NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

October 12-13, 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: September 29, 2022

AMENDED AGENDA

PUBLIC NOTICE

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

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 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 the September 7-8, 2022, Meeting Minutes (**FOR POSSIBLE ACTION)**

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

   A. 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

<u>◈ REGULAR AGENDA ◈</u>

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

A. Craig Harding (21-146-PT-S)
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)
G. Walgreens Pharmacy #4854 (18-067-PH-S)
H. Soyoung Eom, RPH (18-067-RPH-S)
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)
L. Samuel Mujica-Trenche, MD (22-057-CS-S)
M. CVS Pharmacy #8779 (19-067-PH-N)
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)
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)
T. Heather Carroll, APRN (22-025-CS-N)
U. Morgan Grace Nicholson, PT (22-012-PT-N)
V. Keith A. Breiland, MD (20-180-CS-S)

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

Morgan Towler, PTT (22-096-PTT-S)

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

A. Surgery Nevada LLC – Reno, NV
B. Queensridge Surgery Center, LLC – Las Vegas, NV

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

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

A. Accumix Pharmacy – Elmhurst, IL
B. American Outcomes Management, LP – Fort Worth, TX

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

    Wellness Essentials Inc. – Las Vegas, NV

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

    The Ritedose Corporation – Columbia, SC

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 -
    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

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

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

        A. Leslie Baker
        B. Arnitta Singh

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

    Chris Huynh

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

17. 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).

18. 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

◈ 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.

    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.

    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.

◈ 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)

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)

21. Date and Location of Next Scheduled Board Meeting:

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

22. 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)

23. 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

September 7-8, 2022

BOARD MEETING

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, September 7, 2022, at 9:00 am. The meeting will continue, Thursday, September 8, 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	Darla Zarley	

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 September 7, 2022, 9:00 AM

Ken Kunke from the Nevada Society of Health Systems Pharmacist and the Nevada Pharmacy Alliance invites the public to attend their annual meeting on September 24 at Renown Health in Reno, Nevada from 8am-3pm. For more information, please visit the Nevada Pharmacy Alliance Website under “News & Events”.

◈ 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 July 13-14, 2022, Meeting Minutes (**FOR POSSIBLE ACTION)**

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve July 13-14, 2022, Board Meeting minutes.

Second: Krystal Freitas

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. Bigfoot Biomedical, Inc. – Milpitas, CA
B. Edgepark Medical Supplies; Cardinal Health at Home – Cranbury, NJ
C. Edgepark Medical Supplies; Cardinal Health – Durham, NC
D. Edgepark Medical Supplies; Cardinal Health at Home – Elgin, IL
E. Edgepark Medical Supplies; Cardinal Health at Home – Fort Worth, TX
F. Edgepark Medical Supplies; Cardinal Health at Home – Jacksonville, FL
G. Edgepark Medical Supplies; Cardinal Health at Home – Kansas City, MO
H. Edgepark Medical Supplies; Cardinal Health at Home – Ontario, CA
I. Edgepark Medical Supplies; Cardinal Health at Home – Portland, OR
J. Edgepark Medical Supplies; Cardinal Health at Home – Twinsburg, OH
K. Kestra Medical Technology Services, Inc. – Kirkland, WA
L. Mendtronix, Inc. – Latrobe, PA
M. Petersen Medical, St. George, UT

N. Preferred Homecare – Kingman, AZ

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))

O. ABB Optical Group – Alameda, CA
P. Almatica Pharma, LLC – Morristown, NJ
Q. CeQur Corp. – Greenville, SC
R. Datascope Corp. – Wayne, NJ
S. Edenbridge Pharmaceuticals, LLC – Parsippany, NJ
T. Exela Pharma Sciences, LLC – Lenoir, NC
U. Fisher & Paykel Healthcare Inc. – Irvine, CA
V. Mycovia Pharmaceuticals, Inc – Durham, NC
W. Novugen Pharma (USA) LLC – Princeton, NJ
X. Oryza Pharmaceuticals, Inc. – Coral Springs, FL
Y. Salus Medical LLC – Phoenix, AZ
Z. Tulex Pharmaceuticals Inc. – Cranbury, NJ
AA. Yaral Pharma Inc. – Parsippany, NJ

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

BB. Outlook Therapeutics, Inc. – Iselin, NJ
CC. Pharmacyclics, LLC – North Chicago, IL

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

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

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

DD. Alexion Pharmaceuticals, Inc. – New Haven, CT
EE. AtriCure, Inc. – Mason, OH
FF. Biofrontera Inc. – Woburn, MA
GG. ImmunoGen, Inc. – Waltham, MA

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

4.2.7 Background checks completed in compliance with NRS 639.500.

HH. ABB Optical Group – Coral Springs, FL

II. ABB Optical Group – Hawthorne, NY
JJ. DHL Supply Chain (USA) – Memphis, TN
KK. Direct Customer Solutions, LLC – Bells, TN
LL. HHCRX – Cincinnati, OH
MM. KARES Enterprises – Duarte, CA

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

NN. Accelerated Care Plus Leasing, Inc. – Reno, NV - Background Check Not Required – Publicly Traded (NAC 639.593 (7)(a))
OO. Innovative Neurotronics, Inc. – Reno, NV - Background Check Not Required – Publicly Traded (NAC 639.593 (7)(a))

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

PP. 986 LTC Pharmacy – Las Vegas, NV
QQ. Humboldt County General Hospital Pharmacy – Winnemucca, NV
RR. Nevada Health Centers Pharmacy – Elko – Elko, NV

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

SS. Perigon Pharmacy 360 – Coraopolis, PA
TT. Valley Vet Supply – Marysville, KS

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the Consent Agenda.

Second: Jade Jacobo

Action: Passed unanimously.

◈ REGULAR AGENDA ◈

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

A. Richard Teh, MD (20-021-CS-A-B-S)
B. Cynthia Teh, MD (20-021-CS-C-S)

Crane Pomerantz appeared as counsel on behalf of Richard and Cynthia Teh.

Richard Teh and Cynthia Teh appeared and were sworn in by President Park prior to answering questions and offering testimony.

Courtney Lee, General Counsel for the Nevada Board of Pharmacy, prosecuted the case regarding unlawful prescribing of controlled substances while out of the country.

Ms. Lee presented a proposed Stipulation and Order for the Board's consideration with the following updates: 1) modify paragraph 9B on page 3 to change "Teh 1 to Teh 2" and change the pronouns to "she"; 2) modify page 4 to remove an extra space in paragraph 12; and 3) complete language change to paragraph 14 that Ms. Lee read into the record.

The penalties for Respondent Richard Teh ("Teh 1") Certificate of Registration Nos. CS19708 and CS31633 are the following: 1) the suspension is stayed and is placed on probation for a period of two years; 2) accept this Stipulation and Order as a public reprimand; 3) pay a fine of $4,000; 4) pay attorney's fees and costs of $2,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and 5) comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him whole on probation.

The penalties for Respondent Cynthia Teh ("Teh 2") Certificate of Registration No. CS09236 is the following: 1) the suspension is stayed and is placed on probation for a period of two years; 2) accept this Stipulation and Order as a public reprimand; 3) pay a fine of $4,000; 4) pay attorney's fees and costs of $2,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and 5) comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against her whole on probation.

In addition, the Board shall conduct scheduled quarterly inspections of Respondents' practice for a period of 12 months from the effective date of the Order, and Respondents shall bear and reimburse the Board for inspection costs in the amount not to exceed $500 per quarterly inspections.

Richard and Cynthia Teh commented to the Board that they made mistakes and apologized for their errors.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the proposed Stipulation and Order with the proposed changes by Ms. Lee.

Second: Rolf Zakariassen

Action: Passed unanimously.

C. Ann Childress, MD (20-250-CS-S)(20-250-PD-S)

Joseph Reynolds appeared as counsel on behalf of Ann Childress.

Ann Childress appeared and was sworn in by President Park prior to answering questions and offering testimony.

Courtney Lee prosecuted the case regarding Ms. Childress dispensing clinical study medication consisting of controlled substances and dangerous drugs without a valid practitioner dispensing registration.

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

The penalties for Respondent Childress are the following: 1) pay a fine of $5,000; 2) pay attorney's fees and costs of $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Ms. Lee clarified paragraph 7 is one singular violation.

Ms. Childress provided testimony to the Board on the events that occurred with this issue.

Board discussion ensued.

Mr. Reynolds would consider a more lenient discipline for Ms. Childress at the Board's consideration.

Mr. Reynolds requested Board to continue with the proposed Stipulation and Order presented by Ms. Lee.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the proposed Stipulation and Order for Ann Childress.

Second: Krystal Freitas

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

Action: Motion carries.

D. Christopher Olsen, RPH (21-171-RPH-N)
E. Olsen's Corner Drug Store Compounding Center (21-171-PH-N)

Gil Khan appeared as counsel on behalf of the respondents.

Christopher Olsen appeared and was sworn in by President Park prior to answering questions and offering testimony.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case regarding Mr. Olsen failing to maintain accurate and complete records for controlled substance inventories for Olsen's Corner Drug Store Compounding Center.

Mr. Kandt wanted to clarify that the Notice of Intended Action and Accusation should list pharmacy license no. PH01913 not PH03816. Pharmacy License No. PH01913 had the change of ownership approved 4/15/21, and Pharmacy License No. PH03186 ceased all operations.

Mr. Kandt presented a Stipulation and Order for the Board's consideration with a change to the pharmacy license number – PH01913.

The penalties for Christopher Olsen Certificate of Registration No. 11156 are the following: 1) the revocation is stayed and placed on probation for a period of five years; 2) Respondent Olsen may not work as a managing pharmacist for any pharmacy licensed by the Board or hold an ownership interest in any pharmacy licensed by the Board; 2) pay a fine of $5,000 3) pay attorney's fees and costs of $500 to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating this matter. Upon successful completion of probation, Respondent's Certificate of Registration No. 11156 will be fully restored.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the proposed Stipulation and Order for Christopher Olsen and Olsen's Corner Drug Store Compounding Center with the corrected pharmacy license no. PH01913.

Second: Rolf Zakariassen

Action: Passed unanimously.

F. Morton Hyson, MD (22-146-CS-S)

No representative was present on behalf of Morton Hyson.

Peter Keegan prosecuted the case regarding Dr. Hyson's license being suspended by the Nevada State Board of Medical Examiners (NSBME) for violations of NRS Chapter 630.

Mr. Keegan presented a Stipulation and Order for the Board's consideration with updates to page 2, paragraph 7 with it to reflect item "C" since "B" is listed twice.

The penalties for Respondent Hyson's Certificate of Registration No. CS05851 are the following: 1) suspension of his controlled substance registration until Dr. Hyson demonstrates reinstatement of his Nevada Medical License No. 6020; 2) pay attorney's fees and costs of $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Mr. Keegan clarified that Dr. Hyson no longer qualifies to hold a controlled substance license since his medical license was suspended.

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve Stipulation and Order for Dr. Morton Hyson with changes presented by Mr. Keegan.

Second: Jade Jacobo

Action: Passed unanimously.

G. Wesley Robertson, MD (21-063-CS-S)

This matter was continued to a future Board Meeting.

H. Richard Washinsky, MD - Second Order to Show Cause (22-094-CS-S)

No representative was present on behalf of Richard Washinsky.

Brett Kandt prosecuted the case regarding Dr. Washinsky's Second Order to Show Cause where he prescribed controlled substances on a suspended registration in violation of the previous Orders.

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

The penalties for Respondent Washinsky's Certificate of Registration No. CS06491 are the following: 1) revocation of his controlled substance registration; 2) respondent may not possess, administer, prescribe or dispense a controlled substance until he has petitioned the Board for reinstatement; 3) respondent may not petition for reinstatement of his certificate of registration for a period of five years from the effective date of this Order; 4) In the event, the respondent applies for reinstatement of his certificate of registration, or applies for any other certificate, license or permit with the Board, he shall appear before the Board.

Mr. Kandt commented that previous counsel entered a withdrawal of representation, and he was working with Dr. Washinsky directly on this matter who accepts the terms.

Board discussion ensued.

Board Action:

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

Second: Jade Jacobo

Action: Passed unanimously.

I. Stephen Dubin, MD (20-020-S)

Crane Pomerantz appeared as counsel on behalf of Dr. Stephen Dubin.

Stephen Dubin appeared and was sworn in by President Park prior to answering questions and offering testimony.

The Board heard part 1 of this case on December 1, 2021. The matter was continued to today's hearing due to scheduling conflicts. Courtney Lee prosecuted the case regarding Dr. Dubin unlawfully prescribing controlled substances while out of the country.

Ms. Lee presented a list of Stipulated Facts on page 1766 of the Board book that counsel for Dubin previously agreed.

Ms. Lee re-called Mary Allen Domondon as a witness.

Mary Allen Domondon appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Lee questioned Ms. Domondon.

Mr. Pomerantz cross-examined Ms. Domondon.

Ms. Lee re-crossed Ms. Domondon.

Ms. Lee called Stephen Dubin as a witness.

Ms. Lee questioned Dr. Dubin.

Ms. Lee requested public records of Dr. Dubin's previous suspension/revocation of his medical license be entered into the record as Exhibit 11.

Mr. Pomerantz objected to the exhibit as it is not related to this issue.

President Park denied exhibit due to the age of the disciplinary action and would only consider actions taken within the past five years.

Mr. Pomerantz cross-examined Dr. Dubin.

Mr. Pomerantz requested Exhibits 11-15 be entered into the record.

Ms. Lee objects to Exhibit 13 being entered as lacking foundation (no assurance of authenticity and or modification) and is not the best evidence (the medical records themselves are the best evidence).

President Park entered Exhibits 11-15 into the record.

Mr. Pomerantz questioned Dr. Dubin on Exhibits 11-15.

Ms. Lee re-crossed Dr. Dubin.

Ms. Lee provided a closing statement regarding Dr. Dubin, as the only medical director, should have properly supervised or been aware of his staff's actions. Also, Dr. Dubin did not establish a bona fide therapeutic relationship with some of his patients or follow the laws for emergency CII prescriptions.

Mr. Pomerantz provided a closing statement regarding Dr. Dubin was not aware that the prescriptions were being filled and believes there is a lack of evidence to charge him.

Board discussion ensued.

Peter Keegan read the Causes of Action into the record.

Ms. Lee requested the Board to find the Findings of Fact consistent with paragraphs 2-3, 5-13, and the entirety of the Stipulated Facts.

Board Action:

Motion: Jade Jacobo moved to make Findings of Fact consistent with paragraphs 2-3, 5-13 of the Notice of Intended Action and Accusation and the entirety of the Stipulated Facts.

Second: President Park

Board discussion ensued.

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

Action: Motion Carries.

Board Action:

Motion: Jade Jacobo moved to find that the Board has jurisdiction over this matter consistent with paragraph 1.

Second: Wayne Mitchell

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to find Dr. Dubin not guilty of the First Cause of Action.

Second: Gener Tejero

Gener Tejero withdraws his second motion.

Second: Richard Tomasso

Board discussion ensued.

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

Action: Motion fails.

Board Action:

Motion: Jade Jacobo moved to find Dr. Dubin not guilty of the Second Cause of Action.

Second: Gener Tejero

Board discussion ensued.

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

Action: Motion carries.

Board Action:

Motion: Jade Jacobo moved to find Dr. Dubin guilty of the Third Cause of Action.

Second: Wayne Mitchell

Board discussion ensued.

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

Action: Motion carries.

Board Action:

Motion: Jade Jacobo moved to find Dr. Dubin guilty of the Fourth Cause of Action.

Second: President Park

Board discussion ensued.

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

Action: Motion carries.

Board Action:

Motion: President Park moved to find Dr. Dubin guilty of the First Cause of Action.

Second: Gener Tejero

Board discussion ensued.

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

Action: Motion carries.

Ms. Lee requested the Board to enter the attorney's fees and cost as Exhibit 15.

President Park entered into the record as Exhibit 15.

Board Action:

Motion: President Park moved to award the attorney's fees and costs of $3,834.50 on the basis that they were reasonable, necessary, and actually incurred.

Second: Jade Jacobo

Action: Passed unanimously.

Ms. Lee proposed the following penalties for Dr. Dubin's Certificate of Registration No. CS19164: 1) suspension is stayed immediately and Dr. Dubin be placed on probation for two years from the date of the Order; 2) pay a fine of $5,000 within 30 days; 3) pay the attorney's fees and costs of $3,834.50 on the basis that they were reasonable, necessary and actually incurred; 4) complete four additional continuing education (CE) courses relating to proper prescribing of controlled substances.

Dave Wuest, Executive Secretary of the Nevada Board of Pharmacy, recommended that Dr. Dubin meet with the Darla Zarley and Joe Dodge who can train him over the PMP and how to properly prescribe.

Mr. Pomerantz requested the Board consider a fine of $1,000 rather than $5,000.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to make the following penalties for Dr. Dubin's Certificate of Registration No. CS19164: 1) placed on probation for two years; 2) one hour of training with Darla Zarley on the PMP and one hour of training with Joe Dodge on proper prescribing of controlled substances; 3) additional four hours of CE's on proper controlled substance prescribing; 4) pay a fine of $5,000 with a payment plan agreed upon by Board staff; 5) pay the attorney's fees and costs of $3,834.50 on the basis that they were reasonable, necessary and actually incurred with a payment plan agreed upon by Board staff, effective immediately.

Second: Rolf Zakariassen

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

Action: Motion carries.

J. Abdel Khalek, MD (19-003-CS-A-S)
K. Robert Chancellor, MD (19-003-CS-B-S)
L. Lindsay Hoffman, PA-C (19-003-CS-C-S)

These matters were continued to a future Board meeting.

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

Vinay Bararia, MD (19-003-S)

This matter was continued to a future Board meeting.

Public Comment September 8, 2022, 5:00 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	Leo Basch	Luis Curras	Ken Scheuber
Homa Woodrum			

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.

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 September 7, 2022, 9:00 AM

Ken Kunke from the Nevada Society of Health Systems Pharmacist and the Nevada Pharmacy Alliance invites the public to attend their annual meeting on September 24 at Renown Health in Reno, Nevada from 8am-3pm. For more information, please visit the Nevada Pharmacy Alliance Website under "News & Events".

◈ PUBLIC HEARING ◈

Thursday September 8, 2022 – 9:00 am

22. 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 relate to licensing and regulation of Medical Products Wholesalers as Wholesalers in order to conform the requirements of existing law. (LCB File No. R085-22)

Peter Keegan provided background on public hearing item and proposed language changes.

President Park opened the floor to public comment.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt the proposed Amendment to NAC 639 (LCB File No. R085-22) with conforming amendments.

Second: Wayne Mitchell

Action: Passed unanimously.

B. **Amendment to Nevada Administrative Code (NAC) 453**. The proposed amendments relate to controlled substances, provide for the registration of a law enforcement officer engaged in training a canine in drug detection, and add methoxetamine to the controlled substances listed in Schedule I. (LCB File No. R050-22)

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

President Park opened the floor to public comment.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt Amendment to NAC 453 (LCB File No. R050-22).

Second: Krystal Freitas

Action: Passed unanimously.

C. **Amendment of Nevada Administrative Code (NAC) 453.540: Schedule IV**. The proposed amendment to NAC 453.540 will add daridorexant to the list of controlled substances listed in Schedule IV. (LCB File No. R170-22)

Yenh Long, Deputy Secretary of the Nevada Board of Pharmacy, provided background on public hearing item and proposed language changes.

President Park opened the floor to public comment.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt Amendment to NAC 453.540 (LCB File No. R170-22).

Second: Rolf Zakariassen

Action: Passed unanimously.

◈ REGULAR AGENDA ◈

19. Discussion and Possible Action on Adoption of Emergency Regulation pursuant to NRS 233B.0613 to amend NAC 639.250 relating to the number of pharmaceutical technicians and pharmaceutical technicians in training that a pharmacist may supervise at one time. **(FOR POSSIBLE ACTION)**

Lorri Walmsley, Walgreen's Director of Pharmacy Affairs, requested the Nevada Board of Pharmacy to consider an emergency regulation relating to the number of pharmaceutical technicians and pharmaceutical technicians in training that a pharmacist can supervise at one time.

Dave Wuest provided background on emergency regulation request to the Board.

Ms. Walmsley is in support of this emergency regulation request as it will help pharmacist with their workload and alleviate some stress for staff.

Mr. Wuest commented that several letters of support of this emergency regulation request were received and available for the public to review.

President Park opened the floor to public comment.

Liz McMenamin from the Retail Association of Nevada expressed support of this emergency regulation request. She commented that patient demand is greater due to COVID, and she would like this regulation to become permanent.

Holly Privo, Health Supervisor of Walgreens for Las Vegas, expressed support of this emergency regulation request. She commented that pharmaceutical technicians doing certain tasks allows the pharmacist to work on other things, and she received a lot of feedback from pharmacist when the emergency regulation expired.

Reyshelle Tucker, Pharmacist from Walgreens, expressed support of this emergency regulation request. She commented that it allows pharmaceutical technicians to take on certain tasks so that pharmacist can focus on other things.

Melissa Shake, Pharmacist from Walgreens, expressed support of this emergency regulation request. She commented that the limited capacity is hindering care for the public and supervising pharmaceutical technicians and pharmaceutical technicians in training ratios is an extra stressor to her duties.

Board discussion ensued.

Catherine Leiana Oswald, Pharmacist, encouraged Board consider the public safety if this emergency regulation is passed rather than the ease of work.

Jennifer Lindgren, Pharmacist, supported President Park and Ms. Oswald's testimony and is not in favor of the emergency regulation request.

Kelsey Maxim, Pharmacist from Community Health Alliance, is not in support of the emergency regulation request.

Lauren Paul from CVS Health commented that the increased ratio did not increase errors during the pandemic. Therefore, she is in support of the emergency regulation request and commented that the waiver to increase ratio during pandemic.

Achille Tiam, Pharmacist, expressed support of the emergency regulation request. He commented that this will allow him to focus on more clinical tasks for his patients.

Jennifer Wheeler, Chief Medical Officer from Community Health Alliance and represents ASHP Community Retail Pharmacy Committee, commented that she is not in favor of the emergency regulation request and stated in her experience with pharmacies that they need more pharmacist not pharmaceutical technicians.

Mary Grear, Pharmacist, is not in favor of the emergency regulation request. Pharmacies should hire more pharmacist and not pharmaceutical technicians.

Board discussion ensued.

Board Action:

Motion: President Park moved to deny adoption of Emergency Regulation pursuant to NRS 233B.0613 to amend NAC 639.250 relating to the number of pharmaceutical technicians and pharmaceutical technicians in training that a pharmacist may supervise at one time as there is no emergency.

Second: Gener Tejero

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

Action: Motion carries.

Dave Wuest commented that he will agendize a discussion regarding pharmaceutical technician ratio on a future meeting.

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

Q. David Edwards, MD (22-133-CS-N)

David Edwards appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan prosecuted the case regarding Dr. Edwards prescribing controlled substances with an expired controlled substance registration.

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

The penalties for Respondent Edwards Certificate of Registration No. CS01332 are the following: 1) pay a fine of $5,000; 2) pay attorney's fees and costs of $500 to partially reimburse the Board for recoverable attorney's fees and costs in investigating and prosecuting this matter.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Stipulation and Order for Dr. David Edwards.

Second: Rolf Zakariassen

Action: Passed unanimously.

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

A. David Edwards

Dr. David Edwards would like to withdraw his controlled substance application.

Dave Wuest explained that Dr. Edwards will not be able to hold a DEA if he does not have a controlled substance registration.

Dr. Edwards rescinded his withdrawal of his controlled substance application.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve controlled substance registration for Dr. David Edwards.

Second: Wayne Mitchell

Action: Passed unanimously.

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

R. Graham Simpson, MD (22-199-CS-S)

Graham Simpson appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan prosecuted the case regarding Dr. Simpson prescribing controlled substances with an expired controlled substance registration.

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

The penalties for Respondent Simpson's Certificate of Registration No. CS01982 are the following: 1) pay a fine of $10,000; 2) pay attorney's fees and costs of $750 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Dr. Simpson provided testimony on the events that occurred with this issue and has concerns with the question on the controlled substance application stating, "Have you been the subject of a board citation or an administrative action whether completed or pending in any state?". He requests clarification on what Board that they are referring to.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Stipulation and Order for Dr. Graham Simpson.

Second: Wayne Mitchell

Action: Passed unanimously.

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

B. Graham Simpson

Board Action:

Motion: Jade Jacobo moved to approve controlled substance registration for Dr. Graham Simpson.

Second: Wayne Mitchell

Board discussion ensued.

Action: Passed unanimously.

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

M. Sherman Washington, MD (21-104-CS-N)
P. Sherman Washington, MD (19-243-CS-S)

Michael Mee appeared as counsel on behalf of Dr. Sherman Washington.

Dr. Sherman Washington was not present for the hearing.

Brett Kandt made an opening statement on the charges that Dr. Washington unlawfully prescribed controlled substances, was disciplined by the Nevada State Board of Medical Examiners for violations related to drugs and failed to disclose discipline by other jurisdictions on his pending controlled substance applications and his 2020 renewal application for Controlled Substance Registration No. CS24310.

Mr. Kandt presented a proposed stipulation and order for the Board's consideration.

Sherman Washington, Certificate of Registration No. CS24310, stipulates to the following penalties: 1) revocation of registration; 2) respondent may not petition for reinstatement for 2 years; 3) fine of $5,000; 4) $600 attorney's fees and costs for case 19-243-CS-S; and 5) $4,000 attorney's fees and costs for case 21-104-CS-N.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order as presented by Mr. Kandt.

Second: Wayne Mitchell

Action: Passed unanimously.

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

E. Sherman Washington - Iuventus Medical Center – Las Vegas, NV
F. Sherman Washington - Iuventus Medical Center – Las Vegas, NV

Dr. Sherman Washington has withdrawn both controlled substance applications.

17. Applications for Intern Pharmacist Registration– Appearance. (**FOR POSSIBLE ACTION)**

Tyler Hill

Lyn Beggs appeared as counsel on behalf of Tyler Hill.

Tyler Hill appeared and was sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest provided background on appearance.

President Park disclosed that she knows Tyler Hill due to her previous employment with Roseman University but stated that she could participate in this matter fairly and without bias.

Ms. Beggs provided background on discipline charges against Mr. Hill.

President Park requested assurances from Mr. Hill that his discipline history will not be an issue with his future practice.

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

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve Intern Pharmacist Registration for Tyler Hill pending favorable evaluation.

Second: Jade Jacobo

Action: Passed unanimously.

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

James Taylor

James Taylor appeared and was sworn in by President Park prior to answering questions and offering testimony.

Yenh Long provided background on application and disclosures.

Richard Tomasso was excused from the meeting at 11:53 AM and returned at 11:54 AM.

Mr. Taylor explained the events that occurred with his disclosures regarding stolen property and theft.

The Board questioned Mr. Taylor on why he wants to be pharmacy technician, the discipline charges against him, and what he has been doing since his disclosures.

Mr. Taylor answered the Board's questions.

Board discussion ensued as they have concerns with approving his application.

President Park offered Mr. Taylor an opportunity to withdraw his application.

Mr. Taylor withdrew his application.

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

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

Chandon Alexander appeared as counsel on behalf of Respondents Las Vegas Scripts Rx and Nathan Edouard, RPH.

Nathan Edouard appeared and was sworn in by President Park prior to answering questions and offering testimony.

Courtney Lee prosecuted the case and read into the record the Stipulated Facts with the following amendments: deletion of paragraphs 6A, 6C, and 6E and modification of language to paragraph 6B as presented.

Mr. Alexander provided background on the allegations and requested the Board to enter Exhibit 9 which are CE's and Exhibit 10 which are letters of recommendation into the record.

President Park admitted Exhibit 9-10 into the record.

Mr. Alexander started providing testimony on the issue.

Ms. Lee objects to counsel's statements to the extent that counsel is testifying on facts and exhibits that were already stipulated. Counsel has agreed that the facts and exhibits support certain violations, and that the only consideration for the Board is the conditions/penalties or discipline.

President Park sustained objection.

Ms. Lee requested the Board to make Conclusions of Law consistent with paragraphs 7-21 and to dismiss Count Three (paragraph 18) and Count Five (paragraph 20) of the Notice of Intended Action and Accusation.

Yenh Long has concerns based on testimony provided by Mr. Alexander if Count Three (paragraph 18) should be dismissed and the process if it was stipulated.

Homa Woodrum, Senior Deputy Attorney General for the Attorney General's Office (AGO), provided counsel to Board staff.

Board discussion ensued.

Ms. Lee requested revision to Count Three to reference law NAC 639.712 instead of NAC 639.707.

Ms. Long read NAC 639.712 into the record.

Mr. Alexander agreed to not dismiss Count Three in the Notice of Intended Action and Accusation and accepted Board staff to revise the violation of law from NAC 639.707 to NAC 639.712.

Ms. Lee requested the Board to make Conclusions of Law consistent with paragraphs 7-21 and to dismiss Count Five (paragraph 20) and the revision of Count Three in the Notice of Intended Action and Accusation.

<u>Board Action:</u>

Motion: Jade Jacobo moved to make Conclusions of Law consistent with paragraphs 7-21 and to dismiss Count Five (paragraph 20) and the revision of Count Three as proposed by Ms. Lee in 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 11.

President Park admitted Exhibit 11 into the record.

Board Action:

Motion: Jade Jacobo moved to award the attorney's fees and costs of $940.50 on the basis that they were reasonable, necessary, and actually incurred.

Second: Krystal Freitas

Action: Passed unanimously.

Ms. Lee proposed the following penalties for Las Vegas Scripts Rx Pharmacy License No. PH03930: 1) revocation (effective immediately) and is unable to petition for re-instatement for two years; 2) pay a fine of $10,000; 3) pay attorney's fees and costs of $940.50 for investigating and prosecuting this matter; and 4) discipline is reportable to the National Practitioner Data Bank.

Mr. Alexander thinks that revocation of the license is severe and recommends only a fine or additional CE's.

Board discussion ensued.

Ms. Woodrum advised that there was no motion to enter the Stipulated Facts into the record.

