "Pharmacy" defined.

"Pharmacy" has the meaning ascribed to it in NRS 639.012.

453B.050 "Program" defined.

"Program" has the meaning ascribed to it in NRS 453B.180.

453B.055 "Provider of health care" defined.

"Provider of health care" has the meaning ascribed to it in NRS 629.031.

453B.075 Submission of application to participate; written notice of approval or denial by Board.

1. A person who wishes to participate in the Program must submit an application to the Board on a form prescribed by the Board.

24B

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R178-22

September 29, 2022

EXPLANATION – Matter in *italics* is new, matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §§ 1-4 and 6-10, NRS 639.070 and 639.0727; § 5, NRS 639.070.

A REGULATION relating to pharmacy; establishing the qualifications and procedure for a person to obtain a certificate of registration as a dispensing technician in training; prescribing certain duties of a dispensing technician in training and a dispensing practitioner; prescribing fees for the initial and biennial renewal of registration of a dispensing technician and dispensing technician in training; providing for the transferability of a certificate of registration as a dispensing technician or dispensing technician in training; eliminating certain fees; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations relating to the practice of pharmacy in this State, including regulations to provide for the registration of dispensing technicians and dispensing practitioners. (NRS 639.070, 639.0727) Existing regulations prohibit a person from acting as a dispensing technician unless the person is: (1) a registered pharmaceutical technician; or (2) employed at a facility that is registered to dispense controlled substances or dangerous drugs and the dispensing practitioner at the facility has registered the person as a dispensing technician. Existing regulations provide that the Board will issue a provisional registration as a dispensing technician to a person 18 years of age or older who has received a high school diploma or its equivalent and has no history of certain crimes or drug abuse. Existing regulations require a provisional dispensing technician to complete at least 500 hours of training and experience provided by a dispensing practitioner in order to obtain a certificate of registration as a dispensing technician. (NAC 639.7425) **Sections 1 and 6** of this regulation revise the process and qualifications to obtain a certificate of registration as a dispensing technician. Specifically, **section 6** abolishes the provisional registration of dispensing technicians and instead requires an applicant for registration as a dispensing technician to: (1) have successfully completed at least 1,500 hours of training and experience as a dispensing technician in training under the direct supervision of at least one dispensing practitioner; or (2) hold an active registration and be in good standing as a pharmaceutical technician in this State. **Section 1**: (1) requires an applicant for registration as a dispensing technician in training to be at least 18 years of age and a high school graduate or its equivalent; and (2) authorizes the Board to deny such registration to a person who has been convicted of certain crimes or has a history of

substance use disorder. **Sections 1 and 6** require the biennial renewal of registration as a dispensing technician or a dispensing technician in training. **Section 2** of this regulation defines the terms "dispensing technician" and "dispensing technician in training." **Sections 4 and 5** of this regulation clarify that a dispensing technician may, as part of his or her training, perform certain tasks relating to the filling and dispensing of a prescription at a facility. **Sections 7 and 8** of this regulation make conforming changes to remove or revise, as appropriate, references to the requirements governing the registration of dispensing technicians that have been revised by this regulation. **Section 10** of this regulation provides that a dispensing practitioner is subject to discipline for violating requirements concerning dispensing technicians in training.

Existing regulations provide that the registration of a dispensing technician is nontransferable. (NAC 639.7435) **Section 8** instead makes the registration of a dispensing technician or a dispensing technician in training transferable. **Section 8** requires a dispensing technician or dispensing technician in training to notify the Board after changing or adding his or her place of practice or dispensing practitioner.

Existing regulations require each dispensing practitioner to pay a fee for each dispensing technician under the supervision of the dispensing practitioner. (NAC 639.744) **Section 9** of this regulation eliminates that fee, and **section 3** of this regulation instead prescribes fees for the initial and biennial renewal of registration of a dispensing technician or dispensing technician in training.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

1. An applicant for registration as a dispensing technician in training must:

(a) Be 18 years of age or older; and

(b) Be a high school graduate or the equivalent.

2. An applicant for registration as a dispensing technician in training must submit to the Board:

(a) A completed application on a form prescribed by the Board; and

(b) The fees prescribed by the Board in NAC 639.220.

3. The Board may deny an application for registration as a dispensing technician in training if the applicant has:

(a) Been convicted of any felony or misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs; or

(b) A history of substance use disorder.

4. After confirming the applicant meets the requirements of this chapter and chapter 639 of NRS for registration, the Board will, unless the Board denies the registration pursuant to subsection 3, issue to the applicant a certificate of registration as a dispensing technician in training.

5. A registration issued by the Board pursuant to this section expires on October 31 of each even-numbered year unless renewed before that date.

6. A dispensing technician in training may participate in training provided by a dispensing practitioner while on the job and acquire experience that is commensurate with the duties of his or her employment.

Sec. 2. NAC 639.010 is hereby amended to read as follows:

639.010 As used in this chapter, unless the context otherwise requires:

1. "Board" means the State Board of Pharmacy.

2. "Controlled substances" has the meaning ascribed to it in NRS 0.031.

3. "Dangerous drug" has the meaning ascribed to it in NRS 454.201.

4. "Direct supervision" means the direction given by a supervising pharmacist *or dispensing practitioner* who is:

(a) On the premises of the pharmacy or telepharmacy at all times when the person he or she is supervising is working at the pharmacy or telepharmacy or at a remote site or satellite consultation site; and

(b) Aware of the activities of that person related to the preparation and dispensing of medications, including the maintenance of appropriate records.

5. "Dispensing practitioner" means:

(a) A practitioner to whom the Board has issued a certificate of registration pursuant to NAC 639.742 to dispense controlled substances or dangerous drugs, or both, for human consumption; or

(b) A licensed veterinarian to whom the Board has issued a certificate of registration pursuant to NAC 639.7423 to dispense controlled substances or dangerous drugs, or both, not for human consumption.

6. ***"Dispensing technician" means a person who performs technical services in a pharmacy under the direct supervision of a dispensing practitioner and is registered with the Board pursuant to NAC 639.7425.***

7. "Dispensing technician in training" means a person who is registered with the Board pursuant to section 1 of this regulation in order to obtain the training and experience required to be a dispensing technician pursuant to subparagraph (1) of paragraph (c) of subsection 2 of NAC 639.7425.

8. "Executive Secretary" means the Executive Secretary employed by the Board pursuant to NRS 639.040.

~~[7.]~~ *9.* "Federally-qualified health center" has the meaning ascribed to it in 42 U.S.C. § 1396d(l)(2)(B).

~~[8.]~~ *10.* "Federally-qualified health center vehicle" means a vehicle that meets the requirements of paragraph (c) of subsection 1 of section 3 of LCB File No. R004-19.

~~[9.]~~ *11.* "Licensed veterinarian" has the meaning ascribed to it in NRS 638.007.

~~[10.]~~ *12.* "Oncology group practice" means two or more dispensing practitioners who practice oncology in a group practice.

[11.] *13.* "Pharmaceutical technician" means a person who performs technical services in a pharmacy under the direct supervision of a pharmacist and is registered with the Board pursuant to NAC 639.240.

[12.] *14.* "Pharmaceutical technician in training" means a person who is registered with the Board pursuant to NAC 639.242 in order to obtain the training and experience required to be a pharmaceutical technician pursuant to subparagraph (3) of paragraph (d) of subsection 2 of NAC 639.240, or who is enrolled in a program of training for pharmaceutical technicians that is approved by the Board.

[13.] *15.* "Practitioner" has the meaning ascribed to it in NRS 639.0125.

[14.] *16.* "Prescription drug" means a drug or medicine as defined in NRS 639.007 which:

(a) May be dispensed only upon a prescription order that is issued by a practitioner; and

(b) Is labeled with the symbol "Rx only" pursuant to federal law or regulation.

[15.] *17.* "Public or nonprofit agency" means a health center as defined in 42 U.S.C. § 254b(a) which:

(a) Provides health care primarily to medically underserved persons in a community;

(b) Is receiving a grant issued pursuant to 42 U.S.C. § 254b or, although qualified to receive such a grant directly from the Federal Government, is receiving money from such a grant under a contract with the recipient of that grant; and

(c) Is not a medical facility as defined in NRS 449.0151.

[16.] *18.* "Surgical center for ambulatory patients" has the meaning ascribed to it in NRS 449.019.

Sec. 3. NAC 639.220 is hereby amended to read as follows:

639.220 1. The Board hereby adopts the following schedule of fees:

For the examination of an applicant for registration as a pharmacist ..... Actual cost of the examination

For the investigation or registration of an applicant as a registered pharmacist.....$200

For the investigation, examination or registration of an applicant as a registered pharmacist by reciprocity.....200

For the investigation or issuance of an original license to conduct a retail pharmacy 500

For the biennial renewal of a license to conduct a retail pharmacy 500

For the investigation or issuance of an original license to conduct an institutional pharmacy 500

For the biennial renewal of a license to conduct an institutional pharmacy 500

For the investigation or issuance of an original license to conduct a pharmacy in a correctional institution 500

For the biennial renewal of a license to conduct a pharmacy in a correctional institution.....500

For the investigation or issuance of an original license to conduct a pharmacy in a recovery center or ambulatory surgical center licensed by the State Board of Health pursuant to NRS 449.0303.....500

For the biennial renewal of a license to conduct a pharmacy in a recovery center or ambulatory surgical center licensed by the State Board of Health pursuant to NRS 449.0303 500

For the issuance of an original or duplicate certificate of registration as a registered pharmacist 50

For the biennial renewal of registration as a registered pharmacist 200

For the reinstatement of a lapsed registration (in addition to the fees for renewal for the period of lapse) 100

For the initial registration of a pharmaceutical technician , ~~[or]~~ pharmaceutical technician in training , ***dispensing technician or dispensing technician in training*** 50

For the biennial renewal of registration of a pharmaceutical technician , ~~[or]~~ pharmaceutical technician in training , ***dispensing technician or dispensing technician in training*** 50

For the investigation or registration of an intern pharmacist 40

For the biennial renewal of registration as an intern pharmacist 40

For the investigation or registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances 80

For the biennial renewal of registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances 80

For authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, facility for treatment with narcotics, researcher, instructional user or any other authorized person, except a practitioner who is a medical intern or resident physician, to prescribe or possess controlled substances 200

For the biennial renewal of authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, facility for treatment with narcotics, researcher, instructional user or any other authorized person, except a practitioner who is a medical intern or resident physician, to prescribe or possess controlled substances 200

For authorization of a practitioner who is a medical intern or resident physician to prescribe or possess controlled substances 80

For the biennial renewal of authorization of a practitioner who is a medical intern or resident physician to prescribe or possess controlled substances 80

For the investigation or issuance of an original license to engage in business as an authorized warehouse, medical products provider or medical products wholesaler 500

For the biennial renewal of a license to engage in business as an authorized warehouse, medical products provider or medical products wholesaler 500

For the investigation or issuance of an original license to a manufacturer or wholesaler.....1,000

For the biennial renewal of a license for a manufacturer or wholesaler 1,000

For the reissuance of a license issued to a pharmacy, when no change of ownership is involved, but the license must be reissued because of a change in the information required thereon.....50

For authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for human consumption for each location where the practitioner will dispense controlled substances or dangerous drugs, or both, for human consumption.....300

For the biennial renewal of authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for human consumption for each location where the practitioner will dispense controlled substances or dangerous drugs, or both, for human consumption.....300

For authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both, not for human consumption.....150

For the biennial renewal of authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both, not for human consumption.....150

For the investigation or issuance of an original license for an automated drug dispensing system.....500

For the biennial renewal of a license for an automated drug dispensing system 500

For the investigation or issuance of an original license to a pharmacy authorizing the use of a mechanical device to furnish drugs and medications for administration to patients at a medical facility 250

For the biennial renewal of a license to a pharmacy authorizing the use of a mechanical device to furnish drugs and medications for administration to patients at a medical facility 250

2. The penalty for failure to pay the renewal fee for any license, permit or certificate within the statutory period, as provided in subsection 6 of NRS 639.170, is 50 percent of the renewal fee for each period of delinquency in addition to the renewal fee for each period of delinquency.

3. Any person who has been registered as a pharmacist in this State for at least 50 years is not required to pay the fee for the biennial renewal of a certificate of registration as a registered pharmacist.

4. The provisions of this section concerning the fee for the biennial renewal of the authorization to dispense controlled substances or dangerous drugs do not apply to an advanced practice registered nurse who is required to pay a fee pursuant to NAC 639.870.

5. A practitioner employed by or serving as an independent contractor of a health center:

(a) Which is a federally-qualified health center that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in NRS 449.0151,

➥ is not required to pay a fee to the Board for a change of address or for an additional address at which the practitioner dispenses drugs.

6. A practitioner who is exempt from the payment of a fee pursuant to subsection 5 shall notify the Board in writing of each change of address or additional address, or both.

7. In addition to any other fees paid by an applicant for a certificate, license or permit issued pursuant to chapter 639 of NRS, the Board may require that the applicant pay actual costs of inspection incurred by the Board.

Sec. 4. NAC 639.742 is hereby amended to read as follows:

639.742 1. Except as otherwise provided in NAC 639.7423, a practitioner who wishes to dispense controlled substances or dangerous drugs, or both, for human consumption must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs. A practitioner must submit a separate application for each site of practice, including, without limitation, a telepharmacy, remote site or satellite consultation site, from which the practitioner wishes to dispense controlled substances or dangerous drugs, or both, for human consumption. A certificate of registration to dispense controlled substances or dangerous drugs, or both, for human consumption is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.

2. Except as otherwise provided in NAC 639.7423, and section 3 of LCB File No. R004-19, if a facility from which the practitioner intends to dispense dangerous drugs or controlled substances, or both, for human consumption is not wholly owned and operated by the practitioner, the owner or owners of the facility must also submit an application to the Board on a form provided by the Board.

3. Except as otherwise provided in this section and NRS 639.23277 and NAC 639.395, 639.648 and 639.7423, the dispensing practitioner and, if applicable, the owner or owners of the facility and any federally-qualified health center vehicle, shall ensure that:

(a) All drugs are ordered by the dispensing practitioner;

(b) All drugs are received and accounted for by the dispensing practitioner;

(c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;

(d) All drugs are dispensed in accordance with NAC 639.745;

(e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility or federally-qualified health center vehicle, as applicable;

(f) All drugs are dispensed only to the patient personally at the facility or federally-qualified health center vehicle, as applicable;

(g) The price of each drug dispensed to a patient is separately itemized on any bill or statement provided to the patient;

(h) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and

(i) The certificate for each dispensing technician employed at the facility is displayed in the room or cabinet in which drugs are stored.

4. Except as otherwise provided in NAC 639.648 and 639.7423, ***and section 1 of this regulation,*** with regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may:

(a) Enter the room or cabinet in which drugs are stored;

(b) Remove drugs from stock;

(c) Count, pour or reconstitute drugs;

(d) Place drugs into containers;

(e) Produce and affix appropriate labels to containers that contain or will contain drugs;

(f) Fill containers for later use in dispensing drugs; or

(g) Package or repackage drugs.

5. Except as otherwise provided in NAC 639.7423, a dispensing practitioner may compound drug products if he or she complies with the provisions of NAC 639.661 to 639.690, inclusive, as if:

(a) He or she were a pharmacist;

(b) His or her practice site was a pharmacy; and

(c) Any dispensing technician involved in the compounding was a pharmaceutical technician.

6. Except as otherwise provided in subsection 6 of section 1 of LCB File No. R007-21, the dispensing practitioners of an oncology group practice registered pursuant to section 1 of LCB File No. R007-21 are jointly responsible for ensuring that the requirements prescribed by subsection 3 are met.

Sec. 5. NAC 639.7423 is hereby amended to read as follows:

639.7423 1. A licensed veterinarian who wishes to dispense controlled substances or dangerous drugs, or both, not for human consumption must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs, or both, not for human consumption. A certificate of registration issued pursuant to this section:

(a) Entitles the licensed veterinarian to dispense controlled substances or dangerous drugs, or both, not for human consumption from any veterinary facility at which he or she engages in the practice of veterinary medicine.

(b) Must be renewed at the same time and in the same manner as certificates of registration by other practitioners.

(c) Is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.

2. A veterinary facility at which controlled substances or dangerous drugs are possessed, administered, prescribed or dispensed:

(a) Shall ensure that at least one veterinarian who practices at that veterinary facility registers and maintains a registration with the Drug Enforcement Administration of the United States Department of Justice and the Board.

(b) Except as otherwise provided in paragraph (c), may allow only veterinarians, veterinary technicians or veterinary technicians in training at that veterinary facility to prepare a prescription drug for dispensing.

(c) May allow veterinary assistants at that facility to prepare a prescription drug, other than a controlled substance or dangerous drug, for dispensing.

(d) Shall ensure that a prescription drug which is new for an animal is not dispensed unless a veterinarian or veterinary technician is at the veterinary facility or is otherwise available at the time the prescription drug is dispensed.

(e) Shall ensure that a notation is made in the medical record of the animal that contains:

(1) The name, strength and quantity of the prescription drug.

(2) The date the prescription drug was prescribed and dispensed.

(3) The directions for use.

(4) The name, signature or initials of the veterinarian who prescribed the prescription drug.

(5) The name, signature or initials of the veterinarian, veterinary technician or veterinary technician in training who prepared the prescription drug for dispensing.

(6) The name, signature or initials of the veterinarian or veterinary technician who verified the prescription drug before the prescription drug was dispensed.

(f) Shall ensure that each vial or container which contains a prescription drug has affixed to the vial or container a label that contains:

(1) Except as otherwise provided in subsection 3, the name or unique identifier of the animal and the name of the owner of the animal for which the prescription drug is prescribed.

(2) The name, strength and quantity of the prescription drug.

(3) The date the prescription drug was dispensed.

(4) The name of the veterinarian who prescribed the prescription drug.

(5) The expiration date of the prescription drug.

(6) A unique number identifying the prescription.

(7) The directions for use.

(g) Shall maintain a stock of prescription drugs necessary to serve the foreseeable needs of the veterinary practice.

(h) Shall ensure that drugs which are inappropriate or unlawful to the practice of veterinary medicine are not ordered or maintained in the stock of prescription drugs of the veterinary facility.