Board Action:

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

Second: President Park

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to adopt the Stipulated Facts and the Facts consistent with paragraphs 2-5, 6B, and 6D of the Accusation.

Second: Gener Tejero

Action: Passed unanimously.

Board discussion ensued on potential penalties for respondents.

Joe Dodge, Investigator for the Nevada Board of Pharmacy, provided testimony that Board has inspected pharmacy and if any issues were found that they would have been brought to Board's attention.

Ms. Lee proposed the following penalties for Nathan Edouard Certificate of Registration No. 19462: 1) revocation effective immediately and placed on probation for two years, 2) pay a fine of $5,000; 3) pay attorney's fees and costs of $900 investigating and prosecuting this matter; and 5) discipline is reportable to the National Practitioner Data Bank.

Mr. Edouard provided testimony to the Board and apologized for his errors.

Mr. Alexander commented that the revocation is too severe and suggested that the revocation be stayed for Mr. Edouard.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the following penalties for Nathan Edouard Certificate of Registration No. 19462: 1) revocation which is immediately stayed and placed on probation for five years; 2) may not be a managing pharmacist for two years; 3) pay a fine of $5,000; 4) pay $900 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; 5) attend two discipline days for Board Meetings within one year.

Second: Jade Jacobo

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to approve the following penalties for Las Vegas Scripts Rx Pharmacy License No. PH03930: 1) quarterly inspections at the owner's expense for two years; 2) revocation (which is immediately stayed) and on probation for two years; 3) compounding training for all registered pharmacist(s) who compound within six months (Board staff to approve); 4) pay a fine of

$10,000; 5) pay $940.50 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Second: Rolf Zakariassen

Action: Passed unanimously.

8. Applications for Nevada Pharmacy License (NRS 639.2328) – Appearance (**FOR POSSIBLE ACTION**)

CrowdRx – Black Rock City, NV

Juliana Zschoche, Registered Pharmacist, and Connor Fitzpatrick, Executive Director, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest provided background on application.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Nevada Pharmacy License for CrowdRx.

Second: Krystal Freitas

Action: Passed unanimously.

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

A. Elko Community Health Center, LLC – Elko, NV

Kevin Brown (Administrator), David Lutz (Managing Director), Andrea Haslehurst (Operating Room Officer), Mary Grear (Contracted Pharmacist), and Jarrett Portz (Managing Partner) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest commented that a temporary license was provided, but they are not operating.

Yenh Long provided background on application and disclosures for Mr. Portz regarding pending lawsuits for an architecture firm seeking recovery fees for an abandonment of a job and fraudulent statements for a company that he invested in.

The Board questioned on the business model of the company.

Mr. Lutz answered to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Ambulatory Surgery Center License for Elko Community Health Center.

Second: President Park

Action: Passed unanimously.

B. Silver State Surgery Center West LLC – Las Vegas, NV

President Park commented that Mary Grear (Contracted Pharmacist) is still sworn in from a previous matter.

Selaiman Noori (Co-Owner), Rolonda Johnson (Coordinator), and Mallory Martin (Director of Nursing) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Yenh Long provided background on the application and a disclosure regarding a DUI for Mr. Noori.

Mr. Noori provided background on the events that occurred with his disclosure.

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve the change of ownership for Silver State Surgery Center West LLC.

Second: Jade Jacobo

Action: Passed unanimously.

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

A. American Wellness Pharmacy – Las Vegas, NV

George Maiorano, Co-Owner, and Eytan Klepach, Co-Owner, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge provided background on change of ownership application.

Mr. Dodge wanted clarification from Mr. Maiorano on if they intend to do sterile compounding or if they would like the affidavit removed.

Mr. Maiorano requested that the affidavit be removed from the application.

Mr. Dodge questioned on the change of ownership, any changes in processes, location of the pharmacy, and Mr. Klepach's work history.

Mr. Maiorano and Mr. Klepach answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve the change of ownership and name change for American Wellness Pharmacy.

Second: Jade Jacobo

Action: Passed unanimously.

B. Capsules Rx LLC – Las Vegas, NV

President Park disclosed that she knows Mouna Mazloumi and Ani Avetyan due to her previous employment with Roseman University but stated that she could participate in this matter fairly and without bias.

Krystal Freitas disclosed that she worked with Mouna Mazloumi at her previous employment but stated that she could participate in this matter fairly and without bias.

Mouna Mazloumi and Ani Avetyan appeared and were sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge provided background on application and questioned on the business model and their experience with non-sterile compounding.

Mr. Dodge has concerns that their knowledge of non-sterile compounding is still new.

Ms. Mazloumi and Ms. Avetyan request that they go forward with the application to only do retail pharmacy and will work to get approval to do non-sterile compounding later.

The Board questioned on the business model, their experience as managing pharmacist, and their past work history.

Ms. Mazloumi and Ms. Avetyan answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Nevada Pharmacy License for Capsules Rx LLC pending updated application to remove the service of non-sterile compounding, quarterly inspections at the owner's expense for one year, and a favorable inspection.

Second: Krystal Freitas

Action: Passed unanimously.

C. Indigo Pharmaceutical LLC – Las Vegas, NV

President Park disclosed that she knows Eric Sparks due to her previous employment with Roseman University but stated that she could participate in this matter fairly and without bias.

Eric Sparks, Managing Pharmacist, and Sima Koegel, Owner, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge provided background on application and wanted clarification on if they intend to do sterile compounding and if they would like the affidavit removed.

Mr. Sparks would like the affidavit removed.

Joe Dodge questioned the business model, products being shipped, and Mr. Sparks past work history with compounding.

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

Mr. Dodge is comfortable with Mr. Sparks experience with compounding experience.

Mr. Dodge questioned Ms. Koegel on her experience with pharmacy and what her role for the pharmacy will be.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Nevada Compounding Pharmacy License for Indigo Pharmaceutical LLC.

Second: Krystal Freitas

Action: Passed unanimously.

Mr. Sparks requested the Board for a temporary license, so he can start the pharmacy.

Dave Wuest commented that he can call the Nevada Board of Pharmacy and discuss with him.

D. KabaFusion NV – Henderson, NV

Gener Tejero recused himself since he was a previous owner of KabaFusion NV.

Smita Njeru (Vice President of Regulatory and Licensing), Felicia Vargo-Johnson (Paralegal), Tina Benkendorfer (Pharmacist and Chief Operating Officer), Jennifer Lindgren (Managing Pharmacist), Tamara Boshans, Pharmacist and Regional Vice President of Operations, appeared and were sworn in by President Park prior to answering questions and offering testimony.

President Park disclosed that she knows Jennifer Lindgren due to her previous employment with Roseman University but stated that she could participate in this matter fairly and without bias.

Joe Dodge provided background on the application and wanted clarification if the Managing Pharmacist has changed.

Ms. Lindgren commented that the Managing Pharmacist has changed an updated application was sent back in June.

Mr. Dodge questioned on the business model, services that they will provide, and Ms. Lindgren's experience with compounding.

Ms. Benkendorfer and Ms. Lindgren answered questions to the Board's satisfaction.

Mr. Dodge feels comfortable with the application.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve change of ownership for KabaFusion NV.

Second: Wayne Mitchell

Action: Passed unanimously.

G. Monicos Pharmacy, LLC – Las Vegas, NV

Jade Jacobo disclosed that she is friends with Adebola Durosawo but stated that she could participate in this matter fairly and without bias.

President Park disclosed that she knows Adebola Durosawo due to her previous employment with Roseman University but stated that she could participate in this matter fairly and without bias.

Adebola Durosawo, Co-Owner and Managing Pharmacist, and Elaine Robles, Co-Owner, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge provided background on application.

Mr. Dodge questioned on the change of ownership, any staffing changes, and products that they plan to compound.

Ms. Durosawo and Ms. Robles answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve change of ownership for KabaFusion NV.

Second: Krystal Freitas

Action: Passed unanimously.

18. Discussion and possible action to request an Attorney General opinion pursuant to NRS 228.150 on the authority of homeopathic physicians to possess, administer, prescribe, and dispense controlled substances and dangerous drugs (**FOR POSSIBLE ACTION)**

Dave Wuest and Brett Kandt provided background on item.

Board discussion ensued.

Board Action:

Motion: President Park moved to request Attorney General Opinion pursuant to NRS 228.150 on the authority of homeopathic physicians to possess, administer, prescribe, and dispense controlled substances and dangerous drugs.

Second: Jade Jacobo

Action: Passed unanimously.

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

C. Kent Swaine

Kent Swaine, Mark Chase (Owner of PRN Program), and Praveen Saran (Dr. Swaine's preceptor) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Brett Kandt provided background on disclosures regarding domestic violence, a conviction for obtaining controlled substances by deception, a probation violation, a DUI, and his history of his registration to practice medicine.

The Board questioned on the events that occurred with Dr. Swaine's disclosures, any triggers that could cause him to relapse, what medications would his practice usually prescribe, and the PRN program that Dr. Swaine is admitted in.

Dr. Swaine, Dr. Saran, and Mr. Chase answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve controlled substance registration with conditions that Dr. Swaine can only prescribe Schedule IV's and V's and buprenorphine only.

Second: Gener Tejero

Action: Passed unanimously.

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

Stephen McMillan

Krystal Freitas recused herself due to Stephen McMillan being a co-worker that she worked with closely.

Annette Logan Parker, Founder and CEO for Cure 4 the Kids Foundation, and Stephen McMillan appeared and were sworn in by President Park prior to answering questions and offering testimony.

Yenh Long provided background on the appearance regarding Mr. McMillan's request to engage in the practice of pharmacy at a site other than a licensed pharmacy for Cure 4 the Kids Foundation.

The Board questioned Mr. McMillan on the services that he plans to provide.

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

Board discussion ensued.
Board Action:

Motion: Jade Jacobo moved to approve Stephen McMillan's request to engage in the practice of pharmacy at a site other than a licensed pharmacy.

Second: Rolf Zakariassen

Action: Passed unanimously.

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

E. Kindred Hospital Las Vegas (E. Flamingo) – Las Vegas, NV
F. Kindred Hospital Las Vegas (Sahara) – Las Vegas, NV

Gabe Scott appeared as counsel on behalf of Kindred Hospital.

Josh Dalton, Director of Pharmacy, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge provided background on application.

Mr. Dodge questioned about the ownership change and if there is any staffing or operation changes.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve change of ownership for Kindred Hospital Las Vegas at E. Flamingo and Sahara locations.

Second: Krystal Freitas

Action: Passed unanimously.

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

Michael Schember

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

Courtney Lee provided background on application and questioned on if he has been disciplined in Arizona.

Mr. Schember confirmed that he was disciplined in Arizona and would like to update his application to reflect “yes” for the question “Been the subject of a board citation or administrative action or board citation whether completed or pending in any state?”.

Ms. Lee requested more information regarding his disclosure since Mr. Schember did not provide supporting documentation.

Mr Schember explained that the discipline was regarding a miscalculated a prescription and the discipline taken against him.

Ms. Lee wanted confirmation if he is subject of a court order for the support of a child.

Mr. Schember confirmed that he has not children, so the answer is “no”.

The Board requested Mr. Schember to provide an updated application to reflect updated answers.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve application for pharmacist registration by reciprocation for Michael Schember pending updated application.

Second: President Park

Action: Passed unanimously.

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

Ameer Alhaj

Ameer Alhaj appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Alhaj requested another chance to take the NAPLEX as the state of Michigan will not allow him to.

The Board questioned on what occurred with his five NAPLEX attempts and where he intends to practice.

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

Board discussion ensued.

Board Action:

Motion: Richard Tomasso moved to approve Ameer Alhaj one more attempt at the NAPLEX exam.

Second: Jade Jacobo

Action: Passed unanimously.

10. 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)) – Disclosure

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

President Park requested a Letter of Authorization from Mr. Kernizan so that he can speak on behalf of the company.

Dave Wuest provided background on application and questioned on the details of their disclosure regarding an FDA administrative fine.

Mr. Kernizan is not familiar with the disclosure.

President Park gave Mr. Kernizan an opportunity to table the application so that he can get a representative who is familiar with the disclosure.

Mr. Kernizan would like to table application.

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

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

D. Tri Truong

There was no representative present on behalf of Tri Truong.

21. 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

Dave Wuest provided the Financial Report to the Board's satisfaction.

Board discussion ensued.

20. 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).

There was no General Counsel Report.

23. Date and Location of Next Scheduled Board Meeting:

October 12-13, 2022 – Las Vegas, NV

24. Public Comment September 8, 2022, 5:00 PM

There was no public comment.

25. Adjournment

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 N/A	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical

MDEG Physical Address: 3601 Thirlane Road NW, Suite 4

City: Roanoke State: VA Zip: 24019

Mailing Address (if different from physical address): 3030 LBJ Freeway, Suite 1525

City: Dallas State: Texas Zip: 75234

Telephone: 866/359-9641 Website: https://ccsmed.com

Email: licensing@ccsmed.com

Name of MDEG Administrator (NAC 639.694): James W. Hall

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: See Attached
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: _____ Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 8:30 - 5:00	■ Tue: 8:30 - 5:00	■ Wed: 8:30 - 5:00	■ Thurs: 8:30 - 5:00	■ Fri: 8:30 - 5:00
☐ Sat:	☐ Sun:	☐ Holidays:		

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

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
Medicare 0910210002
NPI 1750473252

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: Florida

Parent Company (if any): Chronic Care Solutions, Inc.

Corporation/Organization Name: DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical

Mailing Address: 3030 LBJ Freeway, Suite 1525

City: Dallas State: Texas Zip: 75234

Telephone: 972/628-2100 Email: licensing@ccsmed.com

Contact Person Name: Chloe Naidoo

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Thomas C. Hofmeister

Print Name of Authorized Person Submitting Application

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

8/4/2020

Date

processed 8.18.22

Board Use Only	Date Received: 8.17.22	Amount: 500.00 CK-597387

DEGC ENTERPRISES (U.S.), INC. dba CCS MEDICAL
CORPORATE OFFICER LISTING

NAME	TITLE	ADDRESS	TELEPHONE	EMAIL
Heather A. Boice 0% ownership	General Counsel & Corp. Secretary	[redacted] Rutledge Dr. Palm Harbor, FL 34685	972/628-2100	licensing@ccsmed.com
Thomas C. Hofmeister 0% ownership	Executive V.P., CFO & Treasurer	[redacted] Horseback Hollow Austin, TX 78732	972/628-2100	licensing@ccsmed.com
Tohid Anthony Vahedian 0% ownership	CEO	[redacted] Onandaga Drive Columbus, OH 43221	972/628-2100	licensing@ccsmed.com

DEGC Enterprises (U.S.), Inc., a Florida corporation is a wholly owned subsidiary of
Chronic Care Solutions, Inc., a Delaware Corporation , 100% ownership
3030 LBJ Freeway, Suite 1525
Dallas, TX 75234

Commonwealth of Virginia

State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That DEGC ENTERPRISES (U.S.), INC., a corporation incorporated under the laws of Florida, is authorized to transact business in the Commonwealth of Virginia

That the corporation obtained a certificate of authority to transact business in Virginia from the Commission on June 24, 2004; and

That the corporation is in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

Signed and Sealed at Richmond on this Date:

June 26, 2022

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER : 2022062617450214

State of Florida
Department of State

I certify from the records of this office that DEGC ENTERPRISES (U.S.), INC. is a corporation organized under the laws of the State of Florida, filed on March 14, 1994.

The document number of this corporation is P94000021249.

I further certify that said corporation has paid all fees due this office through December 31, 2022, that its most recent annual report/uniform business report was filed on March 30, 2022, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Ninth day of August, 2022

Secretary of State

Tracking Number: 1137578013CU

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

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

CAREFULLY DETACH CARD HERE

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

Medical Equipment Supplier
Number 0206010102
DEGC Enterprises (U.S.), Inc. DBA CCS Medical

To verify the current status of any license, permit or registration, visit our website at www.dhp.virginia.gov.

Any name or address change requires the submission of a new application. Please visit our website at www.dhp.virginia.gov/pharmacy.

FOLD, CREASE AND TEAR ALONG PERFORATION

Renewal instructions will be furnished via email approximately 60 days in advance of expiration. Please refer to the Regulations for standards of practice.

To verify the current status and expiration date of this permit, visit our website at www.dhp.virginia.gov.

PLEASE NOTE: This copy of your permit contains no expiration date and should be maintained, carried, or posted, in accordance with applicable laws and regulations, for the duration of your practice. <u>You will not receive another paper permit at renewal</u>.

LISTING OF SECURITY FEATURES ON REVERSE SIDE

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

David E. Brown, D.C., Director

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

BOARD OF PHARMACY

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

Medical Equipment Supplier Permit

DEGC Enterprises (U.S.), Inc. DBA CCS Medical

3601 Thirlane Road, NW Suite 4
Roanoke VA 24019

Number
0206010102

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.

From: Board of Pharmacy, yy
Subject: Re: License Verification Question
To: Chloe Naidoo
Sent: March 18, 2022 7:00 PM (UTC+01:00)

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Chloe,

The Virginia Board of Pharmacy no longer mails out verification letters. A Virginia licensee seeking to obtain a verification of their license, certification, or registration at no cost may do so by directing a board, employer, insurance provider or other interested parties to License Lookup. This content resource meets the accreditation standards for primary source verification from the top seven-accreditation organizations for healthcare professionals.

Respectfully,

Beth O'Halloran, RPh | Deputy Executive Director
Virginia Board of Pharmacy | 9960 Mayland Drive, Suite 300 | Henrico, VA 23233
p: 804-367-4456 | f: 804-527-4472
www.dhp.virginia.gov/pharmacy

Virginia Department of
Health Professions
Board of Pharmacy

Any and all statements provided herein shall not be construed as an official policy, position, opinion or statement of the Virginia Board of Pharmacy (VBOP). VBOP staff cannot and do not provide legal advice. VBOP staff provide assistance to the public by providing reference to the VBOP statutes and regulations; however, any such assistance provided by VBOP staff shall not be construed as legal advice for any particular situation, nor shall any such assistance be construed to communicate all applicable laws and regulations governing any particular situation or occupation. Please consult an attorney regarding any legal questions related to state or federal laws and regulations, including the interpretation and application of the laws and regulations governing the VBOP.

Under no circumstances shall VBOP, its members, officers, agents, or employees be liable for any actions taken or omissions made in reliance on any information contained in this email.

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: DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical

Address: 3601 Thirlane Road NW, Suite 4

City: Roanoke State: VA Zip: 24019

I hereby authorize the Virginia 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
See attached			

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

Virginia Department of Health Professions
License Lookup

Current as of 08/05/2022 18:50

License Information

License Number	0206010102
Occupation	Medical Equipment Supplier
Name	DEGC Enterprises (U.S.), Inc. DBA CCS Medical
Address	3601 Thirlane Road, NW Suite 4 Roanoke, VA 24019
Initial License Date	08/30/2021
E pire Date	02/28/2023
License Status	Current Active
Additional Public Information*	No

Back to License Lookup Result

This ser es as primar source eri cation of the credential issued b the Common ealth 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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/20/2022

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 Insurance Services West, 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 DEGC Enterprises (U.S.), Inc. dba CCS Medical 3601 Thirlane Road NW, Suite 4 Roanoke, VA 24019	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A: Arch Specialty Insurance Company 21199 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** W24802002 **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:			FLP0024719-14	05/31/2022	05/31/2023	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 $ 500,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 3,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $
A	Professional Liability			FLP0024719-14	05/31/2022	05/31/2023	Aggregate Ea. Medical Incident	$3,000,000 $1,000,000

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

CERTIFICATE HOLDER

For Information Purposes only

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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The ACORD name and logo are registered marks of ACORD

CHAP Community Health Accreditation Partner

Certificate of Accreditation

This is to certify that the following organization has met the requirements of the Community Health Accreditation Partner (CHAP) Standards of Excellence and demonstrated a commitment to providing quality patient care and services.

DEGC Enterprises (U.S.), Inc.
DBA CCS Medical

Roanoke, VA

is therefore granted accreditation for the following:

Home Medical Equipment

Effective: August 26, 2020

Expiration: August 26, 2023

Nathan J. DeGodt
President and CEO, CHAP

COMMUNITY HEALTH ACCREDITATION PARTNER
CHAP
EST. 1965
SEAL OF ACCREDITATION

Maureen A. Spivack
Chair, CHAP Board of Directors

CHAP is an independent, nonprofit accrediting body for organizations providing home and community-based health care services in accordance with nationally recognized CHAP Standards of Excellence. Additional information regarding CHAP Accreditation and a listing of individual accredited organizations can be obtained by visiting www.CHAPinc.org.

Customer ID: 2004702

DEGC Enterprises (U.S.), Inc. dba CCS Medical
3601 Thirlane Road NW, Suite 4, Roanoke, VA 24019

Specific Products for state residents:

Blood Glucose Monitors/Supplies (Non-Mail Order); Blood Glucose Monitors/Supplies (Mail Order); External Infusion Pumps; Insulin Infusion Pumps; Negative Pressure Wound Therapy Pumps/Supplies; Pneumatic Compression Devices and/or Supplies; External Infusion Pump Supplies; Insulin Infusion Pump Supplies; Orthoses: Off the Shelf; Vacuum Erection/Penile Pumps; Ostomy Supplies; Tracheostomy Supplies; Urological Supplies; Surgical Dressings; Breast Pumps; Incontinence Supplies

Attachment for Nevada State Board of Pharmacy--Medical Products Provider Medical Equipment and Gases (MDEG) Application-- Adverse Action Disclosure

Disciplinary Action Taken by State:
DEGC Enterprises (U.S.), Inc. DBA CCS Medical ("DEGC") owns and operates pharmacy facilities located in Roanoke, Virginia; Clearwater, Florida; and Anaheim, California, and ships various pharmacy items into other states from these facilities. In early 2020, DEGC conducted an internal review and learned that from 2015 until 2020, DEGC shipped certain pharmacy items from its Roanoke pharmacy into Alabama even though DEGC had not renewed its non-resident Alabama pharmacy license for the Roanoke facility during that time. During this same time DEGC maintained a valid, non-resident license in Alabama for its Clearwater pharmacy.

As a result of this internal review, DEGC immediately ceased shipments to Alabama from its Roanoke facility. DEGC applied to renew the Alabama non-resident pharmacy license for the Roanoke facility and voluntarily disclosed the event to the Alabama State Board of Pharmacy ("Alabama Board"). After receiving DEGC's voluntary disclosure, on October 21, 2020, DEGC and the Alabama Board entered a Consent Order pursuant to which DEGC agreed to pay an administrative fine of $50,000.00. DEGC received written notice from the Alabama Board of the fully executed Consent Order on October 28, 2020.

The Alabama Board has not imposed any additional fines or restrictions upon DEGC, and indeed, on November 16, 2020, the Alabama Board renewed the Alabama non-resident pharmacy license for the Roanoke facility.

After receiving the fully executed Alabama Consent Order disclosed above, DEGC Enterprises (U.S.), Inc. DBA CCS Medical ("DEGC") self-reported the Alabama Consent Order to, among others, the Hawaii Board of Pharmacy ("Hawaii Board") on November 30, 2020. The Hawaii Board and DEGC's Roanoke facility entered into a Settlement Agreement on December 16, 2021, in which the Hawaii Board levied a $500.00 administrative fine against the Roanoke facility for the Roanoke facility's prior noncompliance with Alabama's pharmacy laws and regulations. The Hawaii fine related solely to the above-disclosed Alabama Consent Order and does not involve any new conduct.

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE BOARD OF PHARMACY**
DEGC ENTERPRISES (U.S.), INC. d/b/a CCS MEDICAL	)	
	)	**CASE NO: 20-L-0085**
Non-Resident Pharmacy Permit No.: 112600	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical through its counsel engaged in negotiations and as a result the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. The Board finds that DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical has violated the provisions of law based upon the conduct set out in Counts One through Three of the Statement. Count Four of the Statement shall be dismissed with prejudice.

2. DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical shall pay an administrative fine in the amount of Fifty Thousand Dollars ($50,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall either pharmacy attempt to discharge the same.

3. DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical expressly waive its rights

pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical's permit, including, but not limited to revocation.

6. DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical acknowledges and agrees that it has read this Consent Order and that it fully understand the terms, conditions and contents of the same. DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical

acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the advice of its attorney.

DONE this the 28th of September, 2020.

DEGC ENTERPRISES (U.S.), INC. D/B/A CCS MEDICAL

BY: _____

ITS: CEO

_____

Robert R. Baugh, attorney for DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical

DONE this the 21 of OCTOBER, 2020.

ALABAMA STATE BOARD OF PHARMACY

By: _____

Ralph E. Sorrell, R.Ph., President

By: _____

James S. Ward,
Attorney for the Alabama State Board of Pharmacy

OF COUNSEL:
WARD & COOPER, LLC
2100A Southbridge Parkway
Suite 645
Birmingham, AL 35209
(205) 871-5404

EXHIBIT "A"

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE BOARD OF PHARMACY**
DEGC ENTERPRISES (U.S.), INC. d/b/a CCS MEDICAL	)	
	)	**CASE NO: 20-L-0085**
Non-Resident Pharmacy Permit No.: 112600	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: DEGC Enterprises (U.S.), Inc.
d/b/a CCS Medical
3601 Thirlane Road NW
Suite 4
Roanoke, Virginia 24019

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92(12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on November 17, 2020 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical (CCS Medical) should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that CCS Medical and you have been guilty of the following, to-wit:

COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(7) in that you conducted business the State of Alabama from on or about 2015 until the present without a current or valid

permit to do so in violation of Code of Alabama (1975) §34-23-30.

The Board alleges that each prescription dispensed is a separate and distinct violation.

COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(2) based upon any or all of the allegations of Count One above.

COUNT THREE

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon the allegations of the preceding Counts.

Further, pursuant to the provisions of Code of Alabama, (1975), §20-2-53 and §41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), §20-2-1, et. seq., issued pursuant to Code of Alabama (1975), §20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT FOUR

Violating Code of Alabama (1975), §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 14th day of August, 2020.

ALABAMA STATE BOARD OF PHARMACY

Donna C Yeatman

By: Donna C. Yeatman
Executive Secretary

RECEIVED
PROF & VOCATIONAL
LICENSING DIVISION

2021 NOV -1 P 2:51

DEPT OF COMMERCE
& CONSUMER AFFAIRS
STATE OF HAWAII

DEPT. OF COMMERCE
AND CONSUMER AFFAIRS

eFiled 2021 Dec 28 p 03:06

HEARINGS OFFICE

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: (808) 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permit of DEGC ENTERPRISES (U.S.), INC., doing business as CCS MEDICAL, Respondent.	PHA 2021-13-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; 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 DEGC ENTERPRISES (U.S.), INC., doing business as CCS MEDICAL (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 432. The permit was issued on or about July 29, 2005. The permit is set to expire or forfeit on or about December 31, 2021.

2. Respondent's mailing address for purposes of this action is c/o Jana Kolarik, Foley & Lardner LLP, 1 Independent Drive, Suite 1300, Jacksonville, Florida 32202-5017.

3. On or about October 21, 2020, Respondent entered into a Consent Order with the Alabama State Board of Pharmacy in Case No. 20-L-0085 (hereinafter the "Consent Order"). A

I HEREBYCERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.
Jennifer Haida

copy of the Consent Order is attached hereto as Exhibit "1". The Consent Order was based on allegations that Respondent operated as a pharmacy without a valid non-resident pharmacy permit, for which Respondent was issued a $50,000.00 fine.

4. 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 (hereinafter "HRS") §§ 436B-19(13) (disciplinary action by another state or federal agency).

5. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is represented by Jana Kolarik, Foley & Lardner LLP, 1 Independent Drive, Suite 1300, Jacksonville, Florida 32202-5017.

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 Order.

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 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 2021-13-L.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay a fine in the amount of FIVE HUNDRED AND NO/100 DOLLARS ($500.00). 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 paragraph 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 Sanction. The Board, at its discretion, may pursue disciplinary action as provided by law to include 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., C.8., and C.9. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

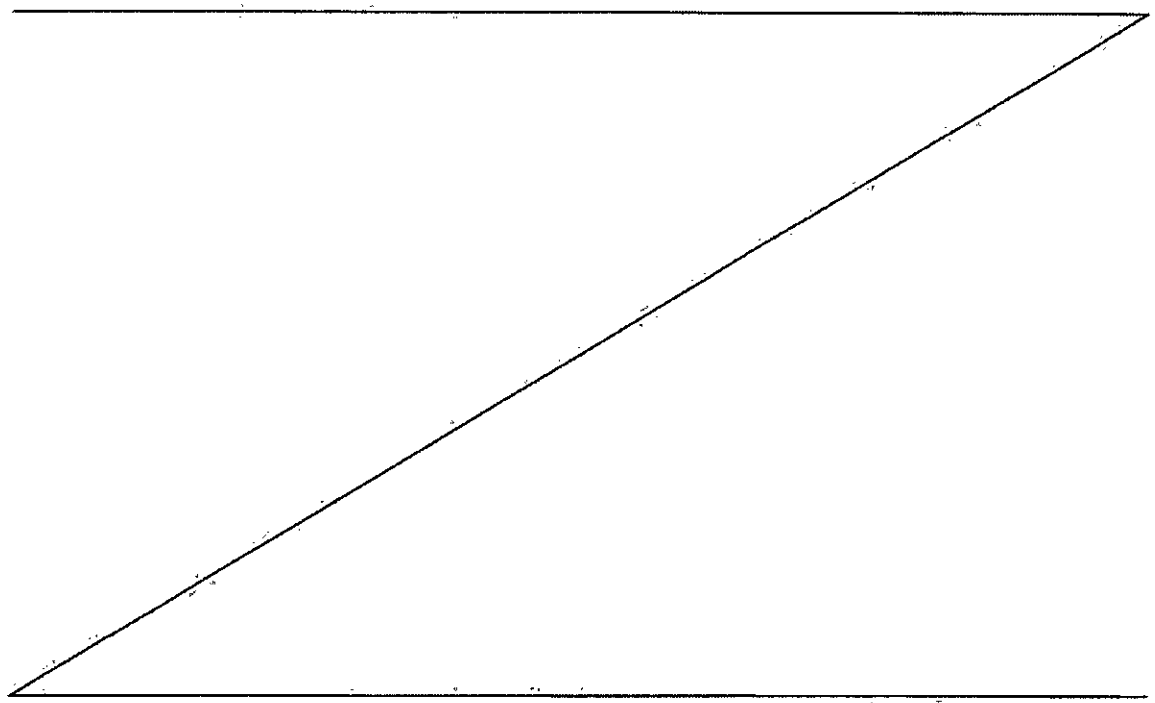
5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant 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. Relief and Release. Upon execution of the Settlement Agreement by Petitioner and Respondent and approval by the Board, Petitioner agrees that the Settlement Agreement fully resolves RICO Case No. PHA 2021-13-L and no further action will be taken in this matter. Petitioner agrees to release and discharge Respondent and its officers, directors, affiliates, successors, assigns, and employees from any and all claims of any kind relating to the allegations asserted in RICO Case No. PHA 2021-13-L.