3. A label affixed to a vial or container that contains a prescription drug may contain a generic identifier for a group of animals of the same species in place of the name or unique identifier of one animal if:

(a) The group of animals identified on the label is owned by the same person;

(b) The prescription drug is dispensed for more than one of the animals in the group; and

(c) The directions for use of the prescription drug are the same for each animal in the group for which the prescription drug is dispensed.

4. The authorization to possess a prescription drug is not transferrable upon the sale or other transfer of the animal or animals for which the prescription drug was dispensed.

5. A veterinary facility which maintains a stock of controlled substances or dangerous drugs for administration or dispensing shall:

(a) Secure the stock of controlled substances or dangerous drugs in a locked container that is:

(1) Affixed to the structure and located within a locked room; or

(2) Located within a second locked container which is affixed to the structure.

(b) Ensure that only a veterinarian or a veterinary technician designated by the veterinarian has the keys or combination to unlock the two separate locks at the start of a business day or beginning of a shift, if the veterinary facility has veterinarians on successive shifts.

(c) Restrict access to the controlled substances or dangerous drugs to veterinarians or veterinary technicians only.

(d) Ensure that each veterinarian or veterinary technician who accesses the secure container which stores the controlled substances or dangerous drugs records in a log:

(1) The name of the veterinarian or veterinary technician who accessed the secure container and the date that he or she accessed the secure container.

(2) The name, strength and quantity of the controlled substance or dangerous drug removed from or placed into the secure container and the total amount of all quantities of that particular controlled substance or dangerous drug remaining inside the secure container.

(e) Ensure that a veterinarian who intends to destroy an unused portion of a controlled substance or dangerous drug records in a log the name and quantity of the controlled substance or dangerous drug that will be destroyed and the date and time that the controlled substance or dangerous drug will be destroyed. An entry made pursuant to this paragraph must be verified by an employee of the veterinary facility.

(f) Ensure that the purchasing, storage and recordkeeping of controlled substances or dangerous drugs comply with all applicable state and federal laws.

(g) Ensure that any controlled substance or dangerous drug is purchased by a veterinarian or with the knowledge of a veterinarian and that all controlled substances and dangerous drugs received by the veterinary facility are verified by a veterinarian or with the knowledge of the veterinarian.

(h) Maintain separate files for the records of the purchase of each controlled substance listed in schedule II of controlled substances in NAC 453.520 and records of the dispensing of each controlled substance listed in schedule II of controlled substances in NAC 453.520.

6. Any record made pursuant to subsections 2 to 5, inclusive, must be maintained for at least 4 years and must be available for inspection by the Board or its representative or any authorized federal, state or local regulatory agency or law enforcement agency.

7. A licensed veterinarian with a certificate of registration issued by the Board pursuant to subsection 1 and a veterinary facility at which controlled substances or dangerous drugs may be

dispensed pursuant to this section are exempt from the provisions of NAC 639.7425 to 639.745, inclusive ~~[.]~~ *, and section 1 of this regulation.*

8. As used in this section:

(a) "Prescription drug" has the meaning ascribed to it in NAC 638.0135.

(b) "Veterinary facility" has the meaning ascribed to it in NAC 638.018.

Sec. 6. NAC 639.7425 is hereby amended to read as follows:

1. Except as otherwise provided in NAC 639.7423 ~~[.]~~ *and section 1 of this regulation,* no person may ~~[act as]~~ *perform the duties of* a dispensing technician unless the person ~~[is:~~

~~(a) A registered pharmaceutical technician; or~~

~~(b) Employed at a facility to which a certificate of registration has been issued pursuant to NAC 639.742 and the dispensing practitioner at that facility has registered the person as a dispensing technician.]~~ *has been issued a certificate of registration as a dispensing technician by the Board.*

2. ~~[A dispensing practitioner may apply to the Board to register a person]~~ *An applicant for registration* as a dispensing technician ~~[by submitting to the Board the fee required by NAC 639.744 and proof satisfactory to the Board that the person:]~~ *must:*

(a) ~~[Is]~~ *Be* 18 years of age or older; ~~[and]~~

(b) ~~[Has received]~~ *Be* a high school ~~[diploma]~~ *graduate* or its equivalent ~~[.]~~ *; and*

(c) Have complied with one of the following requirements:

(1) The successful completion of at least 1,500 hours of training and experience as a registered dispensing technician in training under the direct supervision of at least one dispensing practitioner providing the services set forth in subsection 4 of NAC 639.742; or

(2) Active registration and good standing as a pharmaceutical technician in this State.

3. *An applicant for registration as a dispensing technician must submit to the Board:*

(a) A completed application on a form prescribed by the Board;

(b) The fees prescribed by the Board in NAC 639.220; and

(c) Proof that the applicant has met the requirements of paragraph (c) of subsection 2.

4. The Board may deny an application to register a person as a dispensing technician if the person has:

(a) Been convicted of any felony or a misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs; or

(b) A history of ~~[drug abuse.~~

~~4. Upon determining that a person for whom application for registration as a dispensing technician has been made by a dispensing practitioner satisfies the requirements of subsection 2, the Board will issue to the person a provisional registration as a dispensing technician for that practitioner.~~

~~5. A person acting as a dispensing technician pursuant to a provisional registration must complete at least 500 hours of training and experience provided by the dispensing practitioner relating to the skills that the person will be performing as a dispensing technician for that dispensing practitioner. Only that training and experience received by the person after the provisional registration is issued may be applied to satisfy the 500-hour requirement. In providing the training and experience, the dispensing practitioner shall supervise the training and experience of the person by observing the work of the person on a random basis at least three times each day during which the person is receiving training and experience.~~

~~6. A provisional registration issued to a person acting as a dispensing technician expires 12 months after it is issued or upon the expiration of the certificate of registration of the dispensing~~

~~practitioner to whom the dispensing technician is registered, whichever is earlier. If a person acting as a dispensing technician pursuant to a provisional registration:~~

~~(a) Fails to complete the required 500 hours of training and experience before the expiration of the provisional registration, the person shall not act as a dispensing technician unless he or she is issued a new provisional registration pursuant to this section. Any hours of training and experience completed by the person while acting as a dispensing technician pursuant to a provisional registration that has expired may not be used to satisfy the 500-hour requirement for a new provisional registration.~~

~~(b) Completes the required 500 hours of training and experience before the expiration of the provisional registration, the dispensing practitioner shall file with the Board a signed affidavit~~] *substance use disorder.*

5. Proof provided pursuant to subsection 3 that an applicant has satisfied the requirements of subparagraph (1) of paragraph (c) of subsection 2 must consist of a form prescribed by the Board and completed by a dispensing practitioner, under whose supervision the applicant received the training and experience required by that subparagraph, certifying:

~~[(1)]~~ *(a)* The number of hours of training and experience successfully completed by the ~~[person.]~~ *applicant.*

~~[(2)]~~ *(b)* The specific training and experience received by the ~~[person.]~~ *applicant.*

~~[(3)]~~ *(c)* That the ~~[person]~~ *applicant* is, in the opinion of the dispensing practitioner, competent to perform the duties of a dispensing technician.

~~[7. The Board, upon receiving the affidavit of the dispensing practitioner pursuant to subsection 6, will issue to the person a certificate of registration as a dispensing technician for that practitioner.~~

~~8.~~ *6. After confirming that an applicant meets the requirements of this chapter and chapter 639 of NRS for registration, the Board will, unless the Board denies the registration pursuant to subsection 4, issue the applicant a certificate of registration as a dispensing technician.*

7. A registration issued pursuant to this section expires on October 31 of each even-numbered year unless renewed before that date.

8. A dispensing technician shall complete at least 1 hour of in-service training during the 2-year period immediately preceding the renewal of the registration of the dispensing technician. The training must be a jurisprudence program approved or presented by the Board that relates to the practice of pharmacy or the law concerning pharmacy in this State. The dispensing technician shall retain a copy of the certificate from the Board or approved program certifying the completion of such in-service training. The copy must be:

(a) Retained for at least 2 years; and

(b) Readily accessible to a member of the Board or a person conducting an inspection or investigation on behalf of the Board.

~~8.~~ *9.* As used in this section, "dispensing practitioner" does not include a licensed veterinarian to whom the Board has issued a certificate of registration pursuant to NAC 639.7423 to dispense controlled substances or dangerous drugs, or both, not for human consumption.

Sec. 7. NAC 639.743 is hereby amended to read as follows:

1. Except as otherwise provided in NRS 639.23277 and NAC 639.395, a person to whom a dispensing practitioner is providing training and experience pursuant to subsection ~~5~~ *2* of NAC 639.7425 *and section 1 of this regulation* must not be allowed access to the room or cabinet in which drugs are stored unless accompanied by the dispensing practitioner. After the person has

completed his or her training and experience and the Board has ~~[received an affidavit from the dispensing practitioner pursuant to subsection 6 of NAC 639.7425:]~~ *issued a certificate of registration as a dispensing technician to the person:*

(a) The person may access the room or cabinet in which drugs are stored without being accompanied by the dispensing practitioner, so long as the dispensing practitioner is on-site at the facility; and

(b) The dispensing practitioner is not required to observe the work of the person.

2. A dispensing practitioner who allows a dispensing technician to perform any function described in subsection 4 or 5 of NAC 639.742 is responsible for the performance of that function by the dispensing technician. All such functions performed by a dispensing technician must be performed at the express direction and delegation of the dispensing practitioner. Each prescription with respect to which a dispensing technician performed such a function:

(a) Must be checked by the dispensing practitioner, and the dispensing practitioner shall indicate on the label of the prescription and in his or her record regarding the prescription that the dispensing practitioner has checked the work performed by the dispensing technician; and

(b) Must not be dispensed to the patient without the initials of the dispensing practitioner thereon. A prescription which has been so initialed must be handed to the patient only by the dispensing practitioner or an employee authorized by the dispensing practitioner.

3. As used in this section, "dispensing practitioner" does not include a licensed veterinarian to whom the Board has issued a certificate of registration pursuant to NAC 639.7423 to dispense controlled substances or dangerous drugs, or both, not for human consumption.

Sec. 8. NAC 639.7435 is hereby amended to read as follows:

639.7435 1. The registration of a dispensing technician *or a dispensing technician in training* is ~~[nontransferable and limited to the dispensing practitioner to whom the dispensing technician is registered. The registration of a dispensing technician expires at the same time that the certificate of registration of the dispensing practitioner expires. If a dispensing practitioner and the dispensing technician registered to that practitioner leave the facility at which they are registered, and the dispensing technician continues his or her employment with that practitioner at a different site, the dispensing practitioner shall, as soon as practicable, notify the Board of the change of address of employment of the dispensing technician.]~~ ***transferable.***

2. ~~[If a dispensing technician no longer works as a dispensing technician for the dispensing practitioner to whom the dispensing technician is registered, the registration of the dispensing technician terminates. Except as otherwise provided in NAC 639.7423, if that person is subsequently employed by another dispensing practitioner to work as a dispensing technician, the employing dispensing practitioner must, before the person may act as a dispensing technician for that practitioner:~~

~~(a) Register the person with the Board, showing the site of employment and the name of the dispensing practitioner; and~~

~~(b) Ensure that the person receives an additional 200 hours of training and experience provided by the dispensing practitioner. The additional training and experience must be provided in accordance with subsection 5 of NAC 639.7425. Except as otherwise provided in NRS 639.23277 and NAC 639.395, the dispensing practitioner shall not allow the person to be registered as a dispensing technician to enter the room or cabinet in which drugs are stored or perform any function described in subsection 4 or 5 of NAC 639.742 without the dispensing~~

~~practitioner observing the act by the person to be registered as a dispensing technician until that person has completed the 200 additional hours of training and experience.~~

~~3. As used in this section, "dispensing practitioner" does not include a licensed veterinarian to whom the Board has issued a certificate of registration pursuant to NAC 639.7423 to dispense controlled substances or dangerous drugs, or both, not for human consumption.]~~ ***A dispensing technician or a dispensing technician in training shall notify the Board on a form prescribed by the Board within 10 days after changing or adding:***

(a) A location of practice; or

(b) A dispensing practitioner by whom the dispensing technician or dispensing technician in training is being supervised.

Sec. 9. NAC 639.744 is hereby amended to read as follows:

639.744 ~~[1. A dispensing practitioner shall pay to the Board a fee of $40 for each dispensing technician whom that practitioner registers:~~

~~(a) At the time of application by the dispensing practitioner for initial registration of the person as a dispensing technician; and~~

~~(b) With the practitioner's renewal thereafter as a part of and in addition to the practitioner's renewal of his or her registration as a dispensing practitioner.~~

~~2.]~~ A dispensing practitioner may ~~[register]~~ ***employ*** more than one dispensing technician at a time, except that only one of those dispensing technicians, including, without limitation, a dispensing technician staffing a remote site or satellite consultation site, may be designated and allowed to perform the functions described in subsection 4 or 5 of NAC 639.742 at one time. A dispensing practitioner shall make and maintain a document on which must be recorded for each

day the name of the dispensing technician so designated and allowed to perform the functions described in subsection 4 or 5 of NAC 639.742, and maintain the record for not less than 2 years.

Sec. 10. NAC 639.7445 is hereby amended to read as follows:

639.7445 If a dispensing practitioner allows any person to perform any act in violation of NAC 639.742 to 639.7445, inclusive, and section 3 of LCB File No. R004-19 ~~[.]~~ ***and section 1 of this regulation,*** the dispensing practitioner is subject to discipline relating to his or her registration as a dispensing practitioner, including, without limitation, the temporary and immediate suspension of his or her registration as a dispensing practitioner until:

1. The violation is remedied; or
2. If an accusation has been made pursuant to NRS 639.241, the Board holds a hearing.

24C

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R179-22

August 24, 2022

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: § 1, NRS 639.070 and 639.2655.

A REGULATION relating to pharmacy; authorizing the operation of an automated drug dispensing system at sites of certain governmental agencies; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations: (1) relating to the practice of pharmacy as necessary for the protection of the public; and (2) governing the dispensing, recordkeeping, storage and handling of drugs. (NRS 639.070) Existing law further authorizes the use of computerized mechanical equipment to perform work that a pharmacist is required to perform by law in accordance with the regulations adopted by the Board. (NRS 639.2655)

Existing regulations establish the requirements for a pharmacy to obtain a license to operate an automated drug dispensing system. Such requirements include limitations on the location at which an automated drug dispensing system may operate. (NAC 639.718) This regulation authorizes an automated drug dispensing system to be located at a site operated by the Division of Public and Behavioral Health of the Department of Health and Human Services or a local health department if the system is operated by a pharmacy owned by the Division or local health department, as applicable.

Section 1. NAC 639.718 is hereby amended to read as follows:

639.718 1. Except as otherwise provided in this section, a pharmacy may use an automated drug dispensing system to dispense a prescription drug to a patient if the pharmacy obtains a license from the Board for the automated drug dispensing system pursuant to subsection 2.

2. The Board will provide to a pharmacy an application for a license for an automated drug dispensing system upon request. The Board will issue a license for an automated drug dispensing system if the Board determines that the system dispenses prescription drugs accurately and otherwise meets the requirements of this section and the fee prescribed by NAC 639.220 is paid. A license must be:

(a) Issued for each automated drug dispensing system at a designated location; and

(b) Posted on the system so that the license is visible to the public.

3. The automated drug dispensing system must conform to all of the following provisions:

(a) The system must contain only prescription drugs:

(1) Approved for use in the system by a registered pharmacist employed by the pharmacy; and

(2) For which the prescriptions have been processed, verified and completed in the same manner as prescriptions for drugs that are delivered manually by the pharmacy, including the provision of printed medication guides and any other information required pursuant to NAC 639.707.

(b) The system must not contain:

(1) Controlled substances included in schedule II; or

(2) Controlled substances included in schedules III, IV and V, unless authorized by the Drug Enforcement Administration of the United States Department of Justice to dispense such substances.

(c) The system must:

(1) Control and track access to the system for stocking, cleaning, maintenance or any other purpose to ensure that access to the system can be obtained only by a registered pharmacist,

pharmaceutical technician, or intern pharmacist employed by the pharmacy using user-based access technology.

(2) Be secure from unauthorized access to and removal of prescription drugs.

(3) Be owned or leased by the pharmacy that holds the license for the system and operated under the supervision and control of that pharmacy.

(4) Monitor the temperature of the system or be able to have a device installed to monitor the temperature of the system. Such monitoring must include, without limitation, an alarm that records when the temperature of the system reaches a level outside the range compatible with the proper storage of a prescription drug and a method to notify the pharmacy of the temperature change.

(5) Create and maintain a complete, accurate and readily retrievable record of all transactions. The record must include, without limitation:

(I) The name, strength, quantity and form of dosage of each prescription drug stocked, inventoried, removed or dispensed from the system;

(II) Each day and time the system is accessed;

(III) An inventory of the prescription drugs stored in the system; and

(IV) The identity of each person who accesses the system.

(6) Authorize access only to patients who previously have indicated to the pharmacy their desire to have their prescription drugs dispensed by the system.

(7) Provide a method to identify the patient and dispense a prescription drug only to the patient or to an authorized agent of the patient.

(8) Dispense one, any combination or all of the prescription drugs available to a patient at the option of the patient at the time that the patient removes the prescription drugs from the system.

(9) Record the date and time that the patient removes the prescription drugs from the system.

(10) Inform a patient:

(I) If the patient is using the system at the time that the pharmacy is open, that the patient may discuss questions and concerns regarding the prescription drug with a pharmacist at the pharmacy or through the user-based access technology described in subparagraph (14).

(II) If the patient is using the system at the time that the pharmacy is closed, that the patient may discuss questions and concerns regarding the prescription drug through the user-based access technology described in subparagraph (14).

(III) That the patient may choose not to purchase the prescription drug from the system at any time before the system dispenses the prescription drug.

(11) Dispense all prescription drugs in containers labeled in conformance with NRS 639.2801.

(12) Be installed in such a place and manner that a person is unable to remove the system from its location and any attempts to obtain access to the system without authorization are visible to the pharmacist of the pharmacy, either through the system being in view of the pharmacist or by real-time audio-visual communication technology or audio-visual recording technology.

(13) Be located in a:

(I) Pharmacy;

(II) Medical facility, as defined in NRS 449.0151, other than a mobile unit; ~~[or]~~

(III) Practice site of one or more practitioners of medicine ~~[.]~~ *; or*

(IV) Site operated by the Division of Public and Behavioral Health of the Department of Health and Human Services or a district, county or city health department. The system may only be located at such a site if the pharmacy that operates the system is owned by the same governmental agency that operates the site.