9. 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. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Columbus (City), Ohio (State), 10/21/2021 (Date).

DEGC ENTERPRISES (U.S.), INC., doing business as CCS MEDICAL
Respondent

By: _____
(Signature)

Tohid Anthony Vahedian
(Print Name)

Its CEO
(Print Title)

DATED: Honolulu, Hawaii, OCT 29 2021.

STACIA M. SILVA
Attorney for Department of Commerce and Consumer Affairs

APPROVED AS TO FORM:

JANA KOLARIK
Attorney for Respondent

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF DEGC ENTERPRISES, (U.S.), INC., DOING BUSINESS AS CCS MEDICAL; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"; RICO CASE NO. PHA 2021-13-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

	12/16/21
ALANNA ISOBE Chairperson	DATE
JULIE TAKISHIMA-LACASA Vice Chairperson	PATRICK ADAMS
MARK BROWN	CATALINA CROSS
Kent Kikuchi	*Sheri Tokumaru*
KENT KIKUCHI	SHERI TOKUMARU

PVL 07/2021

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IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE BOARD OF PHARMACY**
DEGC ENTERPRISES (U.S.), INC. d/b/a CCS MEDICAL	)	
	)	**CASE NO: 20-L-0085**
Non-Resident Pharmacy Permit No.: 112600	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical through its counsel engaged in negotiations and as a result the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. The Board finds that DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical has violated the provisions of law based upon the conduct set out in Counts One through Three of the Statement. Count Four of the Statement shall be dismissed with prejudice.

2. DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical shall pay an administrative fine in the amount of Fifty Thousand Dollars ($50,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall either pharmacy attempt to discharge the same.

3. DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical expressly waive its rights

EXHIBIT "1"

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pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq , and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical's permit, including, but not limited to revocation.

6. DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical acknowledges and agrees that it has read this Consent Order and that it fully understand the terms, conditions and contents of the same. DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical

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acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the advice of its attorney.

DONE this the 28th of September, 2020.

DEGC ENTERPRISES (U.S.), INC. D/B/A CCS MEDICAL

BY: _____

ITS: CEO

_____

Robert R. Baugh, attorney for DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical

DONE this the 21 of OCTOBER, 2020.

ALABAMA STATE BOARD OF PHARMACY

By: _____

Ralph E. Sorrell, R.Ph., President

By: _____

James S. Ward,
Attorney for the Alabama State Board of Pharmacy

OF COUNSEL:
WARD & COOPER, LLC
2100A Southbridge Parkway
Suite 645
Birmingham, AL 35209
(205) 871-5404

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EXHIBIT "A"

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE BOARD OF PHARMACY**
DEGC ENTERPRISES (U.S.), INC. d/b/a CCS MEDICAL	)	
	)	**CASE NO: 20-L-0085**
Non-Resident Pharmacy Permit No.: 112600	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: DEGC Enterprises (U.S.), Inc.
***d/b/a* CCS Medical**
3601 Thirlane Road NW
Suite 4
Roanoke, Virginia 24019

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92(12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on November 17, 2020 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate DEGC Enterprises (U.S.), Inc. *d/b/a* CCS Medical (CCS Medical) should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that CCS Medical and you have been guilty of the following, to-wit:

COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(7) in that you conducted business the State of Alabama from on or about 2015 until the present without a current or valid

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permit to do so in violation of Code of Alabama (1975) §34-23-30.

The Board alleges that each prescription dispensed is a separate and distinct violation.

COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(2) based upon any or all of the allegations of Count One above.

COUNT THREE

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon the allegations of the preceding Counts.

Further, pursuant to the provisions of Code of Alabama, (1975), §20-2-53 and §41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), §20-2-1, et. seq., issued pursuant to Code of Alabama (1975), §20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT FOUR

Violating Code of Alabama (1975), §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing.

DocuSign Envelope ID: 83C989D4-5BF3-4F5B-94D5-4CFF2FA9CCB5

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 11th day of August 2020.

ALABAMA STATE BOARD OF PHARMACY

Donna C Yeatman

By: Donna C. Yeatman
Executive Secretary

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: DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical — MDEG License # (if applicable): In Process
Physical Address: 3601 Thirlane Road NW, Suite 4
City: Roanoke — State: VA — Zip: 24019
Mailing Address (if different from physical address): 3030 LBJ Freeway, Suite 1525
City: Dallas — State: Texas — Zip: 75234
Telephone: 866/359-9641 — Website: https://ccsmed.com
Licensing Company Email: licensing@ccsmed.com

Section 2: Personal Information

First: James — Middle: W. — Last: Hall
Alias(es, nicknames, name changes, etc.): Jim Hall
Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☑ M ☐ F ☐ X
Mailing Address: [redacted] Thirlane Road NW, Suite [redacted]
City: Roanoke — State: VA — Zip: 24019
Telephone: [redacted] — Email: jim.hall@ccsmed.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)	
Virginia Department Of Education		1994-1995	
Address	**City**	**State**	**Zip**
101 N 14th Street	Richmond	VA	23219
Diploma/Degree obtained, if any			
General Equivalency Diploma			

School Name		From - To (MM/YY – MM/YY)	
Patrick Henry High School		1992-1993	
Address	**City**	**State**	**Zip**
2102 Grandin Rd SW	Roanoke	VA	24015
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Glenvar High School		1992	
Address	**City**	**State**	**Zip**
4549 Malus Dr	Salem	VA	24153
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Salem High School		1990-1992	
Address	**City**	**State**	**Zip**
400 Spartan Dr	Salem	VA	24153
Diploma/Degree obtained, if any			

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2000-Present	[redacted] Bloomfield Ave	Roanoke	VA	24012
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical			2013 - Present
Business Address	**City**	**State**	**Zip**
3601 Thirlane Road NW, Suite 4	Roanoke	VA	24019
Phone	**Title**	**Number of Employed Hours**	
866/359-9641	Site Supervisor of Distribution/Facility Operations	2,080/year	

Description of Duties

Extensive experience in supervising the shipping and receiving of diabetic and other medical supplies within a fast paced, quality-oriented environment. Plan/coordinate production and quality goals within budget.

Business Name			From - To (MM/YY – MM/YY)
Liberty Medical			1996-2013
Business Address	**City**	**State**	**Zip**
2157 Apperson Dr	Salem	VA	24153
Phone	**Title**	**Number of Employed Hours**	
888-394-5375	Manager of Distribution Operations	2,080/year	

Description of Duties

Manager of Distribution Operations for sale and distribution of diabetic, insulin pump, ostomy, HCS and pharmaceutical supplies.

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

Description of Duties

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

Description of Duties

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

Description of Duties

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				
Case #		**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

James W Hall

Original Signature (electronic, copies or stamps not accepted)

8-12-2022

Date

I, James W. Hall, **certify that as the MDEG Administrator for**

DEGC Enterprises (U.S.), Inc. d/b/a CCS Medical,

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

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

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

James Hall
Print Name (First, Last)

James Hall
Original Signature (electronic, copies or stamps not accepted)

7-13-2022
Date

Board Use Only	Date Received:

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: MP01450	☐ 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: Lofta

MDEG Physical Address: 7661 Girard Avenue, Suite 230

City: La Jolla State: CA Zip: 92037

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 317 865-4200 Website: www.Lofta.com

Email: patricia.mahon@apria.com

Name of MDEG Administrator (NAC 639.694): Boyd Goodson

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

Check the Days the Business will be Opened and provide the Hours of Operation				
☒ Mon: 9am-6pm	☒ Tue: 9am-6pm	☒ Wed: 9am-6pm	☒ Thurs: 9am-6pm	☒ Fri: 9am-6pm
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

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

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: CA / Lofta

Parent Company (if any): N/A

Corporation/Organization Name: Lofta

Mailing Address: 7353 Company Drive, ATTN: Clinical Services-Licensing

City: Indianapolis State: IN Zip: 46237

Telephone: (317) 865-4200 Email: patricia.mahon@Apria.com

Contact Person Name: Pat Mahon

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**		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 we only sell directly to patients we do not Wholesale	✓	✓

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

Boyd Goodson

Print Name of Authorized Person Submitting Application

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

8/18/22

Date

Board Use Only	Date Received: 8-25-22	Amount: 500.00 CC

Lofta

7661 Girard Ave
la Jolla, CA 92037
(800) 698-8000

100% Owned by Healthy Living Home Medical LLC

Officers

Name	Title	Business Address
Daniel J. Starck Ownership 0%	Chief Executive Officer	7353 Company Dr Indianapolis, IN 46237 317-865-4200
Debra L. Morris Ownership 0%	Executive Vice President Chief Financial Officer	7353 Company Dr Indianapolis, IN 46237 317-865-4200
Doreen Bellucci Ownership 0%	Senior Vice President Secretary	7353 Company Dr Indianapolis, IN 46237 317-865-4200

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/29/2022

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: Beecher Carlson Insurance Services Part of Brown & Brown Inc. 6 Concourse Parkway, Suite 2300 Atlanta, GA 30328 www.bbinsurance.com	CONTACT NAME: Robert Schwartz PHONE (A/C, No, Ext): 818 451-0071 FAX (A/C, No): 770 870-3043 E-MAIL ADDRESS: Robert.Schwartz@bbrown.com
INSURED Apria, Inc. 7353 Company Drive Indianapolis IN 46237	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : ACE Property and Casualty Insurance Company — 20699 INSURER B : ACE American Insurance Company — 22667 INSURER C : Indemnity Insurance Co of North America — 43575 INSURER D : ACE Fire Underwriters Insurance Company — 20702 INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 69021138 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	✓ COMMERCIAL GENERAL LIABILITY			XEU G71762907 004	6/30/2022	12/1/2023	EACH OCCURRENCE	$ 1,000,000
	☐ CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	✓ Prof Liab $1M (Claims Made)						MED EXP (Any one person)	$ INCLUDED
	✓ SIR: $1,500,000						PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 5,000,000
	✓ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY			ISA H10689879	6/30/2022	12/1/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 4,000,000
	✓ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	✓ UMBRELLA LIAB ✓ OCCUR			XEU G71762907 004	6/30/2022	12/1/2023	EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED ☐ RETENTION $							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WLR C50669178 (AOS)	6/30/2022	6/30/2023	✓ PER STATUTE ☐ OTH-ER	
B	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N ☐	N / A		WLR C50669105 (CA)	6/30/2022	6/30/2023	E.L. EACH ACCIDENT	$ 1,000,000
D	(Mandatory in NH)			SCF C50669245 (WI)	6/30/2022	6/30/2023	E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$ 1,000,000

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

EVIDENCE OF INSURANCE

CERTIFICATE HOLDER

Apria, Inc.
7535 Company Drive
Indianapolis IN 46237

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 *Beecher Carlson Insurance Services, LLC*

Beecher Carlson Insurance Services, LLC

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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page _____ of _____

AGENCY Beecher Carlson Insurance Services	NAMED INSURED Apria, Inc. 7353 Company Drive Indianapolis IN 46237
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE: 06/30/2022

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability (03/16)

ADDITIONAL INTEREST: Apria, Inc.

NAMED INSUREDS

Apria, Inc.
- dba ABC, an Apria Company
- dba Apria Healthcare
- dba Apria Pharmacy Network
- dba Med-Tech Repairs
- dba Mobile Med Care
- dba Preferred Medical
- dba Star Medical Rx
- dba Wasserott's
- dba Young Medical
- dba Young Medical & Home Respiratory Equipment

Apria Holdco LLC
Apria Healthcare Group LLC
Apria Healthcare LLC
DMEhub LLC
Lofta, Inc.
Lofta

ADDITIONAL NOTES

General Liability, including Professional Liability (claims made), is written through the Primary Excess program which has a $1,500,000 SIR for General Liability including Products. Subject to policy terms, conditions, limitations and exclusions.

Other deductibles may apply as per policy terms and conditions.

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Secretary of State
Certificate of Status

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

Entity Name:	LOFTA
Entity No.:	3945950
Registration Date:	09/21/2016
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

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

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

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

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 14, 2022.

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

Certificate No.: 029551021

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

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

HOME MEDICAL DEVICE RETAIL LICENSE

Lofta
7661 Girard Ave Suite # 230
La Jolla, CA 92037

LICENSE NUMBER: 116715
EXPIRATION DATE: 6/24/2023

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: 6/30/2022

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: Lofta — MDEG License # (if applicable): _____

Physical Address: 7661 Girard Ave Suite 230

City: La Jolla — State: CA — Zip: 92037

Mailing Address (if different from physical address): ATTN: Clinical Services & Licensing 7353 Company Dr.

City: Indianapolis — State: IN — Zip: 46237

Telephone: 800-698-8000 — Website: Lofta.com

Licensing Company Email: Bfletcher@lofta.com

Section 2: Personal Information

First: Boyd — Middle: _____ — Last: Goodson

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

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

Mailing Address: [redacted] Girard Ave

City: La Jolla — State: CA — Zip: 92037

Telephone: [redacted] — Email: bgoodson@lofta.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: Stanford University			From - To (MM/YY – MM/YY): 09/04 - 06/06
Address: 450 Serra Mall	City: Palo Alto	State: CA	Zip: 94305
Diploma/Degree obtained, if any: Masters Business Administration			
School Name: Brigham Young University			From - To (MM/YY – MM/YY): 04/99 - 06/01
Address:	City: Provo	State: UT	Zip: 84602
Diploma/Degree obtained, if any: BA Economics			
School Name: Whitman College			From - To (MM/YY – MM/YY): 09/95 - 06/96
Address: 345 Boyer Ave	City: Walla Walla	State: WA	Zip: 99362
Diploma/Degree obtained, if any:			
School Name: Waterford School			From - To (MM/YY – MM/YY): 09/90 - 06/95
Address: 1480 E 9400 S	City: Sandy	State: UT	Zip: 84093
Diploma/Degree obtained, if any: Highschool 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
10/18 - 8/22	[redacted] Sidonia St	Encinitas	CA	92024
4/13 - 10/18	[redacted] Swallowtail Rd	Encinitas	CA	92024
4/12 - 4/13	[redacted] Kristen Court	Encinitas	CA	92024
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
Lofta, Inc			06/20 - 08/22
Business Address	**City**	**State**	**Zip**
7661 Girard Ave, La Jolla, CA 92037			
Phone	**Title**		**Number of Employed Hours**
800-698-8000	Chief Operating Officer		4320
Description of Duties			
Manage all aspects of operations for Lofta.			

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

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

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

I, Boyd Goodson, **certify that as the MDEG Administrator for** Lofta, Inc,

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

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

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

Boyd Goodson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

August 1 2022

Date

Board Use Only	Date Received: 8-3-22 8-25-22	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 Lofta

Pharmacy/MDEG/Wholesaler License # (if applicable)

Physical Address 7661 Girard Ave Ste 230

City La Jolla State CA Zip 92037

Mailing Address (if different from physical address) 7353 Company Dr.

City Indianapolis State IN Zip 46237

Telephone 317.865.4200 Website

Licensing Company Email bgoodson@lofta.com

Section 2: Personal Information

First Boyd Middle Last Goodson

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

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

Mailing Address [redacted] Sidonia St

City Encinitas State CA Zip 92024

Telephone [redacted] Email bgoodson@lofta.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)	
Stanford University			09/04 - 06/06	
Address	**City**		**State**	**Zip**
450 Serra Mall	Palo Alto		CA	94305
Diploma/Degree obtained, if any				
Masters Business Administration				

School Name			From - To (MM/YY – MM/YY)	
Brigham Young University			04/99 - 06/01	
Address	**City**		**State**	**Zip**
	Provo		UT	84602
Diploma/Degree obtained, if any				
BA Economics				

School Name			From - To (MM/YY – MM/YY)	
Whitman College			09/95 - 06/96	
Address	**City**		**State**	**Zip**
345 Boyer Ave	Walla Walla		WA	99362
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Waterford School			09/90 - 06/95	
Address	**City**		**State**	**Zip**
1480 E 9400 S	Sandy		UT	84093
Diploma/Degree obtained, if any				
Highschool 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
10/18 - 8/22	[redacted] Sidonia St	Encinitas	CA	92024
4/13 - 10/18	[redacted] Swallowtail Rd	Encinitas	CA	92024
4/12 - 4/13	[redacted] Kristen Court	Encinitas	CA	92024
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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: Lofta			From - To (MM/YY – MM/YY): 06/20 - current
Business Address: 7661 Girard Ave, La Jolla, CA 92037	City	State	Zip
Phone: 800-698-8000	Title: Chief Operating officer / General Manager		
Description of Duties: General management of operations, including sales, marketing, purchasing, and fulfillment			

Business Name: Outdoor Dimensions			From - To (MM/YY – MM/YY): 08/18 - 07/20
Business Address: 5325 E Hunter Ave, Anaheim, CA 92807	City	State	Zip
Phone: (714) 578-9555	Title: COO / CEO		
Description of Duties: GEneral management including oversight of selling, marketing, and manufacturing activities			

Business Name: Highcrest Management Group			From - To (MM/YY – MM/YY): 01//13 - 08/18
Business Address: 5411 Avenida Encinas, Suite 210, Carlsbad, CA 92008	City	State	Zip
Phone: (858) 771-9940	Title: Partner		
Description of Duties: Portfolio operations leadership for family office investments			

Business Name: Hunter Douglas Contract			From - To (MM/YY – MM/YY): 01/08 - 12/12
Business Address: 12975 Brookprinter Pl Suite 210, Poway, CA 92064	City	State	Zip
Phone: (858) 679-7500	Title: General Manager		
Description of Duties: GEneral management including oversight of selling, marketing, and manufacturing activities			

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

_____ _____

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

Boyd Goodson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/1/22

Date

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

State of Calif, ss. County of San Diego

I, Boyd Goodson, 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

8/1/22

Date

Subscribed and Sworn to before me this 1 day of Aug 22.

Notary Public Signature

SPENCER MECINA
Commission No. 2407368
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
Commission Expires June 8, 2026

(Seal)

4C

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 02815	☐ 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: AuroMedics Pharma LLC

Physical Address: 279 Princeton Hightstown Road, Suite 214

City: East Windsor State: NJ Zip: 08520

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: (888) 238-7880 Website: www.auromedics/com

Name of Designated Representative (DR): Mark Robert Fedele

Licensing Company Email: AMP@slsny.com DR Email: mfedele@aurobindousa.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	■ Manufacturer - Virtual
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Distributors		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

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

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: Amerisource Bergen
Address: 1 West First Avenue City: Conshohocken State: PA Zip: 19428
Name: Cardinal Health
Address: 7000 Cardinal Place City: Dublin State: OH Zip: 45017
Name: McKesson Corp.
Address: 6555 State Hwy 161 City: Las Colinas State: TX Zip: 45039
Name: Morris & Dickson
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: DE
Parent Company (if any): Auro Steriles LLC
Corporation/Organization Name: AuroMedics Pharma LLC
Mailing Address: c/o State License Servicing, 1751 State Route 17A, Suite 3
City: Florida State: NY Zip: 10921
Telephone: (845) 544-2482 Email: AMP@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:		✓
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: 55150	✓	
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- Auro Steriles LLC 100% 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, 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, or 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: 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.

AuroMedics Pharma LLC

Facility Name

Mark Robert Fedele

Print Name of Authorized Person Submitting Application

Mark Fedele

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

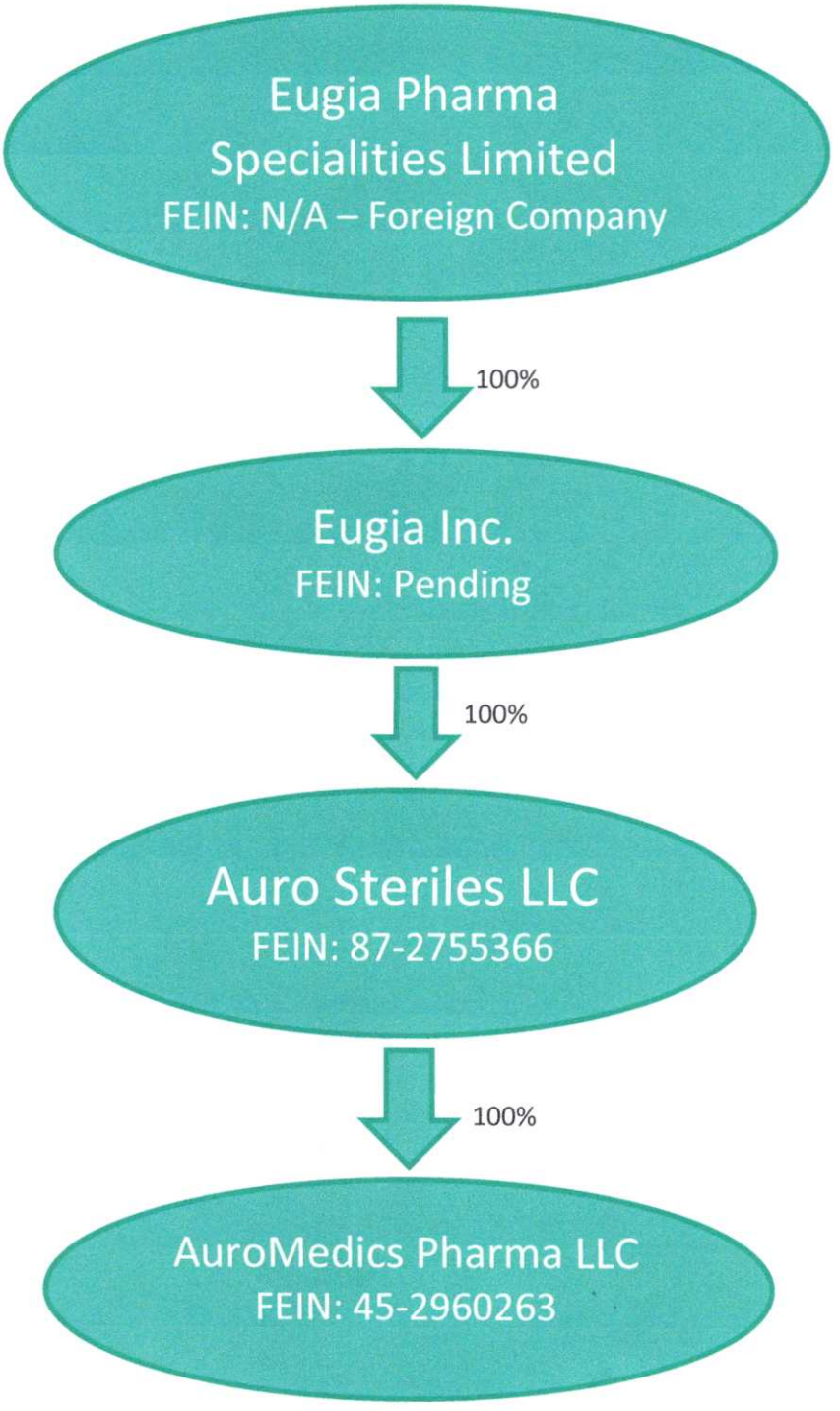
6.02.22

Date

Board Use Only	Date Received: 6/16/2022	Amount: $1,000 Check # 9134

AuroMedics
Generic injectables. A better experience.

AuroMedics Pharma LLC Organizational Chart



AuroMedics Pharma LLC · www.auromedics.com
279 Princeton-Hightstown Rd · East Windsor, NJ 08520-1401 · Toll free 1 (888) 238-7880 · Fax (732) 355-9449

Home State (NJ) 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 8/16/2022

Registration Number: 5004299 **Registered as:** Manufacturer and Wholesale

Name: AUROMEDICS PHARMA LLC

DBA:

Address: 279 PRINCETON HIGHTSTOWN RD, EAST WINDSOR, NJ 08520

Original Issue Date: 12/06/2011 **Expiration Date:** 01/31/2023

Current Issue Date: 11/15/2021

Disciplines: No

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

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 offici
Verifications online
only

AuroMedics Pharma LLC

Corporate Address: 279 Princeton Hightstown Road, Suite 214, East Windsor, NJ 08520 United States
FEIN: 45-2960263
www.auromedics.com

Drug Labeler Code: 55150
Incorporation State: DE
Incorporation Date: 5/18/2011

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
PHR	279 Princeton Hightstown Road Suite 214 East Windsor, NJ 08520 County: Mercer	N/A	N/A - No CS		No	(888) 238-7880	(732) 355-9449

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Mark Robert Fedele	[redacted] Gloucester Drive Doylestown, PA 18901	President	No	[redacted]		

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Auro Steriles LLC	279 Princeton Hightstown Road East Windsor, NJ 08520	N/A	100	N/A	87-2755366	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Mark Robert Fedele	[redacted] Gloucester Drive Doylestown, PA 18901	President	No	[redacted]		

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
National Registered Agents, Inc.			
CT Corporation System			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Aurologistics LLC	203 Windsor Center Drive East Windsor , NJ 08520					
Cardinal Health 105, Inc. dba Specialty Pharmaceutical Services	15 Ingram Boulevard LaVergne, TN 37086					

Company Particulars

Officer List

AuroMedics
Generic injectables. A better experience.

Re: List of AuroMedics Pharma LLC Officers

List of Officers:

- Mark Fedele, President

Sincerely,

Mark Fedele

Mark Fedele
President
AuroMedics Pharma LLC

Home State (NJ)
Good Standing

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

AUROMEDICS PHARMA LLC
0400485691

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 April 12, 2012.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2020-2022

I further certify that the registered agent and office are:

MARK FEDELE
279 PRINCETON HIGHTSTOWN RD
EAST WINDSOR, NJ 08520-1401



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 16th day of August, 2022

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6134873400

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

AuroMedics Pharma LLC
List of employees

Vincent Andolina
Chase Bacon
Taylor Belanger
Robert Bloomer
Katherine Bowman
Andrea Bowne
Katie Brodowski
Dennis Burnside
Dave Clark
Manjeet Deshmukh
Linda Di Letto
Julie Faria
Mark Fedele
James Galen
Kyle Grupas
Kerri Harrity
Sreenivasa Rao Kota
Kathy Kovalic
Thomas Latin
Asma Malik
Miguel Medico
Rachel Monroe
Dilip Patel
Mary Pfeiffer
Sravani Ravipati
Cesar Reta
Kristia Rivera
Chuck Ruffing
Bagavathikan Thanoo
Lan Tran
Melissa Zygmund

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 AuroMedics Pharma LLC

Physical Address 279 Princeton Hightstown Road, Suite 214

City East Windsor State NJ Zip 08520

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.auromedics.com

Licensing Company Email AMP@SLSNY.com

Section 2: Personal Information

First Mark Middle Robert Last Fedele

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

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

Mailing Address [redacted] Gloucester Drive

City Doylestown State PA Zip 18901

Telephone [redacted] Email mfedele@aurobindousa.com

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

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

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 MF

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

School Name		From - To (MM/YY – MM/YY)	
Bloomsburg University		09/76 05/80	
Address	**City**	**State**	**Zip**
400 E 2nd Street	Bloomsburg	PA	17815
Diploma/Degree obtained, if any			
Bachelor of Science, Business Administration			

School Name		From - To (MM/YY – MM/YY)	
UPPER MERION		09/73 06/76	
Address	**City**	**State**	**Zip**
	King of Prussia	PA	19406
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
06/97-Present	[redacted] Gloucester Drive	Doylestown	PA	18902
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 MF

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)	
AuroMedics Pharma LLC			06/2011-present	
Business Address		**City**	**State**	**Zip**
279 Princeton Hightstown Road, Suite 214		East Windsor	NJ	08520
Phone	**Title**		**Number of Employed Hours**	
(888) 238-7880	President		20,800hrs @ 40hr a wk	
Description of Duties				
Oversees all aspects of AuroMedics U.S. business including Sales, Marketing, Contract Administration, Regulatory, Quality, R&D, Business Development, Financial Planning and Budgeting, Distribution, Production Planning and Supply.				

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

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

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

I, Mark Robert Fedele, **certify that as the designated representative for**

AuroMedics Pharma 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

Mark Robert Fedele

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06.02.22

Date

Applicant's initials MF

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to 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 Robert Fedele

Print Name (First, Last)

Mark Fedele — 06.02.22

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

---

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

State of New Jersey, ss. County of Mercer

I, Linda L. DiLetto, 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.

Mark Fedele — 06.02.22

Original Signature — Mark Robert Fedele — **Date**

Subscribed and Sworn to before me this 2 day of June.

Linda R. DiLetto

Notary Public Signature

(Seal)

Linda L DiLetto
NOTARY PUBLIC
State of New Jersey
ID # 50091065
My Commission Expires September 28, 2023

Applicant's initials MF

IFIC Surety
A Member of IAT Insurance Group

HARCO

CONTINUATION CERTIFICATE

Bond No. 0766305 Bond Amount: $25,000

Term Beginning: 2/25/2022

Term Ending: 2/25/2023

Principal/Insured: AuroMedics Pharma, LLC

Obligee: State of Nevada

Agent: USI Insurance Services, LLC

It is hereby agreed that the captioned numbered Bond is continued in force in the above amount for the period of the continued term stated above.

This continuation shall be deemed a part of the original bond and not a new obligation and is subject to all the covenants and conditions of said bond.