(14) Be equipped with user-based access technology that includes, without limitation, an audio-visual function that allows the patient to communicate, in real time, with a registered pharmacist who has access to any patient record necessary for counseling the patient in compliance with NAC 639.707 and 639.708.

4. A pharmacy that dispenses prescription drugs by an automated drug dispensing system pursuant to this section shall maintain a written policy that sets forth:

(a) The duties of all persons who are authorized to access the system; and

(b) The procedures for:

(1) Maintaining the security of the prescription drugs stored in the system during the maintenance and repair of the system;

(2) The preparation of an inventory of the prescription drugs stored in the system; and

(3) Stocking the system with prescription drugs.

5. A pharmacy that dispenses prescription drugs through an automated drug dispensing system pursuant to this section shall comply with all applicable federal and state recordkeeping requirements and shall maintain those records in a readily retrievable manner separate from other pharmacy records.

6. Prescription drugs stored in an automated drug dispensing system pursuant to this section shall be deemed part of the inventory and the responsibility of the pharmacy that holds the

license for the system. Prescription drugs dispensed from the system shall be deemed to have been dispensed by that pharmacy.

7. The Board may prohibit a pharmacy from using an automated drug dispensing system to furnish a prescription drug to a patient if the Board determines that the system or the pharmacy's use of the system does not comply with this section.

8. The provisions of this section do not prohibit the use of an automated drug dispensing system to furnish a drug or device that is approved by the Food and Drug Administration for sale over the counter without a prescription if the pharmacy using the system is otherwise authorized to use the system pursuant to this section.

9. As used in this section:

(a) "Automated drug dispensing system" means a system that performs operations, other than compounding or administration, related to the storage and dispensing of drugs.

(b) "User-based access technology" means software or hardware that restricts access to an automated drug dispensing system to authorized users by requiring two-factor authentication. Authentication factors may include, without limitation, knowledge, hardware tokens or biometric information.

24D

REVISED PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R180-22

October 12, 2022

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §§ 1-5 and 7-11, NRS 639.070 and 639.0727; § 6, NRS 639.070.

A REGULATION relating to pharmacy; authorizing a reproductive healthcare center to obtain a license to distribute certain drugs using an automated drug dispensing system; prescribing requirements governing the use of such a system; requiring a dispensing practitioner to provide certain information to a patient to whom a drug is dispensed and maintain certain records; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations: (1) relating to the practice of pharmacy as necessary for the protection of the public; and (2) governing the dispensing, recordkeeping, storage and handling of drugs. (NRS 639.070) Existing law further requires the Board to adopt regulations setting forth the powers and duties of a dispensing practitioner. (NRS 639.0727) Existing regulations define the term "dispensing practitioner" to mean a practitioner to whom the Board has issued a certificate of registration to dispense controlled substances or dangerous drugs. (NAC 639.010) Lastly, existing regulations: (1) authorize a pharmacy to operate an automated drug dispensing system if the pharmacy has obtained a license for the system from the Board; and (2) establish the requirements governing the operation of an automated drug dispensing system. (NAC 639.718)

Section 1 of this regulation: (1) authorizes a reproductive healthcare center to obtain a license to use an automated drug dispensing system to dispense prescription drugs related to reproductive health care; and (2) establishes requirements that a reproductive healthcare center must follow when using such an automated drug dispensing system, which are similar to those that currently apply to a pharmacy. **Section 1** requires an automated drug dispensing system to track: (1) who uses the system; (2) what drugs are in the system; (3) the temperature of the system; and (4) other information to ensure that the drugs in the system are safely stored and only dispensed to a person authorized to receive the dispensed drug. **Sections 2 and 6** of this regulation make conforming changes to ensure that certain terms used in **section 1** are defined in the same manner throughout chapter 639 of NAC. **Sections 5, 7 and 8** of this regulation make

conforming changes to ensure that certain provisions of existing regulations are not read to conflict with the provisions of **section 1**.

Existing regulations: (1) require a pharmacist to provide certain information to a patient concerning a drug being dispensed to the patient by the pharmacist; (2) require a pharmacist to consider the therapeutic appropriateness of dispensing the drug to the patient; (3) prescribe requirements concerning the documentation of counseling of a patient by a pharmacist; and (4) prescribe procedures for the maintenance of such records by a pharmacy. (NAC 639.707, 639.708) **Sections 3 and 4** of this regulation expand applicability of these requirements to also apply to a dispensing practitioner. **Sections 9 and 10** of this regulation make conforming changes to reflect the expanded applicability of a requirement concerning a determination of the therapeutic appropriateness of a prescription.

Section 11 of this regulation provides that an automated drug dispensing system licensed to a reproductive healthcare center is not a computerized system to fill prescriptions, and is thus not subject to requirements governing such a computerized system. (NAC 639.940)

Section 1. Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided in this section, one or more dispensing practitioners practicing at a reproductive healthcare center may use an automated drug dispensing system and maintain a shared inventory in the automated drug dispensing system to dispense a prescription drug to a patient if the reproductive healthcare center obtains a license from the Board for the automated drug dispensing system pursuant to subsection 2.

2. The Board will provide an application for a license for an automated drug dispensing system to a reproductive healthcare center upon request. The Board will issue a license for an automated drug dispensing system if the Board determines that the system dispenses prescription drugs accurately, otherwise meets the requirements of this section and the fee prescribed by NAC 639.220 is paid. A license must be:

(a) Issued for each automated drug dispensing system at a reproductive healthcare center; and

(b) Posted on the system so that the license is visible to the public.

3. The automated drug dispensing system must conform to all the following provisions:

(a) Except as otherwise provided in subsection 8, the system must contain only dangerous drugs, excluding compound drug products, for treatment in reproductive health care:

(1) Approved for use in the system by a dispensing practitioner; and

(2) For which the prescription has been processed, verified and completed in the same manner as a prescription for drugs that are delivered manually by a dispensing practitioner pursuant to NAC 639.742 and 639.745, except that the requirements of paragraph (e) of subsection 3 of NAC 639.742 do not apply.

(b) The system must:

(1) Control and track access to the system for stocking, cleaning, maintenance or any other purpose to ensure that access to the system can be obtained only by a dispensing practitioner practicing at the reproductive healthcare center.

(2) Be secure from unauthorized access to and removal of prescription drugs.

(3) Be owned or leased by the reproductive healthcare center that obtained the license for the system and operated under the supervision and control of that reproductive healthcare center.

(4) Monitor the temperature of the system or be able to have a device installed to monitor the temperature of the system. Such monitoring must include, without limitation, an alarm that records when the temperature of the system reaches a level outside the range compatible with the proper storage of a prescription drug and a method to notify the reproductive healthcare center of the temperature change.

(5) Create and maintain a complete, accurate and readily retrievable record of all transactions. The record must include, without limitation:

(I) The name, strength, quantity and form of dosage of each prescription drug stocked, inventoried, removed or dispensed from the system;

(II) Each day and time the system is accessed;

(III) An inventory of the prescription drugs stored in the system; and

(IV) The identity of each person who accesses the system.

(6) Authorize access only to patients who have previously indicated to the dispensing practitioner who prescribed the drug their desire to have their prescription drugs dispensed by the system.

(7) Provide a method to identify the patient and dispense a prescription drug only to the patient or to an authorized agent of the patient.

(8) Dispense one, any combination or all of the prescription drugs available to a patient at the option of the patient at the time that the patient removes the prescription drugs from the system.

(9) Record the date and time that the patient removes the prescription drugs from the system.

(10) Inform a patient:

(I) If the patient is using the system at the time that the reproductive healthcare center is open, that the patient may discuss questions and concerns regarding the prescription drug with the dispensing practitioner in person, if available, or through user-based access technology described in subparagraph (13).

(II) If the patient is using the system at the time that the reproductive healthcare center is closed, that the patient may discuss questions and concerns regarding the prescription drug through the user-based access technology described in subparagraph (13).

(III) That the patient may choose not to purchase the prescription drug from the system at any time before the system dispenses the prescription drug.

(11) Dispense all prescription drugs in containers labeled in conformance with NRS 639.2801.

(12) Be installed in such a place and manner that a person is unable to remove the system from its location or obtain access to the system without authorization. The system must be monitored by real-time audio-visual technology or audio-visual recording technology.

(13) Be equipped with user-based access technology that includes, without limitation, an audio-visual function that allows the patient to communicate, in real time, with a dispensing practitioner who has access to any patient record necessary for counseling the patient in compliance with NAC 639.707 and 639.708.

4. A reproductive healthcare center that dispenses prescription drugs by an automated drug dispensing system pursuant to this section shall maintain a written policy that sets forth:

(a) The duties of all persons who are authorized to access the system; and

(b) The procedures for:

(1) Maintaining the security of the prescription drugs stored in the system during the maintenance and repair of the system;

(2) The preparation of an inventory of the prescription drugs stored in the system; and

(3) Stocking the system with prescription drugs.

5. A dispensing practitioner practicing at a reproductive healthcare center that dispenses prescription drugs through an automated drug dispensing system pursuant to this section shall comply with all applicable federal and state recordkeeping requirements and shall maintain those records in a readily retrievable manner separate from other medical records.