Harco National Insurance Company

By: Robyn Rost
Attorney-In-Fact

Robyn Rost, June 21, 2022
Signed and Sealed Date

STATE LICENSE SERVICING
1751 Route 17A, Suite 3
Florida, NY 10921
Tel, 845/544-2482
Fax. 845/544-2481
statelicenseservicing.com

Date: 08/16/2022

To: NV Board of Pharmacy

Re: CHOW for AuroMedics Pharma LLC

Facility Address: 279 Princeton Hightstown Road, Suite 214 East Windsor, NJ 08520

Dear Sir/Madam:

Please be advised that I represent AuroMedics Pharma LLC as their Attorney-in-Fact for licensing purposes. Please find enclosed a completed application as well as check number 9134 in the amount of 1,000.00 representing your filing fee. As required, the following documents are also being submitted:

- ☒ Company Particulars with List of Officers
- ☒ Good Standing from Formation State
- ☒ Bond - Payable to State of Nevada
- ☒ Designated Representative Application
- ☐ Personal History Record Application N/A Auro Steriles LLC 100% ownership
- ☒ Home State License Verification - Board sealed
- ☒ Home State License/Exemption Letter, Copy
- ☐ DEA if handling CS N/A - NO CS
- ☒ List of Officers
- ☒ Organizational Chart
- ☒ Employee List
- ☐ If handling Devices; Medical Devices, Equipment and Gases (MDEG) Administrator Form N/A - None
- ☐ If handling Devices; Limited Liability Insurance (1,000,000/00) N/A None
- ☐ Copy of SEC 10k or 8k - Publicly Traded Only N/A
- ☐ Fingerprint cards DR & Officers only if NOT accredited and/or FDA registered N/A Labeler code

If you have any questions or need any additional documentation, please do not hesitate to contact me.

Kind regards,

Jennifer Schneider
VP, Client Services
AMP@SLSNY.COM
(845) 544-2482

4D

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		☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☒ 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)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: Cognoa, Inc.

Physical Address: 2185 Park Blvd.

City: Palo Alto State: CA Zip: 94306

Mailing Address (if different from physical address): 2185 Park Blvd.

City: Palo Alto State: CA Zip: 94306

Telephone: (650) 391-9402 Website: https://cognoa.com/

Name of Designated Representative (DR): David Happel

Licensing Company Email: licensing@cognoa.com DR Email: dave.happel@cognoa.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: Specialty Distributors, Military	☐ 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.

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

State of Incorporation: DE

Parent Company (if any): _____

Corporation Name: Cognoa, Inc.

Mailing Address: 2185 Park Blvd.

City: Palo Alto State: CA Zip: 94306

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	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.

David Happel

Print Name of Authorized Person Submitting Application

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

05/05/22

Date

Board Use Only	Date Received: _____	Amount: 1,000 Check# 16160

Cognoa Shareholders

4/21/2022

Name	Common Stock	Series A Preferred Stock	Outstanding Shares	% of Outstanding Shares	EIN
Abrams, Kelley	21,874	-	21,874	0.04	NA
Bell, Michele	28,333	-	28,333	0.05	NA
Dilly, Stephen	242,250	-	242,250	0.40	NA
Falkenstein, Stephanie	143,040	-	143,040	0.24	NA
Garberson, Jeffrey Ford	20,000	-	20,000	0.03	NA
Glover, Eric	10,000	-	10,000	0.02	NA
President and Fellows of Harvard College	469,016	-	469,016	0.78	04-2103580
Ho, Justin	104,319	-	104,319	0.17	NA
Hsieh, Kevin	26,666	-	26,666	0.04	NA
Hughes, Craig	1	-	1	0.00	NA
Lajonchere, Clara	68,421	-	68,421	0.11	NA
Liu-Mayo, Stuart	20,000	-	20,000	0.03	NA
Lu, Xiaoming	10,000	-	10,000	0.02	NA
Molnar, Andrew	83,667	-	83,667	0.14	NA
Morningside Venture Investments Limited	-	50,944,732	50,944,732	85.01	No EIN
Muller, Roger	39,843	-	39,843	0.07	NA
Quach, Andrea	17,500	-	17,500	0.03	NA
Singh, Bhupinder	10,000	-	10,000	0.02	NA
The Board of Trustees of the Leland Stanford Junior University (PVF)	-	3,389,740	3,389,740	5.66	94-1156365
Torrens, Jonathan	24,375	-	24,375	0.04	NA
Van Mechelen, Jasper	16,250	-	16,250	0.03	NA
Vaughan, Brent	1,140,520	-	1,140,520	1.90	NA
Vyas, Anshul	20,625	-	20,625	0.03	NA
Wall, Dennis	3,075,000	-	3,075,000	5.13	NA
TOTALS:	**5,591,700**	**54,334,472**	**59,926,172**	**100.00**	

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

MEDICAL DEVICE MANUFACTURING LICENSE

Cognoa, Inc
2185 Park Blvd
Palo Alto, CA 94306

LICENSE NUMBER: 114421
EXPIRATION DATE: 9/21/2023

The person named herein is licensed to manufacture devices through the expiration date of this license. This 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 is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COGNOA, 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 FOURTH DAY OF JANUARY, 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 "COGNOA, INC." WAS INCORPORATED ON THE SECOND DAY OF DECEMBER, A.D. 2011.

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

Jeffrey W. Bullock, Secretary of State

5074175 8300

SR# 20220026035

Authentication: 202315250

Date: 01-04-22

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

cognoa

Description of Operations

Cognoa, Inc. ("Cognoa") operates as a Self-Distributing/Self-Manufacturer of Canvas Dx, a Class II Medical Device. Canvas Dx is a digital therapy that aids in the diagnosis of Autism Spectrum Disorder (ASD) for patients ages 18 months through 72 months who are at risk for developmental delay based on concerns of a parent, caregiver, or healthcare provider. Cognoa's device does not contain a drug product or controlled substance.

Cognoa, Inc. manufacturers their own device:

Cognoa, Inc.
2185 Park Blvd.
Palo Alto, CA 94306
FDA#: 3020832299

Cognoa's business hours of operation are 9:00am-5:00pm Monday-Friday Pacific Time.

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
COGNOA, INC.
2185 Park Blvd
Palo Alto, CA 94306
Registration Number: 3020832299
FEI Number*: 3020832299
Status: Active
Date Of Registration Status: 2022

Owner/Operator:
Cognoa, Inc.[6]
2185 Park Blvd
Palo Alto, CA US 94306
Owner/Operator Number: 10083227[7]

Official Correspondent:
Sophie Dessalle
2185 Park Blvd
Palo Alto, CA 94306
Phone: 1-408-9210415

verified M.H 6/1/22

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10083227&OwnerOperatc

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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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FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Proprietary Name:	Canvas Dx
Classification Name:	PEDIATRIC AUTISM SPECTRUM DISORDER DIAGNOSIS AID
Product Code:	QPF[6]
Device Class:	2
Regulation Number:	882.1491[7]
Medical Specialty:	Neurology
Registered Establishment Name:	COGNOA, INC.[8]
Registered Establishment Number:	3020832299
Premarket Submission Number:	DEN200069[9]
Owner/Operator:	Cognoa, Inc.[10]
Owner/Operator Number:	10083227
Establishment Operations:	Manufacturer; Complaint File Establishment

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5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfPCD/classification.cfm?ID=3959
7. /scripts/cdrh/cfdocs/cfCFR/CFRsearch.cfm?FR=882.1491
8. /scripts/cdrh/cfdocs/cfRL/rl.cfm?rid=298296
9. /scripts/cdrh/cfdocs/cfpmn/denovo.cfm?id=DEN200069
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Silver Spring, MD 20993
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9. /scripts/cdrh/cfdocs/cfpmn/denovo.cfm?id=DEN200069
10. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&OwnerOperatorNumber=10083227

cognoa

Company Information

Company Name: Cognoa, Inc.
Address: 2185 Park Blvd.
City, State, Zip: Palo Alto, CA 94306
Phone: (650) 391-9402
Website: https://cognoa.com/
E-mail: licensing@cognoa.com

FEIN: 46-3191410
State of Formation: Delaware
Date Incorporated:12/02/2011
File Number: 5074175

Ownership Information

Cognoa, Inc. is a Privately Traded Company made up of multiple shareholders. Please see attached ownership information and breakdown.

Officers

Dave Happel, Chief Executive Officer
Business Address: 2185 Park Blvd., Palo Alto, CA 94306
Ownership %: 4%

Anthony Rimac, Chief Financial Officer
Business Address: 2185 Park Blvd., Palo Alto, CA 94306
Ownership %: 0

Cognoa, Inc. Employee List

Employee Name
Miller, Jeff
Abbas, Halim
Koblish, Sue
Taraman, Sharief
Liu-Mayo, Stuart
Pinkerton, Drew
Dessalle, Sophie
Qin, Charlie
Young, Brian
Slosarczyk, Andrew
Torrens, Jonathan
McIntosh, Cassandra
Schmidt, Pam
Bischoff, Nathaniel
Jacobs, Sebastian
Shahsamandi Esfahani, Pary
El Milahi, Jamal
McCaleb, Ajay
Johansson, Magnus
Latham Seal, Minda
Thurman, Shelby
Clarin, Dana
Hessen, Lani
Billet, Isabella
Fraga, Nicole
Shahsamandi Esfahani, Pardis
Bobus, Sarah
Keitel, Sydney
MacDonald, Jojo
Yung, Paula
Pena, Joanna
Kraft, Colleen
Happel, Dave
Chen, Eric
Doyle, Jennifer
Eachampati, Prag
Kratzer, Samuel
Herz, Jacob
Gallagher, Francine
Rozek, Liz
Mosbrooker, Eric
Shannon, Jennifer
Stys, Jared

Fruci, Inverleith
Rodriguez Maldonado, Wilmari
James, Jason
Chooi, Angeline
Zinnel, Diana
Devine, Brianne
Wilder, Tony
Javvadi, Chandra
Hotmann, Jordan
Arbuckle, Elizabeth
Jenkins, Valerie
Lai, Ivy
Letizia, Krista
Bonner, Julie
Kennedy, Kevin
Stearns, Carrie
Dunn, Chris
Chettiath, Tobin
Aylward, Brandon
Hovermale, Edie
Buell, Craig
Faux, James
Gibb, Stuart
Kroha, Kristine
Salomon, Mel
Muckleroy, Slade
Maddox, Charlie
Takacs, Amy
Nicholls, Kim
Chestnutt, John
Musa, Val
D'Amico, Mara
Erb, Cori
Ritinski, Charline
Mitchell, Ayinde
Burton, Krista
Riga, Renee
Thornton, Randy
Lonergan, Susan
Beckwith, Carrie
Juarez, Veronica
Rimac, Tony
Mawson, Amberly
Nikkel, Carla
Perez, Don
Dey, Sangeeta
Cole, Gabrielle

Rathod, Kiran
Wang, Xi
Hill, Carly
Houghlan, Semona
Hudspeth, Jillian
Duhig, Amy
Fainman, Bonnie
McCoy, Lisa
Kim, Sam
Harel, Adam
Titus, Gail
Sechrest, Noelle
Trepanier, Michelle
Luu, Yvonne
Avila, Danny
Smithson, Chris
Baker, Gary
Devennie, Brandon
Kosaka, Yuko
McNeill, Colin
King, BK
Grishkevich, Marcy
Campbell, Chelsey
Cain, Chrissy
Tavasoli, Ina
Porter, Marc
Arceneaux, Ben
Turturice, Amy
Pica, Dirk
Bradley, Charisse
Reyes, Sam
Wiese, Marianne
Nguyen, Michelle Lan-Anh

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cognoa

Cognoa, Inc.
2185 Park Boulevard
Palo Alto CA 94306

April 12, 2022

Re: Inspection Report

To Whom It May Concern:

Cognoa, Inc. ("Cognoa") is a Self-Manufacturer headquartered in Palo Alto, California and currently holds a California Medical Device Manufacturing license #114421.

As a requirement of licensure, the California Department of Public Health Food and Drug Branch ("CDPH-FDB") completed an inspection of Cognoa's manufacturing facility located at 2185 Park Blvd., Palo Alto, CA 94306 on September 21, 2021. However, CDPH-FDB does not issue an inspection report as a part of the inspection and licensure process. Therefore, Cognoa does not have an inspection report to provide.

Should you have any questions, please contact me by telephone at 510-220-8518 or by e-mail at dave.happel@cognoa.com.

Best regards,

DocuSigned by:
Dave Happel
E034EEA3EED24C9...

David Happel
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 Cognoa, Inc.

Physical Address 2185 Park Blvd.

City Palo Alto State CA Zip 94306

Mailing Address (if different from physical address) 2185 Park Blvd.

City Palo Alto State CA Zip 94306

Telephone (650) 391-9402 Website https://cognoa.com/

Licensing Company Email licensing@cognoa.com

Section 2: Personal Information

First David Middle Albert Last Happel

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

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

Mailing Address [redacted] Park Blvd.

City Palo Alto State CA Zip 94306

Telephone [redacted] Email dave.happel@cognoa.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: 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?	Not applicable	

Applicant's initials DA

Section 5: List your high school and college experience 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 State University		09/87- 05/91	
Address	City	State	Zip
200 N 7th St	Terre Haute	IN	47809
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Indiana University		09/80 - 12/84	
Address	City	State	Zip
107 S Indiana Ave	Bloomington	IN	47405
Diploma/Degree obtained, if any			
BA. Chemistry			

School Name		From - To (MM/YY – MM/YY)	
Lawrence Central High School		09/76 - 05/80	
Address	City	State	Zip
7300 E 56th St	Indianapolis	IN	46226
Diploma/Degree obtained, if any			
Diploma			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/2005	[redacted] Caballo Ranchero Drive	Diablo	CA	94528
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
Cognoa, Inc.			03/20 - Present
Business Address	**City**	**State**	**Zip**
2185 Park Blvd.	Palo Alto	CA	94306
Phone	**Title**	**Number of Employed Hours**	
650-391-9402	President & CEO	4160+	
Description of Duties			
See Attached			

Business Name			From - To (MM/YY – MM/YY)
Chrono Therapeutics			02/18 - 03/20
Business Address	**City**	**State**	**Zip**
3953 Point Eden Way	Hayward	CA	94545
Phone	**Title**	**Number of Employed Hours**	
510-362-7788	President & CEO	4000+	
Description of Duties			
See Attached			

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

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

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

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?		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 # 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)

05/25/22
Date

Applicant's initials

I, David Happel, **certify that as the designated representative for**

Cognoa, 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

David Happel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05/05/22

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.

David Happel
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05/05/22
Date

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

State of CALIFORNIA, ss. County of CONTRA COSTA

I, DAVID HAPPEL, 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

05/05/22
Date

Subscribed and Sworn to before me this 5th day of MAY, 2022.

Notary Public Signature

S. SATYANARAYANA
COMM. # 2399138
CONTRA COSTA COUNTY
NOTARY PUBLIC-CALIFORNIA
MY COMMISSION EXPIRES
MARCH 30, 2026

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.

(Seal)

Applicant's initials DH

DAVID A. HAPPEL

[redacted] Caballo Ranchero Dr ▪ Diablo, California 94528
Cell: [redacted] ▪ [redacted]@hotmail.com

SUMMARY OF QUALIFICATIONS

Senior-Level Business Executive with extensive experience in start-up biotech through large pharmaceutical companies with a proven record of developing and executing corporate business strategies, raising private and public capital, and negotiating M&A transactions. Expertise in rare disease early-stage development, operations and commercialization. Recognized high-performance, results-oriented team leadership style in achieving financial goals and corporate success for a wide range of healthcare companies in global markets.

PROFESSIONAL EXPERIENCE

COGNOA, INC.
A privately held pediatric behavioral health company focused on improving the lives and clinical outcomes of children and families living with behavioral conditions

President, Chief Executive Officer, and Director **2020 – Present**
Principal Business Executive responsible for Corporate and Financial activities for the company, including:

- All operations within the company including, research, development, regulatory, clinical, quality, business development, data sciences, engineering, manufacturing, and general operations
- Development, partnering, and fund-raising activities for lead program to identify and diagnose children living with neurodevelopmental disorders
- Identification and development of company's pipeline programs prepared to enter clinic

CHRONO THERAPEUTICS
A privately held biopharmaceutical company dedicated to developing novel integrated drug delivery therapeutic products that improve clinical outcomes in patients living with addictions and debilitating neurological disorders.

President, Chief Executive Officer, and Director **2018 – 2019**
Principal Business Executive responsible for Corporate and Financial activities for the company, including:

- All operations within the company including, research, development, regulatory, clinical, quality, business development, digital behavior support technology, manufacturing, and general operations
- Development, partnering, and fund-raising activities for lead program to treat nicotine addiction

HORIZON PHARMA, PLC
A public global biopharmaceutical company focused on improving patients' lives by identifying, developing, acquiring and commercializing differentiated and accessible medicines that address unmet medical needs.

EVP, Global Orphan Business Unit, Chicago, Illinois **2016 – 2018**
Responsible for the commercialization of Horizon's five marketed rare disease products and the development of Horizon's rare disease pipeline portfolio. Led a global organization of 70 people in commercialization and development of the company's rare disease product lines, including oversight of Commercial Operations, Market Access, Patient Services, and Life Cycle Management

- Grew global Orphan commercial portfolio revenues 70% year over year, became the highest revenue producing and most profitable business unit by Q1/2016
- Authored and led negotiation and divestiture of European Operations, resulting in $72 million upfront payment
- Led the development of teprotumumab for autoimmune diseases, including Grave's orbitopathy, a $1 billion-plus market opportunity
- Developed strategic business model for Orphan Business Unit, including the corporate strategy for selecting early-stage clinical assets and building internal drug development infrastructure

RAPTOR PHARMACEUTICALS, Novato, California **2014 – 2016**
A public global biopharmaceutical company focused on the development and commercialization of transformative therapeutics for rare, debilitating and fatal diseases. Acquired by Horizon Pharma, Oct 2016, for $800M.

Chief Commercial Officer
Worldwide responsibility for the commercialization of Raptor's two marketed orphan disease products and the development of Raptor's pipeline portfolio. Led an organization of 65 people in global commercialization and development of the company's lead product lines, including functional global oversight of Commercial Operations, Program Management, Pricing, Market Access, Patient Advocacy, and Market Analytics

- Co-led M&A process that led to acquisition of Raptor by Horizon Pharma
- Tripled sales of Procysbi® during two-year tenure, exceeding public guidance, consensus, corporate revenue and profit goals
- Introduced, led acquisition of, and launched Quinsair®, an approved first-in-class inhaled fluoroquinolone for the treatment of cystic fibrosis in Europe and Canada
- Co-led $92M public fund-raising effort (April 2015)
- Led integration of Raptor into Horizon Pharma that resulted in entire global commercial operations transitioning to Horizon and retention and transition of key clinical, regulatory and manufacturing colleagues

ALLERGEN RESEARCH CORPORATION (Aimmune Thera), San Mateo, California **05/2014 – 10/2014**
A privately held biopharmaceutical company focused on the development and commercialization of proprietary products and protocols for oral immunotherapy to treat food allergies.

Chief Commercial Officer
Responsible for developing and leading the execution of the corporate business plan. Functional responsibilities included commercial development, business development, corporate communications, and investor relations.

- Developed corporate and commercial business plans and financial models used in valuation of the company and assets in preparation for licensing, partnering and fund-raising activities
- Led corporate and business development efforts to secure strategic partner for lead development program

iH SOLUTIONS, Danville, California **07/2013 – 05/2014**
iH Solutions, LLC, provides integrated product commercialization solutions for every stage of product and company lifecycle for the Life Sciences industry

Principal

- Developed commercial business plans and models for marketed and late stage clinical products for biotechnology and biopharmaceutical companies, providing guidance on financial valuations
- Clients included biotechnology and biopharmaceutical companies with core businesses in neurology, immunology, mitochondrial diseases, nephrology, and dermatology

DR. REDDY'S LABORATORIES, INC., Princeton, New Jersey **02/2012 – 06/2012**
A $2 billion, 15,000 employee, integrated global pharmaceutical company focused on providing medicines through its Global Generics, Pharmaceutical Services and Active Ingredients, and Proprietary Products business segments

Vice President, North America Sales & Marketing, Proprietary Products
P&L responsibility for leading the development and commercialization of Dr. Reddy's specialty proprietary businesses across therapeutic areas in North America, which included building and guiding the commercial efforts for the Promius Pharma business, and coordinating and driving the growth of Promius through new product acquisitions in dermatology and podiatry.

AEROVANCE, Berkeley, California **2006 – 2011**
A privately held biopharmaceutical company, spun off from Bayer Pharmaceuticals in 2004, focused on development and commercialization of clinical-stage biologic immunology products for respiratory and allergic diseases.

Executive Vice President, Chief Commercial Officer
Responsibility for developing and leading the execution of the corporate business plan. Functional responsibilities included business development, corporate communications & investor relations, legal, and intellectual property prosecution for corporate assets.

- Led corporate and business development efforts for lead therapeutic assets
- Co-led Series C fund raising round which secured $38 million (April 2009) for development of lead asset

CHIRON CORPORATION, Biopharmaceuticals Division, Emeryville, California **2002 – 2006**
A $2 billion, 5,500 employee, leading Biotechnology company specializing in vaccines, biopharmaceuticals, and blood testing with operations in US, Europe, and Asia. Acquired by Novartis, June 2006, for $5B.

Vice President, Pulmonology 2004 – 2006
Global Commercial Director, Pulmonology 2002 – 2004

P&L responsibility for the Pulmonary Business Unit. Led an organization of 50 people in the commercialization and development of the company's largest and most profitable product line.

- Doubled sales of TOBI® during the last three-year period, achieving profit goals for TOBI while increasing US revenues to $170 million in 2005
- Championed and led the commercial development of next generation tobramycin inhalation dry powder (Phase III) for global pulmonary markets, which gained global regulatory approval

INTERMUNE, INC., South San Francisco, California **2000 – 2002**
Senior Director, Sales and Marketing, Pulmonary Unit
Launched the US sales and marketing direction for a start-up biotechnology company and directed the commercial development for Actimmune®. Built and led a commercial team of 80 people focused on commercialization and development of programs.

PARKE-DAVIS/PFIZER (WARNER-LAMBERT), Morris Plains, New Jersey **1985 – 2000**
Director, Cardiovascular, Global Marketing 1999 – 2000
Senior Product Manager, US Cardiovascular 1997 – 1998
Product Manager, US Cardiovascular 1996 – 1997
Acquired classic marketing experience with increasing responsibilities for a wide range of domestic and worldwide commercial in-line and development programs, including development and execution of global business plan to drive sales of Accupril®, an ACE inhibitor for the treatment of hypertension, to $550 million in 2000. Directed the global commercial development of the antithrombotics, gene therapy, hypertension, and heart failure portfolios. Acquired by Pfizer, Feb 2000, for $90B

District Manager, Women's Healthcare 1992 – 1996
Sales Representative 1985 – 1992

EDUCATION AND ASSOCIATIONS

Indiana State University, Terre Haute, Indiana **1991**
M.B.A., Marketing

Indiana University, Bloomington, Indiana **1984**
B.A., Chemistry

Lawrence Central High School, Indianapolis, Indiana **1980**

Board Member, Boomer Esiason Foundation **2005 – 2010**

Board Member, Director, Currax Pharmaceuticals, LLC **2020 – Present**

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. 0803580

Application/License No. _____

Cognoa, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
2185 Park Blvd., Palo Alto, CA. 94305, as
Address of Applicant/Principal
PRINCIPAL, and Harco National Insurance Company, a
Surety Company
corporation organized under the laws of the state of IL
State of Incorporation
and authorized to transact a general surety business in the State of
Nevada, whose address for purposes of service is
4200 Six Forks Road, Suite 1400, Raleigh, NC 27609 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 April 8, 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 8th day of April, 2022.

APPLICANT/PRINCIPAL

Cognoa, Inc.

By: _____
Authorized Representative

SURETY COMPANY

Harco National Insurance Company

By: _____
Surety Company's Representative

Erin Bautista, 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 Not Applicable

ACKNOWLEDGMENT

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

State of California
County of Santa Clara

On APR - 8 2022 before me, Jean L. Neu, Notary Public
(Insert name and title of the officer)

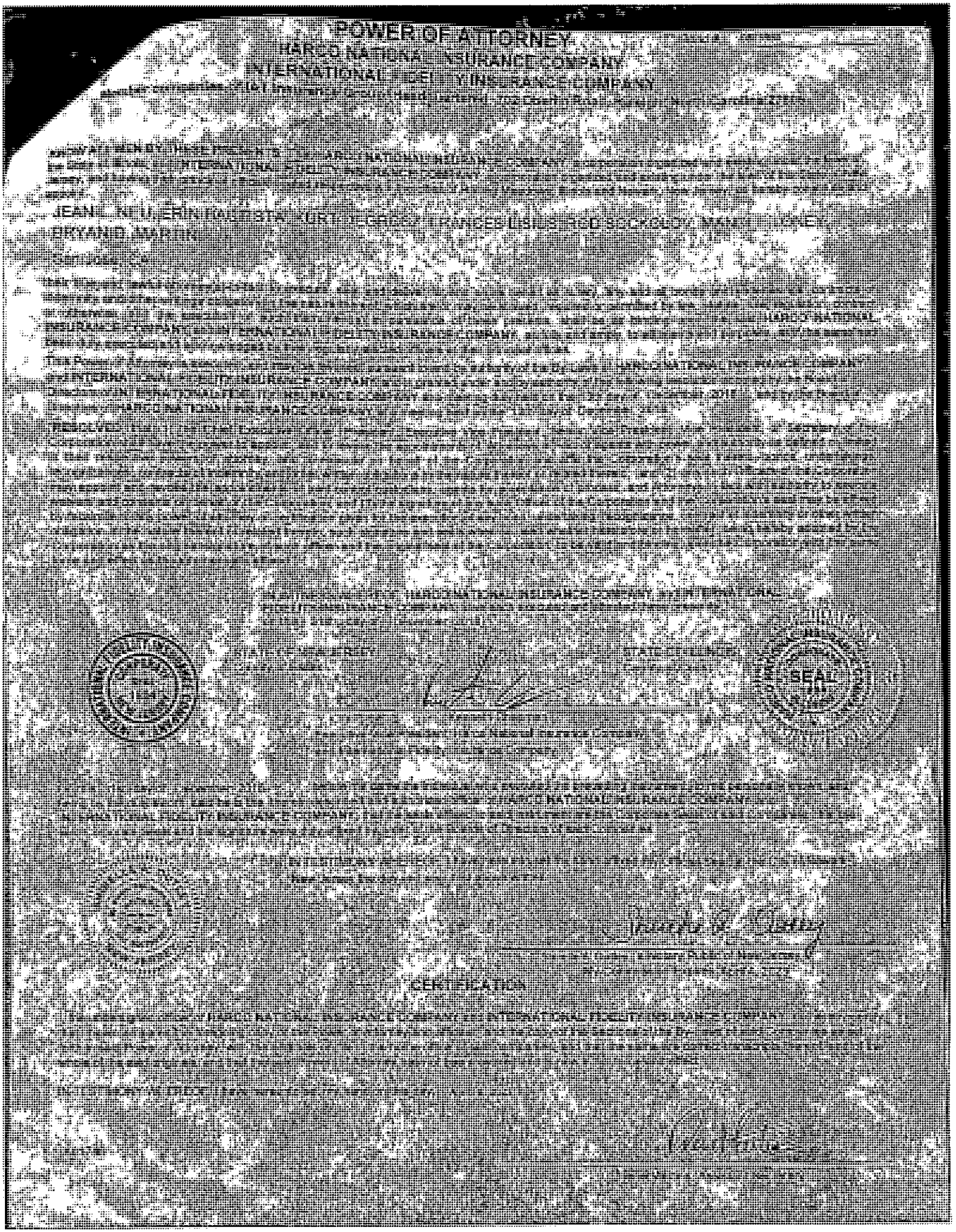
personally appeared Erin Bautista

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

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

WITNESS my hand and official seal.

Signature _____ (Seal)



POWER OF ATTORNEY

HARCO NATIONAL INSURANCE COMPANY

INTERNATIONAL EQUITY INSURANCE COMPANY

CERTIFICATION

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 Cognoa, Inc

Physical Address 2185 Park Blvd.

City Palo Alto State CA Zip 94306

Mailing Address (if different from physical address) 2185 Park Blvd.

City Palo Alto State CA Zip 94306

Telephone (650) 391-9402 Website https://cognoa.com/

Licensing Company Email licensing@cognoa.com

Section 2: Personal Information

First David Middle _____ Last Happel

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

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

Mailing Address [redacted] Park Blvd.

City Palo Alto State CA Zip 94306

Telephone [redacted] Email dave.happel@cognoa.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 _____

Section 5: List your high school and college experience 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 State University		09/87 - 05/91	
Address	**City**	**State**	**Zip**
200 N 7th St	Terre Haute	IN	47809
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Indiana University		09/80 - 12/84	
Address	**City**	**State**	**Zip**
107 S Indiana Ave	Bloomington	IN	47405
Diploma/Degree obtained, if any			
BA, Chemistry			

School Name		From - To (MM/YY – MM/YY)	
Lawrence Central High School		09/76 - 05/80	
Address	**City**	**State**	**Zip**
7300 E 56th St	Indianapolis	IN	46226
Diploma/Degree obtained, if any			
Diploma			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/2005	[redacted] Caballo Ranchero Drive	Diablo	CA	94528
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
Cognoa, Inc			03/20 - Present
Business Address	**City**	**State**	**Zip**
2185 Park Blvd.	Palo Alto	CA	94306
Phone	**Title**		
650-391-9402	President & CEO		
Description of Duties			
See Attached			

Business Name			From - To (MM/YY – MM/YY)
Chrono Therapeutics			02/18 - 03/20
Business Address	**City**	**State**	**Zip**
3953 Point Eden Way	Hayward	CA	94545
Phone	**Title**		
510-362-7788	President & CEO		
Description of Duties			
See Attached			

Business Name			From - To (MM/YY – MM/YY)
Horizon Therapeutics, PLC			10/16 - 3/20
Business Address	**City**	**State**	**Zip**
10 South Wacker Drive, Suite 2550	Chicago	IL	60606
Phone	**Title**		
224-383-3000	EVP		
Description of Duties			
See Attached			

Business Name			From - To (MM/YY – MM/YY)
Raptor Pharmaceuticals			10/14 - 10/16
Business Address	**City**	**State**	**Zip**
7 Hamilton Landing #100	Novato	CA	94949
Phone	**Title**		
877-727-8679	CCO		
Description of Duties			
See Attached			

Business Name			From - To (MM/YY – MM/YY)
Allergen Research Corporation			04/14 - 10/14
Business Address	**City**	**State**	**Zip**
200 Alameda De Las Pulgas	San Mateo	CA	94403
Phone	**Title**		
510-501-7046	CCO		
Description of Duties			
See Attached			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
iH Solutions			07/2013 - 05/2014	
Business Address		City	State	Zip
145, 157 St John St		Danville	CA	94506
Phone	Title			
	Principal			
Description of Duties				
See Attached				

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

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

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

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

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 # 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 6/22/22

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.