6. Prescription drugs stored in an automated drug dispensing system pursuant to this section shall be deemed part of the inventory and the responsibility of each dispensing practitioner that uses the automated drug dispensing system at the reproductive healthcare center that holds the license for the system. Prescription drugs dispensed from the system shall be deemed to have been dispensed by that dispensing practitioner or those dispensing practitioners, as applicable.

7. The Board may prohibit a reproductive healthcare center from using an automated drug dispensing system to furnish a prescription drug to a patient if the Board determines that the system, or one or more dispensing practitioners' use of the system, does not comply with this section.

8. The provisions of this section do not prohibit the use of an automated drug dispensing system to furnish a drug or device that is approved by the Food and Drug Administration for sale over the counter without a prescription if the reproductive healthcare center using the system is otherwise authorized to use the system pursuant to this section.

9. As used in this section, "reproductive healthcare center" means a healthcare facility that is:

(a) Owned and operated by a nonprofit corporation or a public health center, as defined in subsection 8 of NRS 449.260; and

(b) Principally engaged in providing family planning services and reproductive health care, including, without limitation, the testing, diagnosis and treatment of, or providing of medication to prevent sexually transmitted infections or other infections of the urogenital system.

Sec. 2. NAC 639.010 is hereby amended to read as follows:

639.010 As used in this chapter, unless the context otherwise requires:

1. *"Automated drug dispensing system" means a system that performs operations, other than compounding or administration, related to the storage and dispensing of drugs.*

2. "Board" means the State Board of Pharmacy.

~~[2.]~~ *3.* "Controlled substances" has the meaning ascribed to it in NRS 0.031.

~~[3.]~~ *4.* "Dangerous drug" has the meaning ascribed to it in NRS 454.201.

~~[4.]~~ *5.* "Direct supervision" means the direction given by a supervising pharmacist who is:

(a) On the premises of the pharmacy or telepharmacy at all times when the person he or she is supervising is working at the pharmacy or telepharmacy or at a remote site or satellite consultation site; and

(b) Aware of the activities of that person related to the preparation and dispensing of medications, including the maintenance of appropriate records.

~~[5.]~~ *6.* "Dispensing practitioner" means:

(a) A practitioner to whom the Board has issued a certificate of registration pursuant to NAC 639.742 to dispense controlled substances or dangerous drugs, or both, for human consumption; or

(b) A licensed veterinarian to whom the Board has issued a certificate of registration pursuant to NAC 639.7423 to dispense controlled substances or dangerous drugs, or both, not for human consumption.

~~[6.]~~ *7.* "Executive Secretary" means the Executive Secretary employed by the Board pursuant to NRS 639.040.

~~[7.]~~ *8.* "Federally-qualified health center" has the meaning ascribed to it in 42 U.S.C. § 1396d(l)(2)(B).

~~[8.]~~ *9.* "Federally-qualified health center vehicle" means a vehicle that meets the requirements of paragraph (c) of subsection 1 of section 3 of LCB File No. R004-19.

~~[9.]~~ *10.* "Licensed veterinarian" has the meaning ascribed to it in NRS 638.007.

~~[10.]~~ *11.* "Oncology group practice" means two or more dispensing practitioners who practice oncology in a group practice.

~~[11.]~~ *12.* "Pharmaceutical technician" means a person who performs technical services in a pharmacy under the direct supervision of a pharmacist and is registered with the Board pursuant to NAC 639.240.

~~[12.]~~ *13.* "Pharmaceutical technician in training" means a person who is registered with the Board pursuant to NAC 639.242 in order to obtain the training and experience required to be a pharmaceutical technician pursuant to subparagraph (3) of paragraph (d) of subsection 2 of NAC 639.240, or who is enrolled in a program of training for pharmaceutical technicians that is approved by the Board.

~~[13.]~~ *14.* "Practitioner" has the meaning ascribed to it in NRS 639.0125.

~~[14.]~~ *15.* "Prescription drug" means a drug or medicine as defined in NRS 639.007 which:

(a) May be dispensed only upon a prescription order that is issued by a practitioner; and

(b) Is labeled with the symbol "Rx only" pursuant to federal law or regulation.

~~[15.]~~ *16.* "Public or nonprofit agency" means a health center as defined in 42 U.S.C. § 254b(a) which:

(a) Provides health care primarily to medically underserved persons in a community;

(b) Is receiving a grant issued pursuant to 42 U.S.C. § 254b or, although qualified to receive such a grant directly from the Federal Government, is receiving money from such a grant under a contract with the recipient of that grant; and

(c) Is not a medical facility as defined in NRS 449.0151.

~~[16.]~~ *17.* "Surgical center for ambulatory patients" has the meaning ascribed to it in NRS 449.019.

18. "User-based access technology" means software or hardware that restricts access to an automated drug dispensing system to authorized users by requiring two-factor authentication. Authentication factors may include, without limitation, knowledge, hardware tokens or biometric information.

Sec. 3. NAC 639.707 is hereby amended to read as follows:

639.707 1. Except as otherwise provided in this section, a pharmacist , ~~[or]~~ an intern pharmacist under the supervision of a pharmacist *or a dispensing practitioner* shall verbally provide a patient or a person caring for the patient with information about each prescription drug or device dispensed to the patient that:

(a) Has not been previously dispensed to the patient from that pharmacy ~~[.]~~ *or dispensing practitioner, as applicable;* or

(b) Has been previously dispensed to the patient from that pharmacy ~~[.]~~ *or dispensing practitioner, as applicable,* including, without limitation, a prescription drug or a device that is being refilled, if, in the professional judgment of the pharmacist , ~~[or]~~ intern pharmacist ~~[:]~~ *or dispensing practitioner:*

(1) The information would further or improve the drug therapy of the patient; or

(2) A reasonable concern relating to the safety or efficacy of the drug therapy of the patient was raised by the review of the patient's record that the pharmacist , ~~[or]~~ intern pharmacist *or dispensing practitioner* conducted pursuant to subsection 4.

2. The information provided by the pharmacist , ~~[or]~~ intern pharmacist *or dispensing practitioner* pursuant to subsection 1 may include, without limitation:

(a) The name and a description of the drug;

(b) The form of dosage, dose, route of administration and duration of drug therapy;

(c) The intended use of the drug or device and expected responses from that use;

(d) Any special directions and precautions for the preparation, administration and use of the drug or device by the patient;

(e) Any common severe side effects, interactions and contraindications that may occur, recommendations to avoid these side effects, interactions or contraindications, and the action required if they occur;

(f) Techniques for the patient or the person caring for the patient to monitor the drug therapy;

(g) Proper storage of the drug or device;

(h) Information about refilling the prescription;

(i) Actions to be taken in the event of a missed dose;

(j) Any relevant information contained in the record of medication of the patient; and

(k) Any other information which, in the professional judgment of the pharmacist , ~~[or]~~ intern pharmacist ~~[.]~~ *or dispensing practitioner*, is necessary to ensure the safe and effective use of the drug or device by the patient.

3. The pharmacist or intern pharmacist shall provide the information required pursuant to subsections 1 and 2 in written form to the patient if a drug or device will be distributed to the patient outside the confines of the pharmacy by mail or any other delivery service. A pharmacist or intern pharmacist is not required to provide written information pursuant to this subsection if the drug or device is being delivered to a patient who is in a licensed medical facility where other licensed health care professionals are authorized to administer drugs.

4. The pharmacist , ~~[or]~~ intern pharmacist *or dispensing practitioner* shall review a patient's record before dispensing a prescription to determine its therapeutic appropriateness and, in making that determination, may consider, without limitation:

(a) Overutilization of the drug and drug abuse;

(b) Underutilization of the drug;

(c) Therapeutic duplications, contraindications and any warning labels or other information included with the drug;

(d) Interactions between the drug and any:

(1) Other drugs which the patient is taking or has recently taken;

(2) Diseases which the patient has, including any stages of that disease; and

(3) Allergies that the patient may have; and

(e) Incorrect dosage or duration of treatment.

5. A pharmacist , ~~[or]~~ intern pharmacist *or dispensing practitioner* is not required to counsel a patient pursuant to this section if the patient or a person caring for the patient refuses to accept the counseling.

6. Except as otherwise provided in subsection 7, the pharmacist , ~~[or]~~ intern pharmacist *or dispensing practitioner* shall, at the time that counseling is provided or refused:

(a) Initial a written document that is maintained at the pharmacy *or at the primary place of business of the dispensing practitioner* to record whether counseling was provided to or refused by a patient or the person caring for the patient; or

(b) Enter, pursuant to NAC 639.751, initials onto a record in a computerized system used by the pharmacy *or dispensing practitioner, as applicable,* for recording information concerning prescriptions to indicate whether counseling was provided to or refused by a patient or the person caring for the patient.

7. The pharmacist , ~~[or]~~ intern pharmacist *or dispensing practitioner* is not required to comply with the provisions of subsection 6 if the prescription drug or device dispensed to the patient is being refilled.