DAVID HAPPEL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/23/22

Date

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

State of CALIFORNIA, ss. County of CONTRA COSTA

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

Original Signature

06/23/22

Date

Subscribed and Sworn to before me this 23rd day of JUNE 2022

Notary Public Signature

S. SATYANARAYANA
COMM. # 2399138
CONTRA COSTA COUNTY
NOTARY PUBLIC-CALIFORNIA
MY COMMISSION EXPIRES
MARCH 30, 2026

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.

(Seal)

Applicant's initials

4E

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

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: Curae Pharma360 Inc.

Physical Address: 49 Stevenson St., Suite 1100

City: San Francisco State: CA Zip: 94105

Mailing Address (if different from physical address): 49 Stevenson St., Suite 1100

City: San Francisco State: CA Zip: 94105

Telephone: (415) 951-8700 Website: www.curaepharma.com

Name of Designated Representative (DR): Mark Busch

Licensing Company Email: licensing@curaepharma.com DR Email: mbusch@curaepharma.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: Over the Counter	☐ 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

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/in 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): Medicines360

Corporation/Organization Name: Curae Pharma360 Inc.

Mailing Address: 49 Stevenson St., Suite 1100

City: San Francisco State: CA Zip: 94105

Telephone: (415) 951-8700 Email: licensing@curaepharma.com

Contact Person Name: Mark Busch

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Provide all the following *where applicable*:

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		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		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at		✓	✓	✓
• **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	✓	✓	✓	✓
• **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:		✓	✓	✓
• **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:		✓	✓	✓

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

Curae Pharma360 Inc.
Facility Name

Andrea Olariu
Print Name of Authorized Person Submitting Application

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

24 August 2022
Date

Board Use Only	Date Received: 9-1-22	Amount: 1000.00 CK - 16899

9/23/22

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Wholesale Drug Permit

LICENSE NO. WLS 8018

ISSUE DATE DECEMBER 15, 2021

CURAE PHARMA360 INC.

49 STEVENSON ST, STE 1100
SAN FRANCISCO CA 94105

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

CORPORATION
MARK R. BUSCH — EXEMPTEE IN CHARGE

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

PLACE RENEWAL LICENSE HERE

VALID UNTIL DECEMBER 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 -----

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 8018

NAME: CURAE PHARMA360 INC.

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

49 STEVENSON ST, STE 1100
SAN FRANCISCO CA 94105
SAN FRANCISCO COUNTY

ISSUANCE DATE

DECEMBER 15, 2021

EXPIRATION DATE

DECEMBER 1, 2022

CURRENT DATE / TIME

AUGUST 12, 2022
11:50:56 AM

LICENSE RELATIONSHIPS

NAME: BUSCH, MARK R

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: DESIGNATED REPRESENTATIVE (WHOLESALER)

LICENSE NUMBER: 16322 **PRIMARY STATUS:** CLEAR

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CURAE PHARMA360 INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5205905 8300

SR# 20223235351

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

Authentication: 204137561

Date: 08-11-22

Description of Operations

Curae Pharma360 Inc. is a VirtualManufacturer that is privately owned company and is mission-driven and committed to improving the supply of quality generic cancer drugs for patients in need. Curae Pharma360 Inc.'s products are manufactured by contracted manufacturers and will be distributed to pharmacies and prescribers by their Third-Party Logistics Provider, Integrated Commercialization Solutions (ICS), who is licensed to ship pharmaceutical products into your state. Sales records are stored with the 3PL. Curae Pharma360 Inc. also has an over the counter medication.

Contract Manufacturer

Curae Pharma360 Inc. uses the following contracted manufacturers to produce their product. At no time do the contracted manufacturers own the product, contract with Curae Pharma360 Inc.'s customer, invoice, or sell product. Curae Pharma Inc.'s products are not Controlled Substances.

Meitheal Pharmaceuticals Inc
8700 W. Bryn Mawr Avenue, Suite 600S
Chicago, IL 60631
FEIN: 81-4701700

PLD Acquisitions LLC DBA Avema Pharma Solutions
10400 NW 29th Terrace
Doral, FL 33172
FEIN: 2000009210

Labeler Code:
73358

Third Party Logistic information

For distribution into the commercial supply channels, Integrated Commercialization Solutions (ICS) acts as Curae Pharma360 Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of Curae Pharma360 Inc.'s product to pharmacies and prescribers throughout the United States. Integrated Commercialization Solutions (ICS)'s address is:

Integrated Commercialization Solutions (ICS)
6450 La Salle Drive
Lockbourne, OH 43137

Curae Pharma360 Inc.'s hours of operation are 8:00 am – 5:00pm Monday through Friday.

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Current through August 29, 2022

You have searched Finished drug products

Search Results: *'73358'*

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
+ Zolmitriptan	73358-101-06	2.5 mg/1	TABLET, FILM COATED	ORAL	ANDA207867	Curae Pharma360 Inc	73358-101	zolmitriptan	ZOLMITRIPTAN	HUMAN PRESCRIPTION DRUG	07/27/2022

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 M.IT 9/23/22

Company Information

Company Name: Curae Pharma360 Inc.
Address: 49 Stevenson St., Suite 1100
City, State, Zip: San Francisco, CA 94105
Phone: (415) 951-8700
Website: www.curaepharma.com
E-mail: licensing@curaepharma.com

FEIN: 46-0978720
State of Formation: Delaware
Date Incorporated: 8/29/2012

Ownership Information

Curae Pharma360 Inc. is 100% wholly owned by Medicines360. Medicines360 is a California non-profit social benefit corporation that has been granted tax-free status by the IRS as a 501(c)(3).

Parent Company Address: 49 Stevenson St., Suite 1100, San Francisco, CA 94105
Parent Company Phone: (415) 951-8700
Parent Company FEIN: 26-4443340

Officers

Ethan K. Knowlden, Secretary
Business Address: 49 Stevenson St., Suite 1100, San Francisco, CA 94105

Bradley R. Luke, Chief Financial Officer
Business Address: 49 Stevenson St., Suite 1100, San Francisco, CA 94105

Andrea I. Olariu, Chief Executive Officer
Business Address: 49 Stevenson St., Suite 1100, San Francisco, CA 94105

Designated Representative

Mark Busch, SVP Quality Assurance & Product Safety
Business Address: 49 Stevenson St., Suite 1100, San Francisco, CA 94105

Curae Pharma360 Employee List

Name	Title
Andrea Olariu	Chief Excecutive Officer
Autumn Ehnow	Executive VP, Operations
Mark Busch	Senior VP, Quality Assurance & Product Safety
Sooraj Nair	Associate Director, Supply Chain Management



Curae Pharma360

Employee List

Last Updated: 30-Aug-2022

Last Name	First Name	Title	Workstation	Work Extension	Email
Olariu	Andrea	Chief Executive Officer	Hybrid	(415) 403-8925	aolariu@curaepharma.com
Ehnow	Autumn	Executive VP, Operations	Hybrid	(415) 403-8993	aehnow@curaepharma.com
Luke	Brad	Chief Financial Officer	Hybrid	(415) 403-8973	bluke@medicines360.org
Morris	Emily	Associate Director, Regulatory Affairs	Hybrid	(415) 403-8976	emorris@medicines360.org
Tesei	Julie	Executive Assistant	Hybrid	(415) 403-8921	jtesei@medicines360.org
Busch	Mark	Senior VP, Quality Assurance & Product Safety	Hybrid	(415) 403-8950	mbusch@curaepharma.com
Otten	Natalie	Corporate Controller	Hybrid	(415) 403-8960	notten@medicines360.org
Nair	Sooraj	Associate Director, Supply Chain Management	Hybrid	(415) 403-8923	snair@curaepharma.com

Mark R. Busch, Ph.D.

Summary

Over twenty years experience in QA/QC, analytical, and regulatory support of GXP operations (both in-house and contract facilities), covering a broad range of APIs, final dosage forms, and combination products (liquid and lyophilized parenterals, oral and topical formulations, autologous and recombinant vaccines, and stem cells); Developed and implemented Quality systems, SOPs, audits, review of manufacturing and technical documentation for compliance assessment and remediation, and training of personnel in preparation for FDA/EMA submissions and pre-approval inspections. Technical writing skills include preparation and review of CMC sections of US FDA and EU (EMA) regulatory submissions; Also experienced in investigation and closure of OOS, CAPA, and related quality investigations, evaluation of change control requests, and establishing quality agreements; Specialized expertise in the analysis, characterization, specifications, and stability of biopharmaceuticals, including validation of analytical equipment and methods; Working knowledge of US FDA, USP/EP, and European regulatory body regulations.

Experience and Accomplishments

Medicines360, San Francisco, CA *September 2015 to present*

Senior Vice President, QA and Drug Safety
Vice President, Quality

Responsible for GXP compliance oversight of multiple domestic and international contract facilities for Medicines360 (a non-profit, virtual company environment) in support of commercial combination product Liletta® and continuing clinical study under IND.

- Streamlined multiple quality systems to eliminate redundancies, increase effectiveness, and to reflect a pragmatic, risk-based approach to management of quality issues.
- Developed and implemented Pharmacovigilance systems consistent with existing Safety Data exchange Agreement(s) and regulatory requirements.
- Provided CMC technical and compliance support of contract facilities to enable NDA supplemental submissions (second generation inserter).

- Provided support for agreements and registrations for international expansion of commercial product.

Independent Quality Consultant ***December 2012 to August 2015***

Consultant working with clients in the pharmaceutical and biotechnology industries to develop and implement quality, compliance, and regulatory strategies.

NeurogesX, Inc., San Mateo, CA ***December 2010 to December 2012***

Vice President, Quality Assurance

Ensured GXP compliance oversight of multiple domestic and international contract facilities for NeurogesX operations (a virtual company environment) in support of commercial product Qutenza® (capsaicin) patch and IND product NGX-1998 (capsaicin topical liquid).

- Streamlined multiple quality systems to eliminate redundancies and to reflect a pragmatic, risk-based approach to management of quality issues.
- Restored quality department and principles as an integral and collaborative element in NGX projects and operations.
- Pursued quality investigation of anomalous stability analytical results leading to discovery of a previously undetected degradant in commercial product.
- Maintained effective communications for resolution of quality issues with contract facilities and with EU marketing partner Astellas.

Independent Quality Consultant ***June 2006 to December 2010***

Consultant working with clients in the pharmaceutical and biotechnology industries to develop and implement quality, compliance, and regulatory strategies. Project with primary client (NeurogesX) as a key author of CMC sections of regulatory submissions and subsequent responses led to EMEA CHMP positive opinion recommending product approval and FDA approval of client's product in 2009.

Geron Corporation, Menlo Park, CA ***March 2005 to May 2006***

Senior Director, Quality Control

Responsible for QC systems (raw materials, analytical method development, stability programs) in support of Geron's oncology, autologous vaccine, and stem cell programs, and technical support of QA for GXP compliance.

Mark R. Busch, Ph.D.

Independent Quality Consultant *October 2004 to March 2005*

Consultant working with clients in the pharmaceutical and biotechnology industries to develop and implement quality and compliance strategies.

VaxGen, Inc., Brisbane, CA *January 2002 to August 2004*

Senior Director, Quality Systems (QA/QC)

Responsible for design and implementation of systems ensuring GXP compliance (including GMP, GLP, and GCP) in all aspects of VaxGen worldwide operations in support of multiple IND projects, including AIDSVAX® and biodefense vaccines for anthrax (rPA102) and smallpox (LC16m8).

- Design and implementation of Quality Systems (both QA & QC) to transition VaxGen from a virtual company to self-sufficiency in manufacture and testing; Growth to ~ 25 staff, budget > $2 million.
- Key contributor to proposals resulting in award of multiple NIH and HHS contracts (> $900 million) for development of anthrax vaccine for biodefense and associated regulatory filings.
- Extensive auditing of clinical sites and laboratories to ensure GCP compliance and reliability of data for AIDSVAX® trials in US and Thailand.
- Liaison and Quality oversight of subcontractors for development, GLP, and GMP operations in support of IND projects.

InterMune, Brisbane, CA *February 2000 to November 2001*

Senior Director, Quality Systems (QA/QC)

Responsible for ensuring compliance (including GMP, GLP, and GCP) in all aspects of InterMune worldwide operations for marketed products ACTIMMUNE® (Interferon γ-1b), AMPHOTEC® (Amphotericin B colloidal dispersion), and INFERGEN® (Interferon alfacon-1). InterMune operated as a virtual company, and conducted all manufacturing, testing, distribution, and research operations through subcontracts with other companies.

- Carried out the "ground up" design and implementation of Quality Systems (QA/QC) at InterMune. Systems include document control, auditing, training, disposition of commercial and clinical products, product complaints, and technical liaison regarding manufacturing processes, analytical methods, and validation. Also responsible for Quality Systems budget and hiring.
- Worked extensively with European facilities to prepare for FDA Pre-Approval Inspection of bulk and product manufacturing, requiring implementation of

major improvements in GMP compliance, and in validation of facilities, process, and analytical methods. PAI successfully concluded in July 2001, and BLA supplement approved in September 2001.

- Wrote major sections and reviewed entirety of BLA supplement for transfer of bulk and product manufacturing to European facility.
- Integrated newly acquired products into InterMune Quality Systems.

Scios Inc., Mountain View, CA ***January 1992 to February 2000***

Director, Quality Assurance; also Director, Quality Control; Department Head, QC; Senior Scientist and Scientist, Pharmaceutical Analysis

Responsibilities at Scios included Quality support of the AURICULIN® (atrial natriuretic peptide), NATRECOR® (B-type natriuretic peptide), and FIBLAST® (basic fibroblast growth factor) projects.

- Integrated personnel from multiple departments into a newly formed QC department; Hired appropriate staffing as required by projects, ultimately managing a technical staff of 16, with budget ~$1.8 million; Operations included raw materials testing, bulk and product release, and stability.
- Increased effectiveness and cGMP compliance in QC; Introduced appropriate procedures for documentation, review, and sign-off of analytical testing, including handling of deviations and OOS investigations, and established a well-documented stability program for all products, compliant with FDA and ICH guidelines; Directed major software validation project (PE Nelson ACCESS*CHROM) and collaborated with Analytical Chemistry and Validation departments in Analytical Methods Validation.
- Major contributor and reviewer of the CMC section of NDA for NATRECOR, and of IND supplement enabling switch from synthetic to recombinant peptide. Led CMC subteam that designed and implemented smaller dosage NATRECOR vial based on clinical data and marketing needs concurrent with 2nd Phase III clinical trial.
- Key contributor (representing QC) in successful FDA Pre-Approval Inspection in 1998 (NATRECOR); First-time inspection resulted in two minor 483 citations; Release and stability data contained in the application were unimpeachable.
- Served as primary technical liaison to Bayer (US and Europe) for NATRECOR, chosen as author of expert report for EU dossier; Also represented Scios in

FIBLAST partnership with Kaken Pharmaceuticals (Japan), and represented Scios in key meetings with FDA and European regulatory agencies.

Carnegie Mellon University, Pittsburgh, PA ***1985 to 1991***
Research Biologist, Postdoctoral Researcher

Academia Sinica, Taipei, Taiwan ROC ***1990***
Visiting Research Scientist

Education

Ph.D., Biological Chemistry ***1985***
Indiana University, Bloomington, IN

B.S., Biochemistry ***1978***
University of Maryland, College Park, MD

Major Graduate and Postdoctoral Publications

Busch, M. R., Maskalick, D. G., Neireiter, G. W., Harris, D. E., and Gurd, F. R. N., Aliphatic Semisynthetic Variants of the Amino Terminal Residue of Sperm Whale Myoglobin: Enrichment with ^{13}C, Determination and Interpretation of Terminal pK Values, *Biochemistry 24*, 6707-6716, 1985.

Hefta, S. A., Lyle, S. B., Busch, M. R., Harris, D. E., Matthew, J. B., and Gurd, F. R. N., Site-specific Semisynthetic Variant of Human Hemoglobin, *Proceedings of the National Academy of Science 85*, 709-713, 1988.

Busch, M. R. and Ho, C., Effects of Anions on the Molecular Basis of the Bohr Effect of Hemoglobin, *Biophysical Chemistry 37*, 313-322, 1990.

Busch, M. R., Mace, J. E., Ho, N. T., and Ho, C., Roles of the β146 Histidyl Residue in the Molecular Basis of the Bohr Effect of Hemoglobin: A Proton Nuclear Magnetic Resonance Study, *Biochemistry 30,* 1865-1877, 1991.

Groebe, D. R., Busch, M. R., Tsao, T. Y. M., Luh, F. Y., Tam, M. F., Ho, N. T., Chung, A. E., Gaskell, M., Leibhaber, S. A., and Ho, C., High-level Production of α- and β-Globins in Insect Cells, *Protein Expression and Purification 3*, 134-141, 1992.

Mark R. Busch, Ph.D.

Major Industrial Publications

Shahrokh, Z., Beylin, I., Eberlein, G., Busch, M., Kang, L.-L., Wong, A., Anderson, C., Blumenthal, D., Wang, Y. J., Cellulose Cleaving Activity Contaminating *E. coli* - Produced Recombinant Proteins, *BioPharm 8,* 32-38, 1995.

Wang, Y. J., Shahrokh, Z., Vemuri, S., Eberlein, G., Beylin, I., Busch, M., Characterization, Stability, and Formulations of Basic Fibroblast Growth Factor, in *Formulation, Characterization, and Stability of Protein Drugs* (R. Pearlman and Y. J. Wang, eds.) Plenum Press, New York, 1996.

Wang, Y. J., Chen, H., Busch, M., and Baldwin, P. A., Headspace Analysis for Parenteral Products: Oxygen Permeation and Integrity Test, *Pharmaceutical Technology, 21(3)* 108-122, 1997.

Cohen, J., and Busch, M., Setting Biopharmaceutical Specifications, *BioPharm 11(8)* 38-42, 1998.

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 Curae Pharma360 Inc.

Physical Address 49 Stevenson St., Suite 1100

City San Francisco State CA Zip 94105

Mailing Address (if different from physical address) 49 Stevenson St., Suite 1100

City San Francisco State CA Zip 94105

Telephone (415) 951-8700 Website www.curaepharma.com

Licensing Company Email licensing@curaepharma.com

Section 2: Personal Information

First Mark Middle R Last Busch

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

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

Mailing Address [redacted] Stevenson St., Suite [redacted]

City San Francisco State CA Zip 94105

Telephone [redacted] Email mbusch@curaepharma.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 MRB

Section 5: List your high school and college experience 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		1978 – 1985	
Address: 107 S. Indiana Avenue	City: Bloomington	State: IN	Zip: 47405
Diploma/Degree obtained, if any: Ph.D., Biological Chemistry			

School Name		From - To (MM/YY – MM/YY)	
University of Maryland		1974 – 1978	
Address	City: College Park	State: MD	Zip: 20742
Diploma/Degree obtained, if any: B.S., Biochemistry			

School Name		From - To (MM/YY – MM/YY)	
~~Need Highschool~~ MUNICH AMERICAN HIGH SCHOOL		1972-1974	
Address: MUNICH, GERMANY	City	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
01/01/2001-Present	[redacted] Diamond Street	San Francisco	CA	94114
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
Curae Pharma360 Inc./Medicines360			September 2015- Present
Business Address	**City**	**State**	**Zip**
49 Stevenson St., Suite 1100	San Francisco	CA	94105
Phone	**Title**	**Number of Employed Hours**	
(415) 951-8700	SVP, Quality Assurance & Product Safety	11.5K+	
Description of Duties			
See Attached Resume			

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

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

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

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

Continue on next page if additional space is needed.

N/A

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

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

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

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

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

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

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

I, Mark Busch, **certify that as the designated representative for**

Curae Pharma360 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

* subject to the provisions of the Curae Pharma360 COVID Remote Work Policy.

Mark Busch
Print Name (First, Last)

Mark R Busch
Original Signature (electronic, copies or stamps not accepted)

23 AUG 2022
Date

Applicant's initials MRB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to 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 Busch
Print Name (First, Last)

Mark R Busch
Original Signature (electronic, copies or stamps not accepted)

23 AUG 2022
Date

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

State of California, ss. County of San Francisco

I, ~~P Ho She, not typable~~ PH MARK BUSCH, 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.

Mark R Busch
Original Signature

23 AUG 2022
Date

Subscribed and Sworn to before me this 23 day of August, 2022.

PH
Notary Public Signature

P. HO SHE
COMM. # 2283742
NOTARY PUBLIC · CALIFORNIA
COUNTY OF SAN FRANCISCO
MY COMM. EXP. MAR. 30, 2023

(Seal)

Applicant's initials MRB

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. 107572512

Application/License No. _____

Curae Pharma360, Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
353 Sacramento Street, #300, San Francisco, CA 94111, as
(Address of Applicant/Principal)
PRINCIPAL, and Travelers Casualty and Surety Company of America, a
(Surety Company)
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 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 April 15, 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 22nd day of March, 20 22.

APPLICANT/PRINCIPAL

COMPANY
Cura Pharma360, Inc.

Authorized Representative

SURETY

Travelers Casualty and Surety Company of America

Surety Company's Representative

Elizabeth A. Stickman, 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

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 **Elizabeth A. Stickman** of **LEESBURG** , **Virginia** , their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 22ND day of March 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(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

4F

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

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

Section 1: General Information

Facility Name: Gynesonics, Inc.

Physical Address: 600 Chesapeake Drive

City: Redwood City State: CA Zip: 94063

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 650-216-3860 Website: www.gynesonics.com

Name of Designated Representative (DR): James Sparks

Licensing Company Email: compliance@gynesonics.com DR Email: jsparks@gynesonics.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)?		✓

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

Name: _____

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

Name: _____

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

Name: _____

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

Name: _____

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

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): _____

Corporation/Organization Name: Gynesonics, Inc.

Mailing Address: 600 Chesapeake Drive

City: Redwood City State: CA Zip: 94063

Telephone: 650-216-3860 Email: compliance@gynesonics.com

Contact Person Name: Diane King

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. 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.

Gynesonics, Inc.
Facility Name

Diane King
Print Name of Authorized Person Submitting Application

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

August 26, 2022
Date

Board Use Only	Date Received: 8-29-22	Amount: 1000.00 CC

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
GYNESONICS, INC.
600 Chesapeake Drive
REDWOOD CITY, CA 94063
Registration Number: 3005875675
FEI Number*: 3005875675
Status: Active
Date Of Registration Status: 2022

Owner/Operator:
Gynesonics[6]
600 Chesapeake Drive
Redwood City, CA US 94063
Owner/Operator Number: 9086343[7]

Official Correspondent:
Diane King
600 Chesapeake Drive
Redwood City, CA 94063
Phone: 650-2163883

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9086343&OwnerOperator
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9086343&OwnerOperator

Verified Mtt. 9/5/22

Page Last Updated: 08/22/2022

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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

For Government For Press

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U.S. Department of **Health & Human Services**

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Gynesonics, Inc. August 1, 2022

Officers

Name	Title
Chris Owens	President and CEO
Jordan Bajor	Chief Operating Officer
Robert Brown	Chief Financial Officer

Board of Directors

Name	Affiliation
David Pacitti	Independent
Mike Carusi	Lightstone Ventures Capital Management, L.L.C.
Joyce Erony	Amzak Health Investors LLC
Jacques Essinger	Endeavour Vision SA
Chandra P. Leo, M.D.	HBM Partners
Chris Owens	Gynesonics
Jeffrey Schwartz	Bain Capital
Susan Stimson	Independent
David Neustaedter	Medtronic, Inc.
Karen Talmadge, Ph.D.	Independent

Gynesonics, Inc.
Corporation Shareholders and Percentage Ownership

Aug 1, 2022

	98.72%
Institution	Percent of Total Outstanding
Abingworth Bioventures IV Executives LP	0.0372%
Abingworth Bioventures IV LP	4.3421%
Abingworth Bioventures V Co-Invest Growth Equity Fund LP	5.2793%
Advanced Technology Ventures VII (B), L.P.	0.2691%
Advanced Technology Ventures VII (C), L.P.	0.1293%
Advanced Technology Ventures VII, L.P.	6.7054%
Amzak Health Investors LLC	13.4519%
ATV Entrepreneurs VII, L.P.	0.0400%
Bain Capital Life Sciences Fund, L.P.	15.1854%
BCIP Science Associates, LP	1.5544%
BCLS I Investco, LP	7.6385%
Cal National Bank Custodian FBO J. Casey McGlynn A/C# CMJ1500	0.0013%
Correlation Ventures, L.P.	1.0829%
Covidien Group S.a.r.l.	9.1658%
Endeavour Medtech Growth LP	12.9634%
GC H Investments, LLC	0.0837%
HBM BioCapital II L.P.	4.7648%
Hercules Capital, Inc.	0.4152%
HEWM/VLG Investment LLC	0.0013%
InterWest Partners IX, LP	3.3691%
Kaiser Permanente Ventures, LLC - Series C	0.9112%
Kaiser Permanente Ventures, LLC - Series D	0.5695%
Novit L.P.	1.6991%
ODDO BHF (Suisse) SA	3.7313%
Schroder Co Bank SA	1.6371%
The Board of Trustees of the Leland Stanford Junior University	0.0027%
The Board of Trustees of the Leland Stanford Junior University (SBST)	0.0019%
The Permanente Federation, LLC - Series K	0.1445%
Tsunami MedTech, LLC	0.0094%
WoLa Holding AG	3.5311%
WS Investment Company (2005A)	0.0013%
WS Investment Company (2005C)	0.0013%

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "GYNESONICS, 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 TWENTY-EIGHTH DAY OF JANUARY, A.D. 2005, AT 4:55 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE FOURTH DAY OF OCTOBER, A.D. 2005, AT 3:07 O`CLOCK P.M.

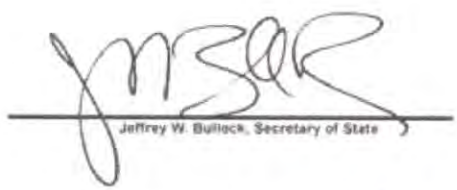
RESTATED CERTIFICATE, FILED THE THIRTY-FIRST DAY OF MARCH, A.D. 2006, AT 8:02 O`CLOCK A.M.

RESTATED CERTIFICATE, FILED THE EIGHTEENTH DAY OF JANUARY, A.D. 2007, AT 8:28 O`CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE SECOND DAY OF NOVEMBER, A.D. 2009, AT 4:28 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE FOURTH DAY OF MAY, A.D. 2010, AT 4:29 O`CLOCK P.M.





3918712 8310

SR# 20213991700

Authentication: 204880975

Date: 12-06-21

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

Delaware

The First State

RESTATED CERTIFICATE, FILED THE EIGHTH DAY OF FEBRUARY, A.D. 2012, AT 2:11 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE FIFTH DAY OF DECEMBER, A.D. 2012, AT 12:15 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE SIXTEENTH DAY OF JANUARY, A.D. 2013, AT 12:32 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE EIGHTH DAY OF FEBRUARY, A.D. 2013, AT 9:12 O`CLOCK A.M.

RESTATED CERTIFICATE, FILED THE TENTH DAY OF JULY, A.D. 2015, AT 3:16 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE THIRD DAY OF MAY, A.D. 2018, AT 1:58 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE FOURTH DAY OF SEPTEMBER, A.D. 2018, AT 3:28 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE SEVENTH DAY OF NOVEMBER, A.D. 2018, AT 6:48 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE SEVENTEENTH DAY OF DECEMBER, A.D. 2018, AT 5:51 O`CLOCK P.M.





3918712 8310.

SR# 20213991700

Authentication: 204880975

Date: 12-06-21

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Delaware

The First State

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "GYNESONICS, INC.".

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GYNESONICS, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF JANUARY, A.D. 2005.

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

Jeffrey W. Bullock, Secretary of State

3918712 8310

SR# 20213991700

Authentication: 204880975

Date: 12-06-21

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

State of California—Health and Human Services Agency
California Department of Public Health

CDPH

Food and Drug Branch
P.O. Box 997435, MS 7602
Sacramento, CA 95899-7435
1-800 495-3232 Toll Free

LICENSE / REGISTRATION VERIFICATION REQUEST

Requestor: Complete Items 1-6 only, then forward to California Department of Public Health, Food and Drug Branch at the address above.

1. Name of Firm or Exemptee / DBA Gynesonics, Inc.			
2. Facility Address (number, street) 600 Chesapeake Drive			
3. City Redwood City	State CA		Zip Code 94063
4. Type of Firm ☐ Retailer ☐ Warehouse ☑ Manufacturer			
5. Requestor's Name Diane King			
6. Requestor's Address 600 Chesapeake Drive			
City Redwood City	State CA	ZIP Code 94063	Email dking@gynesonics.com
Requestor's Mailing Address (if different or P.O. Box number) 4179 Mackin Woods Ln			
City San Jose	State CA	ZIP Code 95135	

DO NOT WRITE BELOW THIS LINE – TO BE COMPLETED BY STATE AGENCY

License Type	License Number	Date Issued	Expiration Date
Medical Device	98691	02-06-2018	03-07-2023

License / Registration Status:

☑ **Valid** ☐ **Suspended/Revoked** ☐ **Surrendered** ☐ **Expired**

☐ **No record of firm / individual** ☐ **Application received / license pending**

Official Signature/Title: Cecilia Vu Office Tech

Date: 04-08-2021

GYNES01 OP ID: AK

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/11/2022

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 rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 408-385-1921 Karras-Rule Ins Services, LLC CA Ins Agent License # 0F22423 1855 Hamilton Avenue, #106 San Jose, CA 95125 Ann Karras-Rule	CONTACT NAME: Ann Karras-Rule PHONE (A/C, No, Ext): 408-385-1921 FAX (A/C, No): 408-879-7520 E-MAIL ADDRESS: ann@karrasruleinsurance.com
	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Travelers Property & Casualty — 36137
INSURED Gynesonics, Inc. 600 Chesapeake Drive Redwood City, CA 94063	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 1 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 10,000,000
	X CLAIMS-MADE ☐ OCCUR			ZPP 31N08225	01/10/2022	01/10/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	X *RetroDate1/10/06						MED EXP (Any one person)	$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$
	X POLICY ☐ PRO-JECT ☐ LOC						GENERAL AGGREGATE	$
	OTHER:						PRODUCTS - COMP/OP AGG	$ 10,000,000
								$
	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)	$
								$
	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 ☐ (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)

Operations usual to the Insured.
Retro Dates Jan 10, 2006
Retention: $10,000 per occurrence/$50,000 aggregate
Gynesonics Netherlands, BV Retro Date 2/12/15.

CERTIFICATE HOLDER ADVOC11

Advocate Lutheran General Hosp
Attn:Materials Mgr,SurgicalSvc
1775 Dempster Street
Park Ridge, IL 60068

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
Ann Karras-Rule

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Gynesonics, Inc.
US Employee List

Payroll Name	Job Title
Allard, Melisa M	Authorization Specialist
Ash, Leigh K	Clinical Specialist
Atwal, Mandeep K	Clinical Specialist
Bajor, Jordan T	COO
Bantugan, Maria T	Sr. Manufacturing Technician
Beaudoin, Teresa J	Nurse Educator/Patient Support Trainer
Bianchi, Arlette	Clinical Specialist
Boer, Peggy L	Director of Materials
Bragg, Kassandra L	Clinical Specialist
Brister, Benjamin B	Territory Manager
Brown, Robert S	Chief Financial Officer
Bunton, Michelle	West Central Regional Manager
Caballero, Tommy	System Engineer
Castillo, Lorraine	Doc Control & Training Coordinator
Chen, Jiayu	VP Engineering & Adv. Techn.
Chiu, Edmond	Engineering Manager
Chou, Trevor	Staff Accountant
Constantino, Frank J	Senior Director, HEMA
Corradetti, Gina P	Corporate Controller
Delgado, Elizabeth	QA Compliance Manger & Complaint CAPA Coordin
Ehmann, Christine	Director of Regulatory Affairs
Farazi, Taraneh G	Sr VP Clinical Strategy and Scientific Innova
Filicicchia, Angela C	Territory Manager
Foster, Kevin L	Territory Manager
Frankfather, Michael	Shipping/Receiving Clerk
Gearst, Katherine L	Senior Clinical Specialist
Gee, Jacob C	Principal Manufacturing Quality Engineer
Gibson, Veronica L	Senior Accountant
Groff, Mark	Territory Manager
Gustin, John M	Territory Manager
Hammudi, Amer	Software Engineering Manager
Heang, Kimhour	Manufacturing Technician
Henderson-Strell, Tristan A	Financial Analyst
Henington, Brandon J	Territory Manager
Herman, Maria C	Territory Manager
Hoover, Moriah B	Clinical Specialist
Howells, Analyn C	Nurse Educator / Trainer
Hyun, Joonho	Sr. Dir. of Commercial Excellence and Profess
Johnson, Bea M	Sr. CRA
Karram, Tamara	Associate Territory Manager
Kaur, Amarjit	Senior Quality Technician
King, Bridget	Associate Product Manager
King, Diane M	VP Regulatory/Quality/Compliance Officer
Kirby, Charles S	Territory Manager
Kuehner, Gina S	Territory Manager
Kwan, Harry	Senior Director Global Clinical Application

Lanigan, Richard	VP European Sales & Marketing
Lanteri, Marissa A	Territory Manager
Leonbruno, Erica L	Sr. Customer Service Manager
McGee, Lilybeth D	Operations System Specialist
Moon, Shabnam	Engineering Program Manager
Murphy, Tara N	Market Manager, Digital and Field Programs
Murray, Jennifer E	Regional Sales Manager, NE
Nguyen, Haylei H	Senior Quality Technician
Nguyen, Huy	Sr. Manufacturing Technician
Owens, Christopher M	President & CEO
Pack, Timothy J	Principal Mechanical Engineer
Pelayo, Maria G	Authorizations & Access Specialist
Peterson, Daniel E	Market Development Manager
Pham, Christina L	Sr. Manufacturing Technician
Pirzadeh, Kaveh	Principal Systems Engineer
Poudrier, Michael W	Associate Mngr, Patient Engagement & Payer Re
Presa, Annabelle G	Lab Manager, R&D
Raine, Shane A	Director Value Based Offers and Payers Relati
Reed, Michael E	Sr Software Quality Engineer
Richmond, Michael J	Territory Manager
Richter, Colleen T	Authorization Specialist
Rossi, Timothy C	Director of Quality
Russo, Paul	Territory Manager
Sackmann, Bryan E	Territory Manager
Sadowski, David	Midwest Clinical Specialist
Single, Gordon W	Director or Global Strategy and Data Analytic
Slater, Stephanie	Senior Authorization Specialist
Soehartono, Felicia	Research and Development Engineer
Spaner, Daniel B	Regional Manager, SE
Sparks, James F	VP Operations
St Charles Jr, Michael T	Territory Manager
Stan, Jared M	Territory Manager
Ta, Randy T	Sr. Manufacturing Technician
Toub, David B	Senior VP, Medical Affairs
Trac, Kamon	Sr. Manufacturing Technician
Wang, Peter C	Principal Manufacturing Engineer
West, Kevin P	Warehouse Manager
Whistance, Nelson M	VP U.S. Sales
Winters, James M	Key Account Manager
Zhou, Patrick	Associate Manufacturing Engineer
Zimmer, Jenny P	Manager, Reimbursement and Payer Relations

NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY SUITE
206, RENO, NV 89521
(775) 850-1440 – (775) 850-1444 – FAX
pharmacy@pharmacy.nv.gov

PHARMACEUTICAL WHOLESALER CASH DEPOSIT IN LIEU OF BOND

Name of Applicant/Licensee: Gynesonics, Inc.

Address: 600 Chesapeake Drive,

City: Redwood City State: CA Zip: 94063

The above named applicant/licensee (hereinafter referred to as Assignor), does hereby assign and set over to the Nevada State Board of Pharmacy (the Board) all right, title and interest of any kind whatsoever owned or held by Assignor in the cash sum of $ 25,000 which was delivered simultaneously with this form. Assignor provides the cash sum as security pursuant to NRS 639.515(2). This assignment is binding on Assignor, his/hers heirs, administrators, successors, and assigns, jointly or severally, and is conditioned that Assignor has made, or is about to make, application to the Board for a pharmaceutical wholesaler's license.

Assignor understands, acknowledges, and agrees that:

1. The Board is not authorized to refund the cash deposit until sixty days beyond the date upon which the Assignor ceases to be licensed by the Board.

2. The cash deposit will not draw interest and will be kept in a segregated fund within the Board's accounts.

3. The Board is authorized to remove from the cash deposit money to satisfy fines or costs assessed against the Assignor pursuant to NRS 639.515, and that if the Board removes any money from the cash deposit, Assignor shall replenish the cash deposit or shall deposit other security pursuant to NRS 639.515 sufficient to retain the total amount of the cash deposit or else Assignor's license may not be renewed.

Executed in Redwood City, CA (City and State) on August 22, 2022 (Date).

Signature of Assignor's Authorized Representative

Jordan Bajor
Print Name

Chief Operating Officer
Title

Check # 211592 $25k
Gave to Kiran
9/15/22

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

Physical Address: 600 Chesapeake Drive

City: Redwood City State: CA Zip: 94063

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 650-216-3860 Website: www.gynesonics.com

Licensing Company Email: compliance@gynesonics.com

Section 2: Personal Information

First: Jordan Middle: Todd Last: Bajor

Alias(es, nicknames, name changes, etc.): n/a

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

Mailing Address: [redacted] Lincoln Ave.

City: Palo Alto State: CA Zip: 94301

Telephone: [redacted] Email: jbajor@gynesonics.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)	
Tamalpais High School			08/76-06-80	
Address		City	State	Zip
700 Miller Dr.		Mill Valley	CA	94941
Diploma/Degree obtained, if any				
High School Degree				

School Name			From - To (MM/YY – MM/YY)	
University of California, Davis			08/80-12/84	
Address		City	State	Zip
1 Shields Ave.		Davis	CA	95616
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
04/92-Present	[redacted] Lincoln Ave.	Palo Alto	CA	94301
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Gynesonics, Inc			10/05-Present	
Business Address		**City**	**State**	**Zip**
600 Chesapeake Dr.		Redwood City	CA	94063
Phone	**Title**		**Number of Employed Hours**	
650-216-3860	COO		35,152	
Description of Duties				
COO: In charge of all processes and execution of, Material, logistics, safety, manufacturing, HR, IT, Quality, and Facility				

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

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

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

August 22, 2022

Date

I, Jordan Bajor, **certify that as the MDEG Administrator for**

Gynesonics, Inc.,

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

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

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

Jordan Bajor
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

August 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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Gynesonics, Inc.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 600 Chesapeake Drive

City Redwood City State CA Zip 94063

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email compliance@gynesonics.com

Section 2: Personal Information

First James Middle Franklin Last Sparks

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

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

Mailing Address [redacted] Frontier Road

City Pomona State CA Zip 91766

Telephone [redacted] Email jsparks@gynesonics.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
University of Phoenix		2003-2005	
Address	City	State	Zip
4035 S. Riverpoint Parkway	Tempe	AZ	85040
Diploma/Degree obtained, if any			
MS Technology Management			

School Name		From - To (MM/YY – MM/YY)	
West Coast University		1998-2002	
Address	City	State	Zip
1477 S Manchester Ave	Anaheim	CA	92802
Diploma/Degree obtained, if any			
BS Technology Management			

School Name		From - To (MM/YY – MM/YY)	
University of South Carolina		1986-1989	
Address	City	State	Zip
	Columbia	SC	29208
Diploma/Degree obtained, if any			
Associate of Science			

School Name		From - To (MM/YY – MM/YY)	
Mclane High School		1975-1979	
Address	City	State	Zip
2727 North Cedar Ave	Fresno	CA	93703
Diploma/Degree obtained, if any			
Diploma			

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/2001 - Present	[redacted]Frontier Road	Pomona	CA	91766
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Gynesonics			05/2016 - Present	
Business Address		**City**	**State**	**Zip**
600 Chesapeake Drive		Redwood City	CA	94063
Phone	**Title**		**Number of Employed Hours**	
949-299-6435	Vice President Operations		14,000	
Description of Duties				
Oversee manufacturing and supply chain for production of company's products				

Business Name			From - To (MM/YY – MM/YY)	
Tridien Medical			04/2012 - 11/2015	
Business Address		**City**	**State**	**Zip**
4200 NW 120th Ave,		Coral Springs	FL	33065
Phone	**Title**		**Number of Employed Hours**	
	Vice President Manufacturing		8,000	
Description of Duties				
Oversee manufacturing and supply chain for production of company's products				

Business Name			From - To (MM/YY – MM/YY)	
Medtronic			06/2006 - 04/2012	
Business Address		**City**	**State**	**Zip**
1851 Deere Ave		Santa Ana	CA	92705
Phone	**Title**		**Number of Employed Hours**	
	Sr. Director Operations		12,000	
Description of Duties				
Oversee manufacturing and supply chain for production of company's products				

Business Name			From - To (MM/YY – MM/YY)	
Biosense Webster			12/2000 - 06/2006	
Business Address		**City**	**State**	**Zip**
15715 Arrow Highway		Irwindale	CA	91706
Phone	**Title**		**Number of Employed Hours**	
	Director of Manufacturing		12,000	
Description of Duties				
Oversee manufacturing and supply chain for production of company's products				

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

_____ _____

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

I, James Sparks, **certify that as the designated representative for**

Gynesonics, Inc,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JS I am at least 21 years of age;
3. JS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

James Sparks

Print Name (First, Last)

James Sparks

Original Signature (electronic, copies or stamps not accepted)

08/10/2022

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.

James Sparks

Print Name (First, Last)

James Sparks

Original Signature (electronic, copies or stamps not accepted)

08/10/2022

Date

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

State of California, ss. County of San Mateo

I, James Sparks, 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.

James Sparks

Original Signature

8/10/2022

Date

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

See Attached

Notary Public Signature

(Seal)

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

State of California
County of San Mateo

Subscribed and sworn to (or affirmed) before me on this 10 day of August, 2022, by James Sparks,
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

THOMAS J. RUFENER
Notary Public - California
San Mateo County
Commission # 2303297
My Comm. Expires Sep 25, 2023

(Seal)

Signature Thomas J Rufener

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: Hepalink USA Inc

Physical Address: 2005 Cabot Blvd West, Suite 200

City: Langhorne State: PA Zip: 19047

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 888-355-1375 Website: https://www.hepalinkUSA.com

Name of Designated Representative (DR): Darren Alkins

Licensing Company Email: licensing@TechdowUSA.com DR Email: licensing@TechdowUSA.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)?		✓

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: R & S Solutions

Address: 96 American Dr City: Jackson State: TN Zip: 38301

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): Shenzhen Hepalink Pharmaceutical Group Co, Ltd

Corporation/Organization Name: Hepalink USA Inc.

Mailing Address: 2005 Cabot Blvd West, Suite 200

City: Langhorne State: PA Zip: 19047

Telephone: 888-355-1375 Email: licensing@TechdowUSA.com

Contact Person Name: Darren Alkins

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.

Hepalink USA Inc.

Facility Name

Darren Alkins

Print Name of Authorized Person Submitting Application

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

May 19, 2022

Date

Board Use Only	Date Received: _____	Amount: 1,000	check # 010036

Hepalink USA, Inc
2005 Cabot Blvd West, Suite 200
Langhorne, PA 19047-1885
FEIN: 42-1778223

Ownership and Officers

Shenzhen Hepalink Pharmaceutical Group Co., Ltd
21 Langshan Road, Song Ping Shan, Nanshan District
Shenzhen, People's Republic of China, 518057
+86-755-26980200-2036
Parent Company with 100% ownership of Hepalink USA, Inc

Tao Han, Director, and President
[redacted] N Frank Lloyd Wright Blvd
Scottsdale, AZ 85259
[redacted]

Shawn Lu, Director, and Secretary/Treasurer
[redacted]Vonda Ave
Toronto, Ontario M2N5E8
[redacted]

Darren Alkins, CEO and Vice President of Distribution
[redacted] Merchant Ln
Carolina Beach, NC 28428
[redacted]

Hepalink Employee List

Name	Position Type	Comments
Bradley Glass	Employee	
Carly Kamp	Part-Time employee	
Shawn Lu	Officer/Consultant	Non-employee officer and consultant
Tao Han	Officer/Agent	Non-employee officer and the closest designation I see is "Agent" as Tao Han is employed by our HQ
Darren Alkins	Officer/Agent	Non-employee officer and the closest designation I see is "Agent" as Darren is employed by Techdow USA

李小娟

发件人: RA <RA@hepalinkusa.com>
发送时间: 2021年5月21日星期五 1:39
收件人: kwiatkowskid@splpharma.com; 李小娟; huangy@techdow.com
主题: FW: Labeler Code Request Approved

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Thursday, May 20, 2021 9:38:47 PM (UTC+08:00) Beijing, Chongqing, Hong Kong, Urumqi
To: RA <RA@hepalinkusa.com>
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 20-MAY-2021
Labeler DUNS: 079558168
Labeler Name: Hepalink USA, Inc.
Labeler Code Assigned: 81952

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.

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

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.

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	A	B
1	NDC/NHRIC Labeler	Firm Name
1595	63155	Wanbury Limited
1596	76759	JFL Distribution LLC
1597	49405	Sentio Biosciences, LLC.
1598	49795	Nutri-Dyn Products Ltd. dba Professional Health Products
1599	63293	Clay Home Medical
1600	73997	Backwards Distilling Company
1601	70010	Granules Pharmaceuticals Inc.
1602	67417	SPI Pharma
1603	67842	FineTech Pharmaceutical Ltd.
1604	12017	Mark Anderson and Associates, Incorporated
1605	75068	Dysol Inc
1606	13808	Fresenius Kabi Oncology Limited
1607	57845	Second Pharma Co., Ltd.
1608	0121	PAI
1609	62897	Brown Dairy Equipment
1610	81952	Hepalink USA, Inc.
1611	18754	Fougera Pharmaceuticals Inc.
1612	50456	Beijing Wish Diana Cosmetic Co., Ltd.
1613	13668	Torrent Pharmaceuticals Limited
1614	26550	X3 Labs Inc.

Verified
MLH 6/23/22

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEPALINK USA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF SEPTEMBER, 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

5407566 8300

SR# 20213380062

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

Authentication: 204285258

Date: 09-29-21

Certificate of Record

Certificate No. 9500000243

Drug & Device Registration

555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 736-7356

Category:

Office/Corporate Location
No product onsite

HEPALINK USA, INC.
2005 CABOT BLVD. WEST
SUITE 200
LANGHORNE, PA 19047

The above business is recognized by the Department of Health as an entity that is doing business in the Commonwealth of Pennsylvania related to pharmaceuticals, medical devices, or cosmetics for which said entity **does not** physically handle, possess, transfer, manufacture, distribute, or retail pharmaceuticals, medical devices or cosmetics at the location on the certificate of record.

Issuance Date: January 23, 2022

Expiration Date: The Last Day of February, 2023

Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

K Klinepeter
Keara Klinepeter
Acting Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

10/22/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Hepalink USA Inc.

is duly registered to do business under the laws of the Commonwealth of Pennsylvania and remains a registered Foreign Business Corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Certificate of Registration shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Veronica W. Degraffenreid

Acting Secretary of the Commonwealth

Certification Number: TSC211022151901-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify

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. 0790379

Application/License No. _____

Hepalink USA, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2005 Cabot Blvd West STE 200 Langhorne PA 19047 (Address of Applicant/Principal), as PRINCIPAL, and Harco National Insurance Company (Surety Company), a corporation organized under the laws of the state of Illinois (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 2400 East Katella Avenue STE 200 Anaheim, CA. 92806 (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 06/17/2022 (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 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 June, 2022.

APPLICANT/PRINCIPAL

COMPANY Hepalink USA, Inc.

Authorized Representative

SURETY

Harco National Insurance Company

Surety Company's Representative

Jodie Lee Doner, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Angelique Dibrum-Reitano

Witness Noah LeMunyon

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

Posted February 20, 2020

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT CIVIL CODE § 1189

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

State of California
County of Ventura

On 4/17/2022 (Date) before me, Andrea Fisher, Notary Public (Here Insert Name and Title of the Officer)

personally appeared Jodie Lee Doner (Name(s) of Signer(s))

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

ANDREA FISHER
Notary Public - California
Ventura County
Commission # 2267327
My Comm. Expires Nov 17, 2022

Place Notary Seal and/or Stamp Above

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

WITNESS my hand and official seal.

Signature Andrea Fisher
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____	Signer's Name: _____
☐ Corporate Officer – Title(s): _____	☐ Corporate Officer – Title(s): _____
☐ Partner – ☐ Limited ☐ General	☐ Partner – ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian of Conservator	☐ Trustee ☐ Guardian of Conservator
☐ Other: _____	☐ Other: _____
Signer is Representing: _____	Signer is Representing: _____

©2017 National Notary Association

Bond # 0790379

POWER OF ATTORNEY

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

JODIE LEE DONER

Camarillo, CA

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2019

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2019, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

SHIRELLE A. OUTLEY NOTARY PUBLIC No. 50079810 NEW JERSEY My Comm. Exp. 04/04/2023

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, June 17, 2022

A01665

Irene Martins, Assistant Secretary

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Y

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Hepalink USA Inc.

Physical Address 2005 Cabot Blvd West, Suite 200

City Langhorne State PA Zip 19047

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 888-355-1375 Website https://www.hepalinkusa.com

Licensing Company Email licensing@TechdowUSA.com

Section 2: Personal Information

First Darren Middle Christopher Last Alkins

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

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

Mailing Address [redacted] Cabot Blvd West, Suite [redacted]

City Langhorne State PA Zip 19047

Telephone [redacted] Email licensing@TechdowUSA.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)	
The University of the State of New York		1993-1997	
Address	**City**	**State**	**Zip**
1400 Washington Ave	Albany	NY	12222
Diploma/Degree obtained, if any			
Bachelor of Science in Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Council Rock High School		1982-1986	
Address	**City**	**State**	**Zip**
62 Swamp Rd	Newtown	PA	18940
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
2013-Current	[redacted] Merchant Ln	Carolina Beach	NC	28428
2010-2013	[redacted] Mountain Laurel Dr	Furlong	PA	18925

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)
Hepalink USA Inc			10/2020-Present
Business Address	**City**	**State**	**Zip**
2005 Cabot Blvd West, Suite 200	Langhorne	PA	19047
Phone	**Title**	**Number of Employed Hours**	
888-355-1375	Vice President of Distribution	3000	
Description of Duties			
General Manager and commercial leader of Hepalink's finished dose operations and leader of Hepalink USA license and distribution activities.			

Business Name			From - To (MM/YY – MM/YY)
Sandoz a Division of Novartis			1/2018-10/2020
Business Address	**City**	**State**	**Zip**
100 College Rd West	Princeton	NJ	08540
Phone	**Title**	**Number of Employed Hours**	
609-627-8500	VP, General Manager, Head	4500	
Description of Duties			
General Manager of the largest volume dermatology portfolio in the US. Architected, implemented and executed new organizational structure and reduced headcount and exceeded budget performance.			

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

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description 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 # 4 & 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:

In regards to question #4:
I, Darren Alkins was the Plaintiff in a small claims court civil matter with Amerigas who incorrectly removed a propane tank from my residence and refused and neglected to replace the tank despite the fact that they were never the service provider of the tank in question. The matter was settled.

In regards to question #6:
I, Darren Alkins recently appeared at a virtual board meeting with South Carolina Board of Pharmacy for an approval interview for a recent license application for distribution. The license was immediately issued upon completion of the interview

Original Signature (electronic, copies or stamps not accepted)

May 19, 2022
Date

Applicant's initials

STATE OF NORTH CAROLINA

COLUMBUS County

File No. 21 CVM 120

In The General Court Of Justice
District Court Division - Small Claims

Plaintiff(s)
DARREN ALKINS

[redacted] MERCHANT LANE
CAROLINA BEACH, NC 28428

VERSUS

Defendant(s)
AMERIGAS PROPANE, INC. a/k/a AMERIGAS PROPANE, L.P.

MAGISTRATE SUMMONS

☐ **ALIAS AND PLURIES SUMMONS (ASSESS FEE)**

G.S. 1A-1, Rule 4; 7A-217, -232

Date Original Summons Issued

Date(s) Subsequent Summons(es) Issued

TO

Name And Address Of Defendant 1
AMERIGAS PROPANE, INC. a/k/a AMERIGAS PROPANE, L.P.
140 BITMORE ROAD
WHITEVILLE, NC 28472

Telephone No. Of Defendant 1
910.642.4137

TO

Name And Address Of Defendant 2

Telephone No. Of Defendant 2

IMPORTANT! You have been sued! These papers are legal documents, DO NOT throw these papers out! You may want to talk with a lawyer about your case as soon as possible, and, if needed, speak with someone who reads English and can translate these papers!

¡IMPORTANTE! ¡Se ha entablado un proceso civil en su contra! Estos papeles son documentos legales. ¡NO TIRE estos papeles!
¡Puede querer consultar con un abogado lo antes posible acerca de su caso y, de ser necesario, hablar con alguien que lea inglés y que pueda traducir estos documentos!

A Small Claim Action Has Been Commenced Against You!

You are notified to appear before the magistrate at the specified date, time, and location of trial listed below. You will have the opportunity at the trial to defend yourself against the claim stated in the attached complaint.

You may file a written answer, making defense to the claim, in the office of the Clerk of Superior Court at any time before the time set for trial.

If you fail to appear and defend against the proof offered, the magistrate may enter a judgment against you.

Date Of Trial: 7-2-21

Time Of Trial: 9:30 ☑ AM ☐ PM

Location Of Court: Columbus Co. Courthouse Annex, Whiteville NC

Name And Address Of Plaintiff Or Plaintiff's Attorney
C. MARTIN SCOTT II
WILLIAMSON, WALTON & SCOTT, L.L.P
P.O. BOX 1467
WHITEVILLE, NC 28472

Date Issued: 5-26-21

Signature: Sheila H McClain

☑ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court

(Over)

© 2019 Administrative Office of the Courts

RETURN OF SERVICE

I certify that this summons and a copy of the complaint were received and served as follows:

DEFENDANT 1

Date Served	Time Served	Name Of Defendant
	☐ AM ☐ PM	

☐ By delivering to the defendant named above a copy of the summons and complaint.

☐ By leaving a copy of the summons and complaint at the dwelling house or usual place of abode of the defendant named above with a person of suitable age and discretion then residing therein, who is named below.

☐ As the defendant is a corporation, service was effected by delivering a copy of the summons and complaint to the person named below.

Name And Address Of Person With Whom Copy Left (if corporation, give title of person copy left with)

☐ Other manner of service *(specify)*

☐ Defendant WAS NOT served for the following reason:

DEFENDANT 2

Date Served	Time Served	Name Of Defendant
	☐ AM ☐ PM	

☐ By delivering to the defendant named above a copy of the summons and complaint.

☐ By leaving a copy of the summons and complaint at the dwelling house or usual place of abode of the defendant named above with a person of suitable age and discretion then residing therein, who is named below.

☐ As the defendant is a corporation, service was effected by delivering a copy of the summons and complaint to the person named below.

Name And Address Of Person With Whom Copy Left (if corporation, give title of person copy left with)

☐ Other manner of service *(specify)*

☐ Defendant WAS NOT served for the following reason:

FOR USE IN SUMMARY EJECTMENT CASES ONLY:

☐ Service was made by mailing by first class mail a copy of the summons and complaint to the defendant(s) and by posting a copy of the summons and complaint at the following premises:

Date Served	Name(s) Of The Defendant(s) Served By Posting

Address Of Premises Where Posted

Service Fee	Signature Of Deputy Sheriff Making Return
$	
Date Received	Name Of Deputy Sheriff Making Return (type or print)
Date Of Return	County Of Sheriff

AOC-CVM-100, Side Two, Rev. 3/19

© 2019 Administrative Office of the Courts

File No. 21 CVM 120

COMPLAINT FOR MONEY OWED

2021 MAY 25

G.S. 7A-216, 7A-232

STATE OF NORTH CAROLINA

COLUMBUS County

In The General Court Of Justice
District Court Division-Small Claims

Name And Address Of Plaintiff

DARREN ALKINS

[redacted] MERCHANT LANE
CAROLINA BEACH, NC 28428

BY

County	Telephone No.
NEW HANOVER	

VERSUS

Name And Address Of Defendant 1 ☐ Individual ☐ Corporation

AMERIGAS PROPANE, INC. a/k/a AMERIGAS PROPANE, L.P.
140 BITMORE ROAD
WHITEVILLE, NC 28472

County	Telephone No.
COLUMBUS	910.642.4137

Name And Address Of Defendant 2 ☐ Individual ☐ Corporation

County	Telephone No.

Name And Address Of Plaintiff's Attorney

C. MARTIN SCOTT II
WILLIAMSON, WALTON & SCOTT, LLP
P. O. BOX 1467
WHITEVILLE, NC 28472

1. The defendant is a resident of the county named above.

2. The defendant owes me the amount listed for the following reason:
COST OF TANKS, DELIVERY AND SET-UP FOR $3,000.00
REPAIR TO PREMISES FOR $250.00
LOSS OF USE OF TANKS FOR $750.00

Principal Amount Owed	$	4,000.00
Interest Owed *(if any)*	$	
Total Amount Owed	$	4,000.00

(check one below)

☐ On An Account *(attach a copy of the account)*	Date From Which Interest Due		Interest Rate
☐ For Goods Sold And Delivered Between	Beginning Date	Ending Date	Interest Rate
☐ For Money Lent	Date From Which Interest Due		Interest Rate
☐ On a Promissory Note *(attach copy)*	Date Of Note	Date From Which Interest Due	Interest Rate

☐ For a Worthless Check *(attach a copy of the check)*

☒ For conversion *(describe property)*

ON OR ABOUT AUGUST 26, 2020, DEFENDANT'S AGENTS/EMPLOYEES REMOVED TWO 120 GALLON PROPANE TANKS BELONGING TO THE PLAINTIFF FROM PLAINTIFF'S PREMISES, WITHOUT THE CONSENT OR PERMISSION OF PLAINTIFF. DEFENDANT, BY AND THROUGH ITS AUTHORIZED AGENTS/EMPLOYEES, HAS REFUSED TO RETURN THE SAME AFTER DEMAND BY PLAINTIFF UPON DEFENDANT.

Other: *(specify)*

DAMAGE AND COST OF REPAIR TO PLAINTIFF'S PREMISES CAUSED DURING REMOVAL OF TANKS AND LOSS OF USE OF TANKS FOR FIRE PLACE AND POOL. PLAINTIFF IS ALSO DAMAGED IN THE COST OF THE DELIVERY AND INSTALLATION OF THE TANKS.

I demand to recover the total amount listed above, plus interest and reimbursement for court costs.