Sec. 4. NAC 639.708 is hereby amended to read as follows:

639.708 To facilitate counseling regarding a prescription, a pharmacy *or dispensing practitioner* shall:

1. Maintain a record of medication for each patient to whom a prescription has been dispensed by that pharmacy ~~[.]~~ *or dispensing practitioner, as applicable.* The record must:

(a) Be retrievable for use by the pharmacist ~~[.]~~ *or dispensing practitioner;*

(b) Be maintained for at least 2 years after the most recent entry;

(c) List all prescriptions dispensed to the patient at that pharmacy ~~[:]~~ *or by the dispensing practitioner;* and

(d) Include all data required to be placed on the prescription.

2. Make a reasonable effort to obtain and retain in the record of medication the:

(a) Telephone number or numbers, if any, of the patient;

(b) Gender of the patient;

(c) Age or date of birth of the patient;

(d) History of the patient, including allergies, reactions to particular drugs and any medications or medical devices used by the patient; and

(e) Any comments relevant to the drug therapy of the patient, including any other information which is specific to the patient or drug.

3. Ensure that a pharmacist *or dispensing practitioner who has access to the medical records of the patient* is available by telephone during business hours and, ~~[if the]~~ *for a* pharmacy *that* routinely delivers prescriptions outside of the trade area covered by local telephone service, provide a toll-free telephone number.

4. Include with each prescription container *of a pharmacy that is* delivered or distributed by a public carrier:

(a) The local, and if applicable toll-free, telephone numbers of the pharmacy;

(b) The hours during which the patient may contact the pharmacy by telephone; and

(c) A written notice in substantially the following form:

Written information about this prescription has been provided for you. Please read this information before you take this medication. If you have questions concerning this prescription, a pharmacist is available between the hours of ..... and ..... to answer your questions.

5. Maintain the confidentiality of each patient's records, including prescriptions, pursuant to NRS *449A.112 or* 639.238 ~~[.]~~ , *as applicable.* A pharmacist *or dispensing practitioner* shall not divulge the contents of a patient's records, except as authorized by NRS 639.238 ~~[.]~~ *or any other applicable provision of law.*

6. Make available to a practitioner, upon request, all information relating to a prescription that is provided to a patient of that practitioner by the pharmacist , ~~[or]~~ an intern pharmacist ~~[.]~~ *or dispensing practitioner.*

7. Ensure that counseling is conducted in a confidential manner to prevent disclosure of information to any person other than the patient or the person caring for the patient.

Sec. 5. NAC 639.715 is hereby amended to read as follows:

639.715 No drug, controlled substance, medicine, chemical or poison, as those terms are defined in chapters 453, 454 and 639 of NRS, may be sold or offered for sale or dispensed by means of any mechanical device except as otherwise provided in NAC 639.718 and 639.720 ~~[.]~~ *and section 1 of this regulation.*

Sec. 6. NAC 639.718 is hereby amended to read as follows:

639.718 1. Except as otherwise provided in this section, a pharmacy may use an automated drug dispensing system to dispense a prescription drug to a patient if the pharmacy

obtains a license from the Board for the automated drug dispensing system pursuant to subsection 2.

2. The Board will provide to a pharmacy an application for a license for an automated drug dispensing system upon request. The Board will issue a license for an automated drug dispensing system if the Board determines that the system dispenses prescription drugs accurately and ~~[other]~~ otherwise meets the requirements of this section and the fee prescribed by NAC 639.220 is paid. A license must be:

(a) Issued for each automated drug dispensing system at a designated location; and

(b) Posted on the system so that the license is visible to the public.

3. The automated drug dispensing system must conform to all of the following provisions:

(a) The system must contain only prescription drugs:

(1) Approved for use in the system by a registered pharmacist employed by the pharmacy; and

(2) For which the prescriptions have been processed, verified and completed in the same manner as prescriptions for drugs that are delivered manually by the pharmacy, including the provision of printed medication guides and any other information required pursuant to NAC 639.707.

(b) The system must not contain:

(1) Controlled substances included in schedule II; or

(2) Controlled substances included in schedules III, IV and V, unless authorized by the Drug Enforcement Administration of the United States Department of Justice to dispense such substances.

(c) The system must:

(1) Control and track access to the system for stocking, cleaning, maintenance or any other purpose to ensure that access to the system can be obtained only by a registered pharmacist, pharmaceutical technician, or intern pharmacist employed by the pharmacy using user-based access technology.

(2) Be secure from unauthorized access to and removal of prescription drugs.

(3) Be owned or leased by the pharmacy that holds the license for the system and operated under the supervision and control of that pharmacy.

(4) Monitor the temperature of the system or be able to have a device installed to monitor the temperature of the system. Such monitoring must include, without limitation, an alarm that records when the temperature of the system reaches a level outside the range compatible with the proper storage of a prescription drug and a method to notify the pharmacy of the temperature change.

(5) Create and maintain a complete, accurate and readily retrievable record of all transactions. The record must include, without limitation:

(I) The name, strength, quantity and form of dosage of each prescription drug stocked, inventoried, removed or dispensed from the system;

(II) Each day and time the system is accessed;

(III) An inventory of the prescription drugs stored in the system; and

(IV) The identity of each person who accesses the system.

(6) Authorize access only to patients who previously have indicated to the pharmacy their desire to have their prescription drugs dispensed by the system.

(7) Provide a method to identify the patient and dispense a prescription drug only to the patient or to an authorized agent of the patient.

(8) Dispense one, any combination or all of the prescription drugs available to a patient at the option of the patient at the time that the patient removes the prescription drugs from the system.

(9) Record the date and time that the patient removes the prescription drugs from the system.

(10) Inform a patient:

(I) If the patient is using the system at the time that the pharmacy is open, that the patient may discuss questions and concerns regarding the prescription drug with a pharmacist at the pharmacy or through the user-based access technology described in subparagraph (14).

(II) If the patient is using the system at the time that the pharmacy is closed, that the patient may discuss questions and concerns regarding the prescription drug through the user-based access technology described in subparagraph (14).

(III) That the patient may choose not to purchase the prescription drug from the system at any time before the system dispenses the prescription drug.

(11) Dispense all prescription drugs in containers labeled in conformance with NRS 639.2801.

(12) Be installed in such a place and manner that a person is unable to remove the system from its location and any attempts to obtain access to the system without authorization are visible to the pharmacist of the pharmacy, either through the system being in view of the pharmacist or by real-time audio-visual communication technology or audio-visual recording technology.

(13) Be located in a:

(I) Pharmacy;

(II) Medical facility, as defined in NRS 449.0151, other than a mobile unit; or

(III) Practice site of one or more practitioners of medicine.

(14) Be equipped with user-based access technology that includes, without limitation, an audio-visual function that allows the patient to communicate, in real time, with a registered pharmacist who has access to any patient record necessary for counseling the patient in compliance with NAC 639.707 and 639.708.

4. A pharmacy that dispenses prescription drugs by an automated drug dispensing system pursuant to this section shall maintain a written policy that sets forth:

(a) The duties of all persons who are authorized to access the system; and

(b) The procedures for:

(1) Maintaining the security of the prescription drugs stored in the system during the maintenance and repair of the system;

(2) The preparation of an inventory of the prescription drugs stored in the system; and

(3) Stocking the system with prescription drugs.

5. A pharmacy that dispenses prescription drugs through an automated drug dispensing system pursuant to this section shall comply with all applicable federal and state recordkeeping requirements and shall maintain those records in a readily retrievable manner separate from other pharmacy records.

6. Prescription drugs stored in an automated drug dispensing system pursuant to this section shall be deemed part of the inventory and the responsibility of the pharmacy that holds the

license for the system. Prescription drugs dispensed from the system shall be deemed to have been dispensed by that pharmacy.

7. The Board may prohibit a pharmacy from using an automated drug dispensing system to furnish a prescription drug to a patient if the Board determines that the system or the pharmacy's use of the system does not comply with this section.

8. The provisions of this section do not prohibit the use of an automated drug dispensing system to furnish a drug or device that is approved by the Food and Drug Administration for sale over the counter without a prescription if the pharmacy using the system is otherwise authorized to use the system pursuant to this section.

~~[9. As used in this section:~~

~~(a) "Automated drug dispensing system" means a system that performs operations, other than compounding or administration, related to the storage and dispensing of drugs.~~

~~(b) "User-based access technology" means software or hardware that restricts access to an automated drug dispensing system to authorized users by requiring two-factor authentication. Authentication factors may include, without limitation, knowledge, hardware tokens or biometric information.]~~

Sec. 7. NAC 639.720 is hereby amended to read as follows:

639.720 1. Except as otherwise provided in this section, a mechanical device, other than an automated drug dispensing system licensed pursuant to NAC 639.718 ~~[.]~~ ***or section 1 of this regulation,*** may be used to furnish drugs and medicines for administration to registered patients in a medical facility if the pharmacy which supplies drugs and medicines to the medical facility has obtained a license from the Board for a mechanical device pursuant to subsection 4. A

license is not required for a mechanical device that meets the requirements of this section and is located inside a hospital licensed pursuant to chapter 449 of NRS.

2. The mechanical device must conform to all the following provisions:

(a) All drugs and medicines stocked in the device must be approved for use in the device by a registered pharmacist employed by the:

(1) Medical facility in which the drug or medicine is administered; or

(2) Pharmacy that supplies the medical facility in which the drug or medicine is administered.