Date	Name Of Plaintiff Or Attorney (Type Or Print)	Signature Of Plaintiff Or Attorney
5/25/2021	C. MARTIN SCOTT II	

(Over)

AOC-CVM-200, Rev. 9/13
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INSTRUCTIONS TO PLAINTIFF OR DEFENDANT

1. The PLAINTIFF must file a small claim action in the county where at least one of the defendants resides.

2. The PLAINTIFF cannot sue in small claims court for more than $10,000.00. This amount may be lower, depending on local judicial order. If the amount is lower, it may be any amount between $5,000.00 and $10,000.00, as determined by the chief district court judge of the judicial district.

3. The PLAINTIFF must show the complete name and address of the defendant to ensure service on the defendant. If there are two defendants and they reside at different addresses, the plaintiff must include both addresses. The plaintiff must determine if the defendant is a corporation and sue in the complete corporate name. If the business is not a corporation, the plaintiff must determine the owner's name and sue the owner.

4. The PLAINTIFF may serve the defendant(s) by mailing a copy of the summons and complaint by registered or certified mail, return receipt requested, addressed to the party to be served or by paying the costs to have the sheriff serve the summons and complaint. If certified or registered mail is used, the plaintiff must prepare and file a sworn statement with the Clerk of Superior Court proving service by certified mail and must attach to that statement the postal receipt showing that the letter was accepted.

5. The PLAINTIFF must pay advance court costs at the time of filing this Complaint. In the event that judgment is entered in favor of the plaintiff, court costs may be charged against the defendant.

6. The DEFENDANT may file a written answer, making defense to the claim, in the office of the Clerk of Superior Court. This answer should be accompanied by a copy for the plaintiff and be filed no later than the time set for trial. The filing of the answer DOES NOT reliave the defendant of the need to appear before the magistrate to assert the defendant's defense.

7. Whether or not an answer is filed, the PLAINTIFF must appear before the magistrate.

8. The PLAINTIFF or the DEFENDANT may appeal the magistrate's decision in this case. To appeal, notice must be given in open court when the judgment is rendered, or notice may be given in writing to the Clerk of Superior Court within ten (10) days after the judgment is rendered. If notice is given in writing, the appealing party must also serve written notice of appeal on all other parties. The appealing party must PAY to the Clerk of Superior Court the costs of court for appeal within twenty (20) days after the judgment is rendered.

9. This form is supplied in order to expedite the handling of small claims. It is designed to cover the most common claims.

10. **The Clerk or magistrate cannot advise you about your case or assist you in completing this form. If you have any questions, you should consult an attorney.**

© 2013 Administrative Office of the Courts

I, Darren Alkins, **certify that as the designated representative for** Hepalink USA 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

Darren Alkins

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

May 19, 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.

Darren Alkins

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

May 19, 2022

Date

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

State of Pennsylvania, ss. County of Bucks

I, Darren Alkins, 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

May 19, 2022

Date

Subscribed and Sworn to before me this 19th day of May 2022.

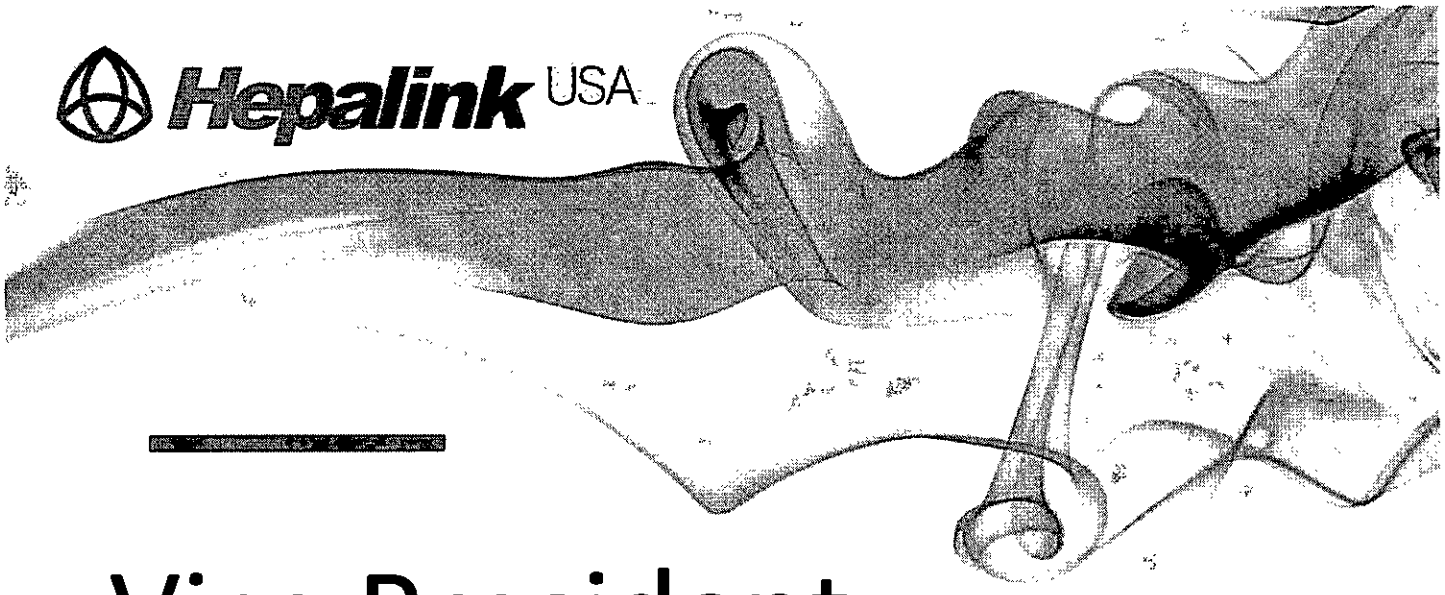
Angelique DiBruno-Ristine

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
ANGELIQUE DIBRUNO-RISTINE, Notary Public
Bucks County
My Commission Expires March 26, 2026
Commission Number 1039088

(Seal)

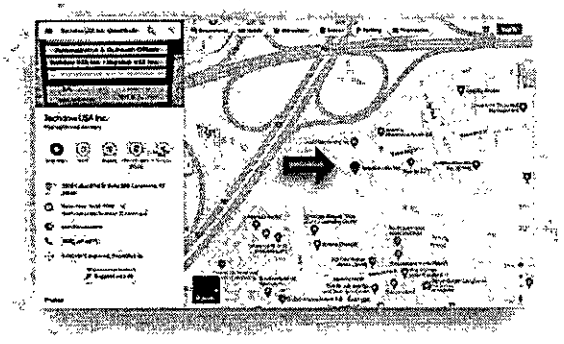
Hepalink USA



Vice President

Headquarters





- 33 Years experience in US pharmaceuticals
- Brand, generic and OTC market US pharmaceutical experience
- Long term US customer relationships
- President of 3 US pharmaceutical companies
- Business Development, professional negotiating and contracting experience for global companies marketing in the United States
- Personally involved in customer and alliance activities
- Most recently Head of Generics and Dermatology for Sandoz, third largest supplier of US generic pharmaceuticals

Darren C Alkins

[redacted]

Summary

Proven company leader with 33 years of pharmaceutical experience. Skilled in optimizing assets, identifying new business opportunities, lobbying organizational/investor support and rallying a team to achieve. Valuable large public company discipline balanced by an entrepreneurial creativity and enthusiasm. Global business experience with extensive negotiation and contracting expertise. Sales, marketing, portfolio management and business development history supporting brand, generic and OTC pharmaceuticals. Strategic orientation with broad healthcare relationships, fundamental customer focus and a resolute financial discipline.

Skills

- Growth & Goal Achievement
- Enthusiastic Leadership
- Opportunity Identification
- Personnel Recruiting & Development
- Strategic Planning
- Creative Problem Solving
- Optimizing Assets
- Customer engagement (Physician, Trade, Pharmacy & MHC)
- Technology – Early Adopter
- Relationship Building, Alliances
- Data & Analysis
- Customer Service
- Public Speaking

Experience

Chief Executive Officer, Techdow USA *October 2020 – Present*
Vice President, Hepalink USA
A Hepalink Company
Langhorne, Pennsylvania

- General Manager and commercial leader of Hepalink's US finished dose operations
- Founder hired high performance management team – architected and executed on all aspects of startup pharmaceutical business.
- Leader of Hepalink USA license and distribution activities

Chief Executive Officer
Scientific Protein Laboratories (SPL) - Mobren
A Hepalink Company
Wanakee, Wisconsin

- General Manager and commercial leader of Hepalink's US API operations
- Managed day to day activities for complex science and manufacturing process with 300 employees
- Successfully managed transition of former senior leadership with no interruption in performance, significant personnel issues and outdated technologies addressed
- Leader of all commercial activities, largest customer negotiations and commercial problem resolution

General Manager, Generics & Dermatology *January 2018 – September 2020*
Senior Executive Committee, US Member (SEC)
Sandoz, A Division of Novartis
Princeton, New Jersey

- General Manager of the largest volume dermatology portfolio in the US and the third largest supplier of generic pharmaceuticals overall.
- Architected, implemented and executed new organizational structure that reduced headcount and exceeded budget performance. Representing 46% of the Sandoz US business with $1.1b in profitable sales, 1000 SKUs, 3 dedicated plants in network and 750 dedicated employees.
- Delivered 120% of 2019 target sales budget with similar profit performance. Over $200mm incremental sales budget to Sandoz US. Outperformed similar industry portfolios. A 35% improvement over previous years overall budget achievement. Portfolio offset shortfalls in other parts of the business to help deliver an on-target performance for the overall US organization.
- Lead experienced team that managed all aspects of the portfolio. Including, Commercial, Technical Operations, Regulatory, Development, HR, Legal and Compliance.

Vice President, Head, Commercial Pricing & Contracting
Senior Executive Committee, US Member (SEC)
Sandoz, A Division of Novartis
Princeton, New Jersey

- Lead all commercial pricing and contracting efforts for US organization. 36k Price changes in 2018, with over 300 new customer agreements.
- Member of Novartis corporate pricing committee

Managing Director *May 2013 – December 2017*
Strategic Alliance Management LLC
Carolina Beach, North Carolina

- Founder and senior executive providing pharmaceutical consulting services, specializing in asset and value maximization. Offering professional commercial, business development, alliance management and integration services. Company at full capacity within 60 days of operation. Major pharmaceutical companies and financial companies contracted to include an aggregate $500mm+ in total investment under negotiation. Recruited and trusted as the first external deal leader for major industry companies.

President
STI Pharmaceuticals
Newtown, Pennsylvania

- General manager, with commercial and business development leadership and direct engagement customer/partner responsibilities.
- Sales growth projected at 10X in 3 years. Engaging global pharmaceutical and investor companies to secure a strategic partnership. Multiple LOI's pending. Responsibility for investor and vendor management under difficult business conditions. Reporting to the Chairman and serving on Executive Committee.

Vice President
Business Development & Alliance Management
G&W Laboratories
South Plainfield, New Jersey

- Delivered business development projects that achieved core, evolutionary and transformational growth objectives. Maintained extensive network of world class finance and investment relationships. Served on executive leadership team.

President, Americas *October 2013 – March 2014*
Alvogen Pharmaceuticals
Almedica Pharmaceuticals
Norwich Pharma Services;
Pinebrook, New Jersey

- Regional leader for North and South America, managing diverse divisions, all field sales, marketing and portfolio management for brand, generics, OTC and CRO business. Management of 500 employees with sales of $250mm. Delivered 95% of company profit in 2013. Exceeded 2013 budget and executed the largest acquisition in company history. Implemented significant new process improvements, reorganized critical company functions and aligned the company around financial metrics. Lead strategic planning and divisional business teams. Engaged investors and assisted with first majority interest sale.

Executive Vice President, Business Operations *May 2012 – May 2013.*
Osmotica Pharmaceutical Corporation;
Wilmington, North Carolina

- Senior business leader, recruited to optimize corporate assets, improve business function and sophistication. Reporting to the CEO and ranking member of the corporate executive committee. Privately-owned company with peak year in-market sales of over $400mm and a pipeline of 31 products that includes both brands and generic pharmaceuticals.

Vice President *September 2008 – April 2012*
Business Development & Alliance Management
Teva Pharmaceuticals;
North Wales, Pennsylvania

- Corporate officer leading the special operations department responsible for developing new and existing business, expanding and optimizing strategic alliances and leading key organizational initiatives on behalf of senior management. Architected and negotiated some of the industry's largest Rx & OTC transactions. Reporting to the US Chief Commercial Officer. Broad organizational interaction and influence for a functionally independent business unit of the largest generic pharmaceutical company. Consolidated responsibilities include all business associated with Barr, Ivax, Sicor, Pliva, Biocraft, Goldline and Lemmon.

President *April 2004 – September 2008*
Glades Pharmaceuticals, LLC;
Duluth, Georgia

- Pharmaceutical company general manager and Senior Vice President for development of Stiefel Laboratories corporate collaborations, pipeline development and M&A. Portfolio included generic, brand and OTC pharmaceuticals. Privately owned company with sales of ~$220MM during first year, growth to $1.2b. Sold to GSK for $3.7b.

Bristol-Myers Squibb Company *(1989-2004)*
US Pharmaceuticals, Apothecon & Mature Brands Marketing; Princeton, New Jersey

Director, Marketing - Life Cycle Management *September 2002 – June 2004*

- Marketing - 45 Product Groups, including Westwood Dermatology, 200+ SKUs, $650MM profit, diverse therapeutic areas, financial and manufacturing management, promotion, broad daily issue resolution. Generic prescription, brand prescription and OTC portfolio.
- Business Development - 9 Contracts signed in 2003 - identified opportunity, developed strategy, secured management support, identified partners, negotiated contracts, implemented, 4 major contract executions planned for 2004
- Strategic Planning - $1.2 Billion Mature Brands portfolio, consultation on additional $4 Billion in full US brand portfolio, senior executive presentations and preparation
- Personnel Management – Lead large cross functional internal and external teams to achieve sales and profit targets.

Director, Business Development *May 2001 – September 2002*

- Primary contract negotiator: 12 Major transactions completed
- Project Manager; Complex cross functional teams
- Opportunity evaluation and analysis management; Initial screening for Executives
- Liaison for Bristol-Myers Squibb corporate business development opportunities

Senior Product Manager, Mature Brand Management *April 2000 – May 2001*

- Architected and implemented new department (Mature Brand Management)
- Achieved 10 consecutive quarter close objectives in challenging environment
- Multiple successful new product launch
- New promotional program, concept to delivery in 2 months
- Maintained sales and objectives with progressively fewer company resources and personnel
- Successfully managed inventories sufficient to avoid damaging backorders
- Achieved excellent forecast accuracy for both financial and manufacturing projections
- Provided multiple promotional opportunities with 5 to 1 plus ROI.

Senior Manager, Analysis & Planning *July 1999 – April 2000*
Senior Manager, Sales Development & Analysis *January 1999 - July 1999*
Senior Manager, Sales & Marketing Operations *June 1995 - December 1998*
Manager, Sales & Marketing Operations *April 1994 - June 1995*
Senior Sales Systems Analyst *February 1993 - April 1994*
Independent Consultant *March 1992 - February 1993*
Direct Sales Representative (Northern California) *July 1991 - February 1992*
Retail Sales Representative (Southern California) *March 1990 - July 1991*
Sales Systems Analyst *March 1989 - February 1990*

Education Bachelor of Science in Business Administration
The University of The State of New York Albany, New York.

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 Hepalink USA, Inc

Physical Address 2005 Cabot Blvd West, Suite 200

City Langhorne State PA Zip 19047

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 888-355-1375 Website https://www.hepalinkusa.com

Licensing Company Email licensing@TechdowUSA.com

Section 2: Personal Information

First Darren Middle Christopher Last Alkins

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

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

Mailing Address [redacted] Cabot Blvd West, Suite [redacted]

City Langhorne State PA Zip 19047

Telephone [redacted] Email licensing@TechdowUSA.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)	
The University of the State of New York		1993-1997	
Address	**City**	**State**	**Zip**
1400 Washington Ave	Albany	NY	12222
Diploma/Degree obtained, if any			
Bachelor of Science in Business Administration			
School Name		**From - To (MM/YY – MM/YY)**	
Council Rock High School		1982-1986	
Address	**City**	**State**	**Zip**
62 Swamp Rd	Newtown	PA	18940
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
2013-Current	[redacted] Merchant Ln	Carolina Beach	NC	28428
2010-2013	[redacted] Mountain Laurel Dr	Furlong	PA	18925

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)
Hepalink USA Inc			10/2020-Present
Business Address	**City**	**State**	**Zip**
2005 Cabot Blvd West, Suite 200	Langhorne	PA	19047
Phone	**Title**		
888-355-1375	Vice President of Distribution		

Description of Duties

General Manager and commercial leader of Hepalink's finished dose operations and leader of Hepalink USA license and distribution activities.

Business Name			From - To (MM/YY – MM/YY)
Scientific Protein Laboratories			10/2020-Present
Business Address	**City**	**State**	**Zip**
700 E Main St	Waunakee	WI	53597
Phone	**Title**		
608-849-5944	Chief Executive Officer		

Description of Duties

General manager and commercial leader of Hepalink's US API operations, managed day to day activities for complex science and manufacturing with 300 employees

Business Name			From - To (MM/YY – MM/YY)
Strategic Alliance Management LLC			2013-2017
Business Address	**City**	**State**	**Zip**
1102 Merchant Ln	Carolina Beach	NC	28428
Phone	**Title**		
	Managing Director		

Description of Duties

Founder and senior executive providing pharmaceutical consulting services, specializing in asset and value maximization.

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

In regards to question #4:
I, Darren Alkins was the Plaintiff in a small claims court civil matter with Amerigas who incorrectly removed a propane tank from my residence and refused and neglected to replace the tank despite the fact that they were never the service provider of the tank in question. The matter was settled.

In regards to question #6:
I, Darren Alkins recently appeared at a virtual board meeting with South Carolina Board of Pharmacy for an approval interview for a recent license application for distribution. The license was immediately issued upon completion of the interview.



Original Signature (electronic, copies or stamps not accepted)

May 19,2022

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.

Darren Alkins

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

May 19, 2022

Date

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

State of Pennsylvania, ss. County of Bucks

I, Darren Alkins, 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

May 19, 2022

Date

Subscribed and Sworn to before me this 19th day of May 2022.

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
ANGELIQUE DIBRUNO-RISTINE, Notary Public
Bucks County
My Commission Expires March 26, 2026
Commission Number 1039088

(Seal)

Applicant's initials

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: HOUSE RX SPECIALTY DISTRIBUTION LLC

Physical Address: 4750 PLEASANT HILL ROAD, SUITE 2

City: MEMPHIS State: TN Zip: 38118

Mailing Address (if different from physical address): SAME AS ABOVE

City: _____ State: _____ Zip: _____

Telephone: 901-368-8944 Website: N/A

Name of Designated Representative (DR): RITA PARKS

Licensing Company Email: LICENSINGHRX@PA3PL.COM DR Email: RPARKS@PA3PL.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: PHYSICIAN CLINICS

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

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

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

Provide explanation below:

N/A

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

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

Name: SEE COVER LETTER 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): N/A

Corporation Name: N/A

Mailing Address: N/A

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

Telephone: N/A Email: N/A

Contact Person Name: N/A

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: 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

Section 6: Partnership

Partnership Name: HOUSE RX SPECIALTY DISTRIBUTION LLC

Mailing Address: 4750 PLEASANT HILL ROAD, SUITE 2

City: MEMPHIS State: TN Zip: 38118

Telephone: 901-368-8944 Email: LICENSINGHRX@PA3PL.COM

Contact Person Name: RITA PARKS

Section 7: Sole Owner

Owner's Name: N/A

Business Name: N/A

Business Address: N/A

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

Telephone: N/A Email: N/A

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	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)**	✓	✓	✓	✓
• **ªMedical 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 ªMedical 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.

HOUSE RX SPECIALTY DISTRIBUTION LLC

Facility Name

RITA PARKS

Print Name of Authorized Person Submitting Application

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

7/21/2022

Date

Board Use Only	Date Received: _____	Amount: 1000.00 CC 5/11/22

House Rx Specialty Distribution LLC

Warehouse/Distribution

4750 Pleasant Hill Road, Suite 2
Memphis, TN 38118
901-368-8940

List of Officers

House Rx Specialty Distribution LLC is:

- a Limited Liability Company registered in the State of Delaware
- located at 4750 Pleasant Hill Road, Suite 2, Memphis, TN 38118
- Federal Employer Identification (FEI) number is 87-4066507

President	**Ognjen Kavazovic (50%)** Business Address: 4750 Pleasant Hill Road, Suite 2 Memphis, TN 38118 Business Number: (650) 201-0640
CEO	**Ritesh Khullar (50%)** Business Address: 4750 Pleasant Hill Road, Suite 2 Memphis, TN 38118 Business Number:(925) 386-7072
Quality/Regulatory Manager	**Rita Parks** Business Address: 4750 Pleasant Hill Road, Suite 2 Memphis, TN 38118 Business Number:(901) 368-8944

House Rx Specialty Distribution LLC
4750 Pleasant Hill Road, Suite 2
Memphis, TN 38118

04 August 2022

Dear Nevada State Board of Pharmacy,

Below is a full list of employees for House Rx Specialty Distribution LLC:

Ognjen Kavazovic	President
Riitesh Khullar	CEO
Rita Parks	Quality/Regulatory Manager
Tamberly Seagle	QA Specialist
Richard Wong	QA Specialist

For additional information, please contact:

Tami Seagle
TSeagle@pa3pl.com
901.368.8966

HOUSE RX SPECIALTY DISTRIBUTION LLC

Warehouse/Distribution

4750 PLEASANT HILL ROAD, SUITE 2
MEMPHIS, TN 38118
901-368-8944

12 July 2022

Alabama State Board of Pharmacy
111 Village Street
Birmingham, AL 35242

Re: HOUSE RX SPECIALITY DISTRIBUTION LLC
New Wholesale Distribution Application

Dear Board,

This supplemental letter is being provided along with the above-reference application.

House Rx Specialty Distribution LLC is a newly established entity located at 4750 Pleasant Hill Road, Suite 2, Memphis, TN 38118, and as such we have not yet received or distributed any drug products.

Our inaugural FDA Wholesale Distributor reporting will occur for the reporting year 2022.

Respectfully,

Rita Parks
Quality/Regulatory Manager

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

RITA PARKS
TAMI SEAGLE
STE. 2
4750 PLEASANT HILL ROAD
MEMPHIS, TN 38118

January 19, 2022

Request Type: Certificate of Existence/Authorization
Request #: 0455509

Issuance Date: 01/19/2022
Copies Requested: 1

Document Receipt

Receipt # : 006832709 — Filing Fee: $20.00

Payment-Credit Card - State Payment Center - CC #: 3821995166 — $20.00

Regarding: **House Rx Specialty Distribution LLC**

Filing Type:	Limited Liability Company - Domestic	Control # :	1274317
Formation/Qualification Date:	01/19/2022	Date Formed:	01/19/2022
Status:	Active	Formation Locale:	TENNESSEE
Duration Term:	Perpetual	Inactive Date:	
Business County:	SHELBY COUNTY		

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

House Rx Specialty Distribution LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 051160919

31103

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

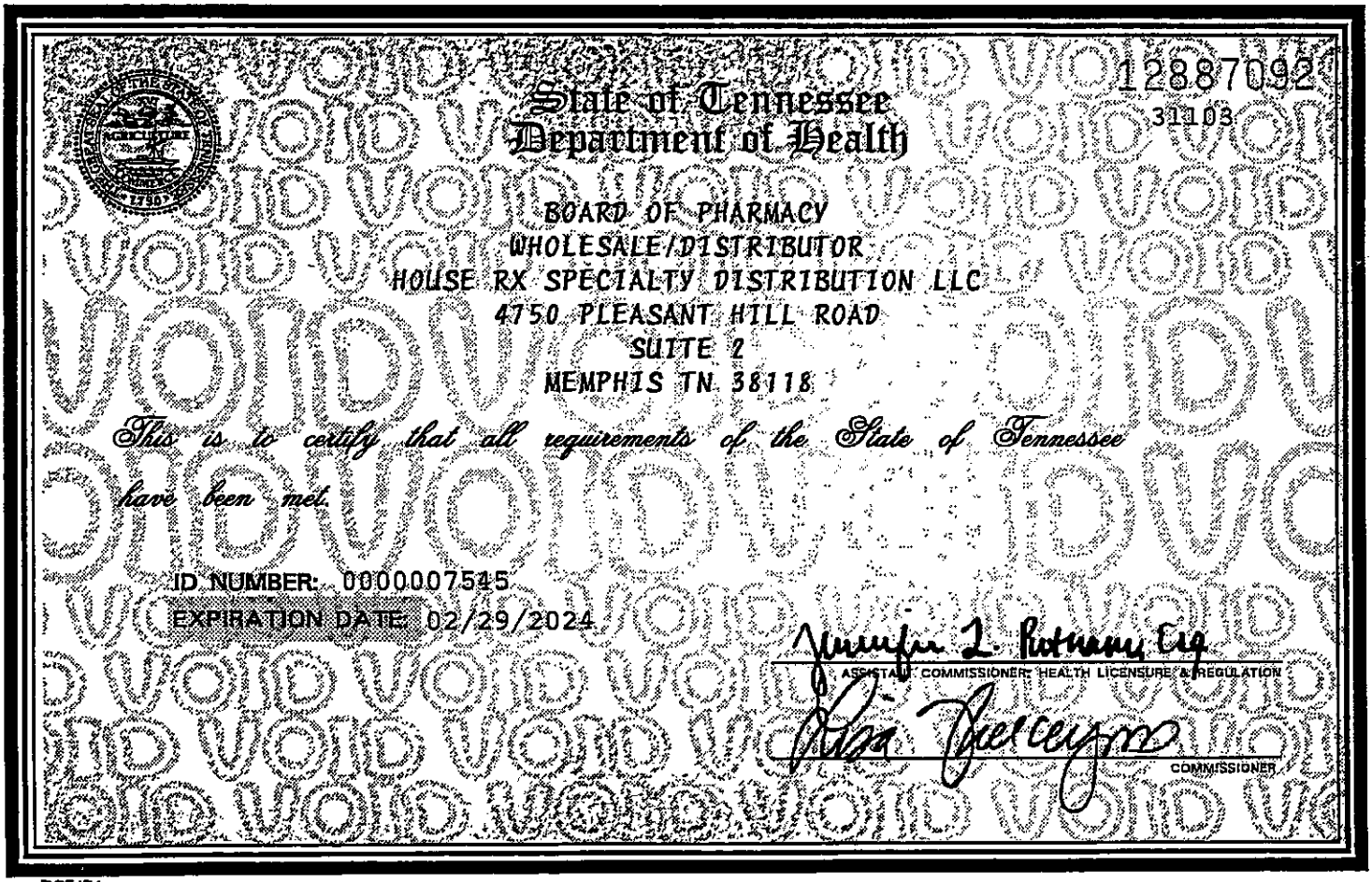
ID NUMBER: 0000007545
EXPIRATION DATE: 02/29/2024

This is to certify that all requirements of the State of Tennessee have been met.

PHARMACY BOARD
WHOLESALE/DISTRIBUTOR
HOUSE RX SPECIALTY DISTRIBUTION LLC

COMMISSIONER OF HEALTH

HOUSE RX SPECIALTY DISTRIBUTION LLC
4750 PLEASANT HILL ROAD
SUITE 2
MEMPHIS TN 38118



DCF171

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 **house rx specialty distribution llc**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
House Rx Specialty Distribution LLC	3021615376	118492520	RELABEL;	4750 Pleasant Hill Road, Suite 2, Memphis, Tennessee (TN) 38118, United States (USA)	12/31/2022

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Thursday, Jul 7, 2022

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

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 HOUSE RX SPECIALTY DISTRIBUTION LLC

Physical Address 4750 PLEASANT HILL ROAD, SUITE 2

City MEMPHIS State TN Zip 38118

Mailing Address (if different from physical address) 4750 PLEASANT HILL ROAD, SUITE 2

City MEMPHIS State TN Zip 38118

Telephone 901-368-8944 Website N/A

Licensing Company Email LICENSINGHRX@PA3PL.COM

Section 2: Personal Information

First RITA Middle POTTS Last PARKS

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 CORINTH State MS Zip 38835

Telephone [redacted] Email RPARKS@PA3PL.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 RP

Section 5: List your high school and college experience 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			1980-1985	
Address		City	State	Zip
101 WILDER TOWER		MEMPHIS	TN	38118
Diploma/Degree obtained, if any				
BACHELOR OF SCIENCE-BIOLOGY				
School Name			From - To (MM/YY – MM/YY)	
ALCORN HIGH SCHOOL			1974-1980	
Address		City	State	Zip
8 COUNTY ROAD 254		GLEN	MS	38846
Diploma/Degree obtained, if any				
HIGH SCHOOL DIPLOMA				
School Name			From - To (MM/YY – MM/YY)	
FARMINGTON ELEMENTARY			1968-1974	
Address		City	State	Zip
3085 CORDES RD		FARMINGTON	MS	38834
Diploma/Degree obtained, if any				
DIPLOMA				
School Name			From - To (MM/YY – MM/YY)	
N/A			N/A	
Address		City	State	Zip
N/A		N/A	N/A	N/A
Diploma/Degree obtained, if any				
N/A				
School Name			From - To (MM/YY – MM/YY	
N/A				
Address		City	State	Zip
N/A		N/A	N/A	N/A
Diploma/Degree obtained, if any				
N/A				

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/1993-PRESENT	[redacted] CR 632	CORINTH	MS	38834
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

Applicant's initials RP

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)	
HOUSE RX SPECIALTY DISTRIBUTION LLC			JAN. 2022-PRESENT	
Business Address		City	State	Zip
4750 PLEASANT HILL ROAD, SUITE 2		MEMPHIS	TN	38118
Phone	Title		Number of Employed Hours	
901-368-8944	QUALITY/REGULATORY MANAGER		840	
Description of Duties				
MANAGEMENT OF ALL QUALITY FUNCTIONS RELATED TO RECEIVING AND DISTRIBUTION.				