(b) Access to the device must be:

(1) Limited to pharmaceutical technicians, pharmaceutical technicians in training, intern pharmacists, registered pharmacists, licensed practical nurses, registered nurses or other practitioners who are:

(I) Authorized by law to prescribe or administer controlled substances, poisons, or dangerous drugs and devices; and

(II) Employed by the medical facility or pharmacy that supplies the medical facility.

(2) Monitored and controlled by the pharmacy which supplies the medical facility or the registered pharmacist who is employed by the medical facility.

(c) Each container of a drug or medicine stored in the device must be labeled in a manner which includes the information required pursuant to subsection 2 of NAC 639.476.

(d) The device must be designed in such a manner that:

(1) Each time a person obtains access to the device, the device automatically prepares a record which is readily retrievable and which includes:

(I) The name, strength, quantity and form of dosage of the drug or medicine which is stocked, inventoried or removed for administration to a patient;

(II) The day and time access to the device is obtained;

(III) If a drug or medicine is removed for administration to a patient, the name of the patient;

(IV) An inventory of the drugs and medicines stored in the device; and

(V) The name of the person who obtained access to the device.

(2) Access to the device may be obtained only by a person with the use of a code which identifies that person.

3. A pharmacy which supplies drugs and medicines to a medical facility which are furnished by a mechanical device pursuant to subsection 1 shall maintain a written policy which sets forth:

(a) The duties of all persons who are authorized to obtain access to the device; and

(b) The procedure for:

(1) Maintaining the security of the drugs and medicines stored in the device during the maintenance and repair of the device;

(2) The preparation of an inventory of the drugs and medicines stored in the device; and

(3) Stocking the device with drugs and medicines.

4. The Board will issue a license for a mechanical device if the Board determines that the mechanical device meets the requirements of this section and the fee required by NAC 639.220 is paid. A license authorizes the use of the mechanical device at the medical facility at which the mechanical device is located.

5. Each medical facility that uses a mechanical device pursuant to subsection 1 must make and maintain a record of any waste of a controlled substance in the manner provided in NAC 639.486. The record of any waste of a controlled substance may be prepared:

(a) By the mechanical device if the mechanical device is capable of making and maintaining such a record and documenting the record of the waste being witnessed by another person as provided in paragraph (g) of subsection 1 of NAC 639.486; or

(b) As a written record.

6. A mechanical device may be used to furnish drugs and medicines for administration to a patient receiving treatment in the emergency room of a hospital. The device must conform to all the following provisions:

(a) All drugs and medicines stocked in the device must be approved for use in the device by a registered pharmacist employed by or contracted with the:

(1) Hospital in which the drug or medicine is furnished; or

(2) Pharmacy that supplies the hospital in which the drug or medicine is furnished.

(b) Access to the device for the purposes of stocking, inventory and monitoring must be limited to pharmaceutical technicians, pharmaceutical technicians in training, intern pharmacists or registered pharmacists employed by the hospital or the pharmacy that supplies the hospital.

(c) The device must be designed in such a manner that:

(1) Each time a person obtains access to the device, the device automatically prepares a record which is readily retrievable and which includes:

(I) The name, strength, quantity and form of dosage of the drug or medicine which is stocked, inventoried or removed for administration to a patient;

(II) The day and time access to the device is obtained;

(III) If a drug or medicine is removed for administration to a patient, the name of the patient;

(IV) An inventory of the drugs and medicines stored in the device; and

(V) The name of the person who obtained access to the device.

(2) Access to the device may be obtained only by a person with the use of a unique code which identifies that person.

(d) The device must be located in such a place and manner that a person is unable to remove it from the hospital, and that attempts to obtain access to the device without authorization are visible to employees of the hospital.

7. As used in this section, "medical facility" has the meaning ascribed to it in NRS 449.0151.

Sec. 8. NAC 639.742 is hereby amended to read as follows:

639.742 1. Except as otherwise provided in NAC 639.7423, a practitioner who wishes to dispense controlled substances or dangerous drugs, or both, for human consumption must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs. A practitioner must submit a separate application for each site of practice, including, without limitation, a telepharmacy, remote site or satellite consultation site, from which the practitioner wishes to dispense controlled substances or dangerous drugs, or both, for human consumption. A certificate of registration to dispense controlled substances or dangerous drugs, or both, for human consumption is a revocable

privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.

2. Except as otherwise provided in NAC 639.7423 and section 3 of LCB File No. R004-19, if a facility from which the practitioner intends to dispense dangerous drugs or controlled substances, or both, for human consumption is not wholly owned and operated by the practitioner, the owner or owners of the facility must also submit an application to the Board on a form provided by the Board.

3. Except as otherwise provided in this section and NRS 639.23277 and NAC 639.395, 639.648 and 639.7423 ~~[.]~~ *and section 1 of this regulation*, the dispensing practitioner and, if applicable, the owner or owners of the facility and any federally-qualified health care center vehicle, shall ensure that:

(a) All drugs are ordered by the dispensing practitioner;

(b) All drugs are received and accounted for by the dispensing practitioner;

(c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;

(d) All drugs are dispensed in accordance with NAC 639.745;

(e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility or federally-qualified health center vehicle, as applicable;

(f) All drugs are dispensed only to the patient personally at the facility or federally-qualified health center vehicle, as applicable;

(g) The price of each drug dispensed to a patient is separately itemized on any bill or statement provided to the patient;

(h) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and

(i) The certificate for each dispensing technician employed at the facility is displayed in the room or cabinet in which drugs are stored.

4. Except as otherwise provided in NAC 639.648 and 639.7423 ~~,~~ ***and section 1 of this regulation,*** with regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may:

(a) Enter the room or cabinet in which drugs are stored;

(b) Remove drugs from stock;

(c) Count, pour or reconstitute drugs;

(d) Place drugs into containers;

(e) Produce and affix appropriate labels to containers that contain or will contain drugs;

(f) Fill containers for later use in dispensing drugs; or

(g) Package or repackage drugs.

5. Except as otherwise provided in NAC 639.7423, a dispensing practitioner may compound drug products if he or she complies with the provisions of NAC 639.661 to 639.690, inclusive, as if:

(a) He or she were a pharmacist;

(b) His or her practice site was a pharmacy; and

(c) Any dispensing technician involved in the compounding was a pharmaceutical technician.

6. Except as otherwise provided in subsection 6 of section 1 of LCB File No. R007-21, the dispensing practitioners of an oncology group practice registered pursuant to section 1 of LCB File No. R007-21 are jointly responsible for ensuring that the requirements prescribed by subsection 3 are met.

Sec. 9. NAC 639.910 is hereby amended to read as follows:

639.910 1. Any computerized system used by a pharmacy for recording information concerning prescriptions must be designed in such a manner that it provides:

(a) A readily retrievable printed record of the information relating to a prescription or a patient which the pharmacy is required to maintain pursuant to state or federal law, including, without limitation, information relating to the original prescription or the refill or modification of that prescription;

(b) The original prescription number;

(c) The prescribing practitioner's name, address and the registration number issued to him or her by the Drug Enforcement Administration if the prescribing practitioner is registered with that agency;

(d) The full name and address of the patient;

(e) The date on which the original prescription was filled, if it is different from the date prescribed;

(f) The name, strength, form, dosage, quantity and directions for use of the drug prescribed;

(g) The name or common abbreviation of the manufacturer, packer or distributor or the National Drug Code number of the drug dispensed to the patient;

(h) The total number of refills authorized by the prescriber;

(i) The date and quantity of each refill of a drug dispensed to a patient;

(j) The total number of refills of a drug dispensed to a patient;

(k) The quantity dispensed, if that is different from the quantity prescribed;

(l) At the time a prescription is filled or refilled, an automatic notice of the information the pharmacist ~~[or]~~ , intern pharmacist ***or dispensing practitioner*** considered pursuant to subsection 4 of NAC 639.707; and

(m) A procedure that may be conducted at least once each day to ensure that the information which is recorded in the system is not lost or destroyed.

2. The managing pharmacist of a pharmacy that uses a computerized system for recording information concerning prescriptions shall ensure that a procedure is conducted upon the computerized system that ensures that the information which is recorded in the system is not lost or destroyed.

3. As used in this section, "National Drug Code number" means the number assigned to a drug by the Food and Drug Administration.

Sec. 10. NAC 639.938 is hereby amended to read as follows:

639.938 If the computerized system is not functioning, the pharmacy must have an auxiliary procedure to document the dispensing of an original or refilled prescription. The auxiliary procedure must ensure that:

1. The information concerning a prescription which is filled or refilled during the period the system is not functioning is retained and entered into the system as soon as it is functioning again.

2. The information that is required for:

(a) The pharmacist ~~[or]~~ , intern pharmacist *or dispensing practitioner* who dispenses the drug to the patient to comply with the provisions of NAC 639.707; and

(b) The pharmacy to comply with the provisions of NAC 639.708,

➥ is readily available.

Sec. 11. NAC 639.940 is hereby amended to read as follows:

639.940 As used in NAC 639.940 to 639.943, inclusive, "computerized system to fill prescriptions" means an automated device operated by a computer which is used to prepare and package specified dosage units of drugs for dispensing to patients or ultimate users. The term does not include an automated drug dispensing system, a mechanical device or mechanical counting device governed by NAC 639.718, 639.720 or 639.725 ~~[.]~~ *or section 1 of this regulation.*

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