Business Name			From - To (MM/YY – MM/YY)	
PHOENIX ASSURANCE LLC			MAY 2019-PRESENT	
Business Address		City	State	Zip
4750 PLEASANT HILL ROAD		MEMPHIS	TN	38118
Phone	Title		Number of Employed Hours	
901-368-8940	QUALITY/REGULATORY MANAGER		OVER 6,000	
Description of Duties				
DIRECT, CONTROL, AND IMPLEMENT ALL REGULATORY ACTIVITIES.				

Business Name			From - To (MM/YY – MM/YY)	
HIKMA PHARMACEUTICALS USA INC			2011 - MAY 2019	
Business Address		City	State	Zip
4750 PLEASANT HILL ROAD		MEMPHIS	TN	38118
Phone	Title		Number of Employed Hours	
901-368-8944	QUALITY/REGULATORY MANAGER		OVER 6,000	
Description of Duties				
MANAGEMENT OF ALL QUALITY FUNCTIONS RELATED TO RECEIVING AND DISTRIBUTION.				

Business Name			From - To (MM/YY – MM/YY)	
BAXTER HEALTHCARE			2004-2011	
Business Address		City	State	Zip
4750 PLEASANT HILL ROAD		MEMPHIS	TN	38118
Phone	Title		Number of Employed Hours	
901-368-8944	QUALITY/REGULATORY MANAGER		OVER 6,000	
Description of Duties				
MANAGEMENT OF ALL QUALITY FUNCTIONS RELATED TO RECEIVING AND DISTRIBUTION.				

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	
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				
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				
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 # N/A **. Provide all the following *where applicable*:**

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

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

7/8/2022
Date

Applicant's initials

I, RITA PARKS, **certify that as the designated representative for**

HOUSE RX SPECIALTY DISTRIBUTION 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

RITA PARKS

Print Name (First, Last)

Rita Parks

Original Signature (electronic, copies or stamps not accepted)

7/8/2022

Date

Applicant's initials RP

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

RITA PARKS
Print Name (First, Last)

Rita Parks
Original Signature (electronic, copies or stamps not accepted)

7/8/2022
Date

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

State of Tennessee, ss. County of Shelby

I, Rita Parks, 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.

Rita Parks
Original Signature

7/8/2022
Date

Subscribed and Sworn to before me this 8th day of July 2022

Notary Public Signature

K. J. MARTIN
STATE OF TENNESSEE NOTARY PUBLIC
SHELBY COUNTY
MY COMMISSION EXPIRES 04-2023

(Seal)

Applicant's initials RP

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 HOUSE RX SPECIALTY DISTRIBUTION LLC

Physical Address 4750 PLEASANT HILL ROAD, SUITE 2

City MEMPHIS State TN Zip 38118

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 901-368-8944 Website N/A

Licensing Company Email LICENSINGHRX@PA3PL.COM

Section 2: Personal Information

First OGNJEN Middle _____ Last KAVAZOVIC

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

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

Mailing Address [redacted] SAN BRUNO AVE.

City SAN FRANCISCO State _____ Zip _____

Telephone [redacted] Email LEGAL@HOUSERX.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 OK

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

School Name		From - To (MM/YY – MM/YY)	
HARVARD UNIVERSITY		09/96-06/00	
Address	**City**	**State**	**Zip**
86 BRATTLE STREET	CAMBRIDGE	MA	02138
Diploma/Degree obtained, if any			
BACELOR'S AND MASTERS IN COMPUTER SCIENCE			

School Name		From - To (MM/YY – MM/YY)	
WOODBERRY FOREST SCHOOL			
Address	**City**	**State**	**Zip**
898 WOODBERRY FORST RD	WOODBERRY FOREST	VA	22989
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
ESCUELA CAMPO ALEGRE			
Address	**City**	**State**	**Zip**
FAJJ+W6P, CALLE LA CINTA	CARACAS 1080	VENEZULA	
Diploma/Degree obtained, if any			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/19-PRESENT	[redacted] SAN BRUNO AVE	SAN FRANCISCO	CA	94107
01/16-12/18	[redacted] WEST 23RD ST, PHA	NEW YORK	NY	10011
01/09-12/15	[redacted] U ST NW, APT 414	WASHINGTON	DC	20009
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

Applicant's initials ok

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)
HOUSE RX SPECIALTY DISTRIBUTION LLC	03/21- PRESENT

Business Address	City	State	Zip
530 DIVISADERO STREET PMB 831	SAN FRANCISCO	CA	94107

Phone	Title
650-201-0640	PRESIDENT

Description of Duties

MANAGING ALL QUALITY AND REGULATORY FUNCTIONS AND DISTRIBUTE PHARMACEUTICAL DRUG PRODUCTS

Business Name	From - To (MM/YY – MM/YY)
FLATIRON	2015-2018

Business Address	City	State	Zip
233 SPRING STREET	NEW YORK	NY	10001

Phone	Title
888-662-6347	ADVISOR

Description of Duties

OVERSEE ALL PROJECTS, PRODUCT TRAINING AND SOLUTION STRATEGYS

Business Name	From - To (MM/YY – MM/YY)
OPOWER	02/09-11/15

Business Address	City	State	Zip
642 HARRISON STREET	SAN FRANCISCO	CA	94107

Phone	Title
415-848-4700	SVP PRODUCT

Description of Duties

LEAD OVERALL PRODUCT STRATEGY. MANAGE CORE PLATFORM AND CUSTOMER SERVICE LINES.

Business Name	From - To (MM/YY – MM/YY)
KATZENBACH PARTNERS LLC	

Business Address	City	State	Zip
345 CALIFORNIA STREET	SAN FRANCISCO	CA	94104

Phone	Title
713-346-1700	MANAGEMENT CONSULTANT

Description of Duties

ADVISE FORTUNE 500 COMPNAIES ON CORPORATE STRATEGY, PRODUCT INVESTMENTS, AND FRONT LINE PERFORMANCE ISSUES.

Business Name	From - To (MM/YY – MM/YY)
N/A	N/A

Business Address	City	State	Zip
N/A	N/A	N/A	N/A

Phone	Title
N/A	N/A

Description of Duties

N/A

Continue on next page if additional space is needed.

Applicant's initials OK

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 N/A			

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

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

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

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

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

Applicant's initials OK

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

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

7/15/22
Date

Applicant's initials OK

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

OGNJEN KAVAZOVIĆ

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/15/22

Date

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

State of CALIFORNIA, ss. County of SAN FRANCISCO

I, OGNJEN KAVAZOVIĆ, 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

7/19/22

Date

Subscribed and Sworn to before me this 19 day of JULY.

Notary Public Signature

ELENA MIGUEL
Notary Public - California
San Francisco County
Commission # 2308347
My Comm. Expires Oct 11, 2023

(Seal)

Applicant's initials OK

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 HOUSE RX SPECIALTY DISTRIBUTION LLC

Physical Address 4750 PLEASANT HILL ROAD, SUITE 2

City MEMPHIS State TN Zip 38118

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 901-368-8944 Website N/A

Licensing Company Email LICENSINGHRX@PA3PL.COM

Section 2: Personal Information

First RITESH Middle _____ Last KHULLAR

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

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

Mailing Address [redacted] CONNEMARA CT

City DANVILLE State CA Zip 94506

Telephone [redacted] Email LEGAL@HOUSERX.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 RM

Section 5: List your high school and college experience 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 SAN FRANCISCO		2005-2008	
Address	**City**	**State**	**Zip**
2130 FULTON STREET	SAN FRANCISCO	CA	94117
Diploma/Degree obtained, if any			
MBA, BUSINESS			

School Name		From - To (MM/YY – MM/YY)	
UC SAN DIEGO		1995-2000	
Address	**City**	**State**	**Zip**
9500 GILMAN DRIVE	LA JOLLA	CA	92093
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
EL TORO HIGH SCHOOL		1990-1994	
Address	**City**	**State**	**Zip**
25255 TOLEDO WAY	LAKE FOREST	CA	92630
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/19-PRESENT	[redacted] CONNEMARA CT	DANVILLE	CA	94506
03/17-10/19	[redacted] JOEY DARE CT	DUBLIN	CA	94568
09/15-03/17	[redacted] OAK ROAD	ORINDA	CA	94563
08/11-08/15	[redacted] ROSEBRIAR	MISSION VIEJO	CA	92690
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

Applicant's initials ph

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)
HOUSE RX			06/21-PRESENT
Business Address	**City**	**State**	**Zip**
530 DIVISADERO STREET PMB 831	SAN FRANCISCO	CA	94102
Phone	**Title**		
650-201-0640	CEO		

Description of Duties

MANAGING ALL OPERATIONS AND REGULATORY FUNCTIONS TO RECIEVE AND DISTRIBUTE PHARMACUETICAL PRODUCTS.

Business Name			From - To (MM/YY – MM/YY)
FOUNDATION MEDICINE			01/20-06/21
Business Address	**City**	**State**	**Zip**
150 2ND STREET	CAMBRIDGE	MA	02138
Phone	**Title**		
617-418-2200	CHIEF COMMERCIAL OFFICER		

Description of Duties

SALES, MARKETING, STRATEGIC INITIATIVES, AND MARKETING

Business Name			From - To (MM/YY – MM/YY)
FLATIRON HEALTH			06/14-12/19
Business Address	**City**	**State**	**Zip**
233 SPRING STREET	NEW YORK	NY	10001
Phone	**Title**		
888-662-6367	PROVIDER SOLUTIONS		

Description of Duties

SALES, IMPLEMENTATION , TRAINING, AND OPERATIONS MANAGER

Business Name			From - To (MM/YY – MM/YY)
MCKESSON			05/00-06/14
Business Address	**City**	**State**	**Zip**
ONE POST STREET	SAN FRANCISCO	CA	94102
Phone	**Title**		
855-466-2547	VICE PRESIDENT/GM		

Description of Duties

PROVIDER SALES FOR THE DISTRIBUTION SERVICES DIVISION.

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

Description of Duties

N/A

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

6/14/2022

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.

RITESH , KHULLAR

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/14/2022

Date

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

State of California, ss. County of Contra Costa

I, RITESH KHULLAR, 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

6/14/2022

Date

Subscribed and Sworn to before me this 14 day of June 2022

Notary Public Signature

JAS1 JUANITA LUBRANO COMM. # 2322015 NOTARY PUBLIC • CALIFORNIA CONTRA COSTA COUNTY MY COMMISSION EXPIRES FEBRUARY 22, 2024 JAS1

(Seal)

Applicant's initials RR

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. 4184651

Application/License No. _____

HOUSE RX SPECIALTY DISTRIBUTION LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 4750 PLEASANT HILL RD, SUITE 2, MEMPHIS, TN, 38118 (Address of Applicant/Principal), as PRINCIPAL, and Great American Insurance Company (Surety Company), a corporation organized under the laws of the state of Ohio (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 301 E 4th Street CINCINNATI OH 45202 (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 Aug 05, 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 08th day of August, 20 22.

APPLICANT/PRINCIPAL

HOUSE RX SPECIALTY DISTRIBUTION LLC

Authorized Representative

SURETY COMPANY

Great American Insurance Company

Surety Company's Representative

John D. Weisbrot, 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

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by
this power of attorney is not more than THREE

No. 0 21243

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

Name	Address	Limit of Power
JOHN D WEISBROT	ALL OF	ALL
MELISSA L. MCDADE	PIPERSVILLE, PENNSYLVANIA	$10,000,000
STEVEN M. VARGA		

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 19TH day of OCTOBER, 2020.

Attest

GREAT AMERICAN INSURANCE COMPANY

Assistant Secretary

Divisional Senior Vice President

MARK VICARIO (877-377-7405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 19TH day of OCTOBER 2020 before me personally appeared MARK VICARIO, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office and the By-Laws of said Company, and that he signed his name thereto by like authority.

SUSAN A KOMORST
Notary Public
State of Ohio
My Comm. Expires
May 18, 2025

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when 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.

CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 08th day of August, 2022.

Assistant Secretary

To verify the bond please visit https://www.suretybond.org/validate/?code=ekIX2Qld2JB1kJA1IWVwxlCg&transaction=XFkG0VQV16cwheQwRcVVdJCQ

GREAT AMERICAN
INSURANCE GROUP

301 East 4th Street
Cincinnati, OH 45202

GAIG.com

GREAT AMERICAN INSURANCE COMPANY

STATEMENT OF ASSETS, LIABILITIES AND CAPITAL & SURPLUS
AS OF DECEMBER 31, 2021

ADMITTED ASSETS		LIABILITIES, CAPITAL AND SURPLUS		
Bonds	$ 4,624,160,677	Unpaid losses and loss expenses		$ 4,906,594,941
Stocks	1,142,677,562	Reserve for underwriting expenses		174,148,560
Mortgage loans on real estate	445,138,154	Federal income taxes		24,619,831
Real estate (net of encumbrances)	2,157,418	Reserve for unearned premiums		1,751,555,659
Cash and short-term investments	1,965,648,476	Ceded reinsurance premiums payable		253,879,822
Other invested assets	1,216,479,934	Funds held under reinsurance treaties		640,117,270
Receivable for securities	730,633	Retroactive reinsurance ceded		(95,777,045)
Investment income due and accrued	16,264,700	Provision for reinsurance		41,484,606
Agents' and premium balances	741,660,659	Other liabilities		103,419,576
Reinsurance recoverable on loss payments	62,060,990	Total liabilities		8,040,015,461
Net deferred tax asset	80,360,784			
Receivable from affiliates	12,198,429			
Receivable from Federal Crop Insurance Corporation	699,665,760			
Company owned life insurance	196,574,078	Capital stock	$ 15,440,600	
Funds held as collateral	6,793,195	Paid in surplus	887,143,663	
Funded deductibles	96,797,876	Special surplus funds	77,201,464	
Other admitted assets	46,333,163	Unassigned funds	2,117,816,554	
		Policyholders' surplus		3,097,702,179
Total	$ 11,137,717,840	Total		$ 11,137,717,840

Securities have been valued on the basis prescribed by the National Association of Insurance Commissioners

STATE OF OHIO

COUNTY OF HAMILTON

Robert J. Schwartz, Vice President and Controller, and Stephen Berahs, Assistant Vice President and Assistant Secretary, being duly sworn, each for himself deposes and says that they are the above described officers of the Great American Insurance Company of Cincinnati, Ohio; that said Company is a corporation duly organized, existing and engaged in business as a Surety by virtue of the laws of the State of Ohio, and has duly complied with all the requirements of the laws of said state applicable to said Company and is duly qualified to act as Surety under such laws; that said Company has also complied with and is duly qualified to act as Surety under Public Law 97-258 enacted September 13, 1982 (96 Stat. 1047 as amended; 31 U.S.C. 9304-9308); that to the best of their knowledge and belief the above statement is a full, true and correct Statement of the Assets, Liabilities and Capital & Surplus of the said Company as of December 31, 2021

Subscribed and sworn to before me

this 25th day of February, 2022.

NOTARY PUBLIC STATE OF OHIO

Public Notary
Notary Public, State of Ohio
My Commission Expires April 28, 2025

Controller

Assistant Secretary

41

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 ☐ 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: Lumicell, Inc.

Physical Address: 275 Washington Street, Suite 200

City: Newton State: MA Zip: 02458

Mailing Address (if different from physical address): 275 Washington Street, Ste 200

City: Newton State: MA Zip: 02458

Telephone: (617) 404-1001 Website: www.lumicell.com

Name of Designated Representative (DR): Daniel Harris

Licensing Company Email: StateLicense@Lumicell.com DR Email: dharris@lumicell.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: 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

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: N/A

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

Name: _____

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

Name: _____

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

Name: _____

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

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): N/A - multiple shareholders see attached list.

Corporation/Organization Name: Lumicell, Inc.

Mailing Address: 275 Washington Street, Ste 200

City: Newton State: MA Zip: 02458

Telephone: (617) 404-1040 Email: jmferrer@lumicell.com

Contact Person Name: Jorge Ferrer

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 **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.

Kevin Hershberger
Print Name of Authorized Person Submitting Application

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

2/28/2022
Date

Board Use Only	Date Received: _____	Amount: $500 check 15610

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LUMICELL, 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 SEVENTEENTH DAY OF JANUARY, 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 "LUMICELL, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF AUGUST, A.D. 2008.

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

Jeffrey W. Bullock, Secretary of State

4589046 8300

SR# 20220144038

Authentication: 202411014

Date: 01-17-22

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

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
239 CAUSEWAY ST., SUITE 500, BOSTON, MA 02114

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000909	10/04/2021	10/04/2022	Virtual Drug Manufacturers

ISSUED TO

LUMICELL, INC.
275 WASHINGSTON STREET
SUITE 200
NEWTON, MA 02458
ATTN: KEVIN HERSHBERGER CEO

RECIPIENT'S COPY

NEW

COMMISSIONER OF PUBLIC HEALTH

827449

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

LUMICELL

Description of Operations

Lumicell, Inc. is a VirtualManufacturer. Lumicell, Inc.'s product is manufactured by a Contract Manufacturer and will be distributed to specialty distributors by their Third-Party Logistics Provider, who is licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:
We are using the following contract manufacturer to produce our product:

CMO: LSNE
Address: 25 Commerce Drive
Bedford, NH 03110
FDA Establishment Number: 3008546445

Contact Person: Thomas McGrath
Contact Number: 306-310-0100, Ext. 1201

LSNE manufactures Lumicell, Inc.'s product and packages finished product. At no time does LSNE own the product, contract with Lumicell, Inc.'s customers, invoice, nor sell a Lumicell, Inc. product. Lumicell, Inc.'s productis not a Controlled Substances.

Labeler Code:
82292

Third Party Logistic information:
For distribution into the commercial supply channels, Lumicell will be utilizing a 3PL.

Lumicell, Inc.'s hours of operation are 8:30 am – 5:00pm Monday through Friday.

AutoSave Off ndc_nhric_labeler_codes_04_28_2022 - Read-Only - Excel

Search (Alt+Q)

File Home Insert Page Layout Formulas Data Review View Help Nuance PDF

Undo Paste Cut Copy Format Painter Clipboard Arial 10 Font Wrap Text Merge & Center Alignment General Number Conditional Formatting Format Table

F9192

	A	B
1	NDC/NHRIC Labeler	Firm Name
183	73606	Apellis Pharmaceuticals, Inc.
184	81067	Sante USA, LLC
185	52577	Sierra Health Care Center
186	66538	CRC (Cosmoceutical Research Center)
187	82109	Rare Beauty, LLC
188	49953	Dalian Rongbang Medical Healthy Devices
189	15197	W STERNOFF LLC
190	60977	Baxter Healthcare Corporation
191	71021	ZSZ Enterprise
192	82292	Lumicell, Inc.
193	69220	Swisher International
194	72611	Almaject, Inc.
195	72000	Nabriva Therapeutics US, Inc.

verified M.H 4/28/22

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Monday, September 27, 2021 9:18:08 PM
To: Jorge Ferrer <jmferrer@lumicell.com>
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 27-SEP-2021
Labeler DUNS: 832329788
Labeler Name: Lumicell, Inc.
Labeler Code Assigned: 82292

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.**

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

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).



Company Information

Company Name: Lumicell, Inc.
Address: 275 Washington Street, Suite 200
City, State, Zip: Newton, MA 02458
Phone: (617) 404-1001
Website: www.lumicell.com
E-mail: StateLicense@Lumicell.com

FEIN: 26-3193256
State of Formation: DE
Date Incorporated: 08/18/2008
File Number: 4589046

Ownership Information

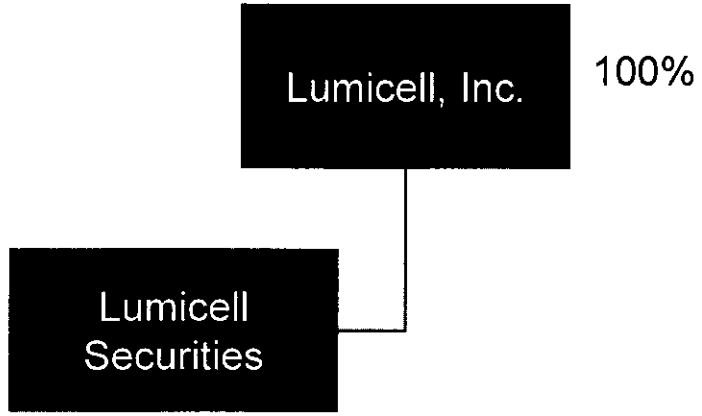
Lumicell Inc is a Privately Traded Company made up of multiple shareholders. Please see attached ownership information and breakdown.

Officers

Kevin Hershberger, Chief Executive Officer
Business Address: 275 Washington Street, Suite 200, Newton, MA 02458
Ownership %: 0%

W. David Lee, Chief Scientific Officer
Business Address: 275 Washington Street, Suite 200, Newton, MA 02458
Ownership %: 1.2473%

Lumicell Ownership Org. Chart



Primary Source Verification

Massachusetts Department of Public Health
Bureau of Health Professions Licensure
Drug Control Program
250 Washington Street, Boston, MA 02108
Tel: 617-973-0949 Fax: 617-753-8233

Updated March 11, 2022

LUMICELL, INC	LUMICELL, INC.	275 WASHINGSTON STREET	NEWTON	MA	02458	MA000090	10/4/2021	10/4/2022

LUMICELL

Employee List

Hershberger, Kevin
Hechler, Howard
Ferrer, Jorge
Lee, W David
Madden, Sean
Harris, Daniel
Schlossberg, Brian
Rodriguez, Julio
Smith, Kate
Viscido, Michael
Cohen, Lauren
Wu, Bin
Chang, Man
Grunes, Samantha
McCormick, Daniel
Ramirez, Elena
McCann, Kyle
Silva, George
Asali, Laila
D'Anello, Joseph
Hayes, Jennifer
Hooi, Aggy
Pierre-Charles, Lesly
Pogrebinsky, Alexander
Reilly, Kate
Richards Cook, Lisa
Salame, Matthew
Strong-Nieves, Kayla
Watson, Mollie
Yu, Shaoming
Granger, Timothy
Vimal, Avik
Patel Pant, Amee

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 Lumicell, Inc.

Physical Address 275 Washington Street, Suite 200

City Newton State MA Zip 02458

Mailing Address (if different from physical address) 275 Washington Street, Ste 200

City Newton State MA Zip 02458

Telephone (617) 404-1001 Website www.lumicell.com

Licensing Company Email StateLicense@Lumicell.com

Section 2: Personal Information

First Daniel Middle K Last Harris

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

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

Mailing Address 275 Washington St Ste 200

City Newton State MA Zip 02458

Telephone [redacted] Email dharris@lumicell.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 DKH

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

School Name		From - To (MM/YY – MM/YY)	
Massachusetts Institute of Technology		2009-2014	
Address	**City**	**State**	**Zip**
77 Massachusetts Avenue	Cambridge	MA	02139
Diploma/Degree obtained, if any			
PhD, Materials Science & Engineering			
School Name		**From - To (MM/YY – MM/YY)**	
Phillips Academy		2001 - 2005	
Address	**City**	**State**	**Zip**
180 Main Street	Andover	MI	01810
Diploma/Degree obtained, if any			
H.S. Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2/2018 - present	[redacted]Aberdeen Street	Newton Highlands	MA	02461
9/2015-2/2018	[redacted]Corey Road[redacted]	Brighton	MA	02135
9/2014-8/2015	[redacted]Prichard Ave[redacted]	Somerville	MA	02144
8/2012-8/2014	[redacted]Huron Ave[redacted]	[redacted]Huron Ave[redacted]	MA	02138
9/2011-8/2012	[redacted]Pacific St[redacted]	[redacted]Pacific St[redacted]	MA	02139
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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: Lumicell, Inc.				From - To (MM/YY – MM/YY): 2017 - present
Business Address: 275 Washington Street, Suite 200		City: Newton	State: MA	Zip: 02458
Phone: (617) 404-1001	Title: Vice President, Drug Manufacturing & CM&C			Number of Employed Hours: 6240
Description of Duties: See attached resume				

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

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

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

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

I, Daniel Harris, **certify that as the designated representative for**

Lumicell, 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

Daniel Harris

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

28FEB2022

Date

Applicant's initials DHH

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

Daniel Harris
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/28/22
Date

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

State of Massachusetts, ss. County of Middlesex

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

Original Signature

28 FEB 2022
Date

Subscribed and Sworn to before me this 28th day of February

Notary Public Signature

AMEE PATEL PANT
NOTARY PUBLIC
COMMONWEALTH OF MASSACHUSETTS
MY COMMISSION EXPIRES NOVEMBER 3, 2028

Applicant's initials DkH

Daniel K. Harris, PhD
[redacted]Aberdeen St., Newton, MA 02461
[redacted]@gmail.com

SUMMARY

- Trusted leader who has thrived in highly dynamic startup environments by identifying high impact opportunities and reliably delivering solutions.
- Analytical skill set coupled with pragmatic problem solving and effective 360° communication
- Highly regarded by managers and peers as a team player, with unique ability to build relationships and consensus across diverse stakeholders and in highly-matrixed environments

EXPERIENCE

Lumicell Newton, MA

Vice President, Drug Manufacturing and CM&C 2020 – present
Senior Director, Drug Manufacturing and CM&C 2018 – 2020
Director, Drug Manufacturing and CM&C 2017

- Member of Leadership team reporting to the CEO, responsible for $3mm annual spend.
- Took CMC program from Phase I to submission ready in three years, and exceeded all timeline and cost targets.
    - Led a two year turnaround plan to redesign drug product, close development gaps, reduce cost, and increase capacity.
- Overall responsibility for the development and validation of processes, analytical methods, and product specifications for DP, API, and 3 key starting materials.
- Lumicell CMC lead for EOP2, Type C, and preNDA meetings and teleconferences with FDA.
- Provided strategic advice and decision support on clinical study design, hardware development programs, regulatory, and commercial strategy.
- Product naming (USAN and Proprietary names), labeling, eCTD.
- Invited speaker at TIDES 2019, Boulder Peptide Symposium 2019, and CPC Symposium 2019

Principal Scientist 2017

- Supported the Lumicell product in the Operating Room during breast conserving surgery
- Performed and presented competitive analysis to board members by preparing a mock investor pitch for their product.
- Conducted strategic analysis of impact of contraindication for use of blue dye in sentinel lymph node mapping with Lumicell product.
- Designed and manufactured sterile disposable cover with 80% improvement in performance on tight timeline to replace design that was failing in the field.

QD Vision Lexington, MA

Manager of Chemistry and Materials R&D 2016 –2017

- Supported successful sale of company to Samsung by running technical reviews with Samsung's acquisitions team
- Managed resources and priorities to balance long term development objectives while supporting time sensitive customer engagement requests in a volatile and rapidly changing environment
- Oversaw three teams of PhD and masters level chemists working on diverse materials and product development projects to use quantum dots for high efficiency wide color gamut display technologies. Research focuses were in fluorescent material design, reliability testing, and product formulation.

Group Leader of Quantum Dot R&D 2015 –2016

- Developed a synchronized technical strategy and coordinated workflow between teams working on legal research, product engineering, and materials development.
- Managed two masters level chemists developing QD design families suitable for use in LCD displays.

Senior Chemist

2014 –2015

- Synthesized high quality II-VI Quantum Dots for use in edge-lit LCD displays. My primary focus was on developing designs targeting new wavelengths for Rec 2020 displays..
- Managed two masters level chemists developing QD design families suitable for use in LCD displays.
- Optimized manufacturing conditions using DOE to understand performance tradeoffs between key quality attributes
- Conclusively determined that key property is not significantly affected by design levers reducing risk while saving time and expense during product qualification

MIT Materials Science PhD – Bawendi Lab Cambridge, MA

Research Assistant and NSF Fellow 2009 –2014

- Used air-free synthetic inorganic chemistry techniques to study the synthesis of semiconductor nanocrystal quantum dots.
- Designed and built quantitative fluorescence spectroscopy systems for studying the properties of quantum dots. Used characterization techniques standard to materials science and chemistry such as TEM/SEM, EDS, powder XRD, and ICPMS to study quantum dot properties.
- Developed a reproducible synthesis for Cd_3As_2 quantum dots luminescent from 500-2000nm
- Identied novel and superior arsenic and phosphorous precursors for the colloidal synthesis of InP and InAs QDs
- Published 14 papers published in peer reviewed journals including Nature Materials, Nature Chemistry, Angewandte-Chemie, JACS, and Nano Letters (2 first author)

Phillips Academy – Math and Science for Minority Students (MS)² Andover, MA

Teaching Assistant, Chemistry and Physics ***S***ummer 2009

- Prepared and delivered lectures in chemistry and physics for a diverse group of high school students
- Met with students one on one to aid in problem solving and improve understanding in areas of weakness

EDUCATION

Massachusetts Institute of Technology Cambridge, MA
PhD, Materials Science and Engineering 2009 - 2014
National Science Foundation Graduate Research Fellow

- Thesis research performed in the Chemistry department
- Thesis Title: Synthesis and Characterization of Infrared Nanocrystal Quantum Dots
- Minor: Business Finance

University of Southern California Los Angeles, CA
BS in Chemical Engineering 2005 - 2009
Minor: Economics

SECONDARY EDUCATION

Phillips Academy Class of 2005 Andover, MA
2001-2005

GRADUATE STUDENT LEADERSHIP

Muddy Charles Pub Board of Governors 2013- 2015
Chairman (2013-2014)

- Led student board of directors for a of MIT pub with $280k of annual sales responsible for overseeing operations, staffing, and finances of MIT pub with $280k of annual sales
- Built relationships with MIT administration, staff, and boardmembers
- Developed financial forecasts to guide near and long term capital investment
- Member of the Executive Committee of the Graduate Student Council

EXECUTIVE EDUCATION

Wharton School of Management - Negotiation
Wharton School of Management - Persuasion
Harvard University – Leading Organizational Change

OTHER INTERESTS

- Skiing, Cycling, and Furniture making
- 7 time rider in the Pan-Mass Challenge, a 192 mile cycling fundraiser for Dana Farber

Gallagher

Insurance | Risk Management | Consulting

Nicole Plourde
Surety Account Manager
email: [redacted]

Method of Delivery: UPS

October 4, 2021

Julio Rodriguez
Lumicell, Inc.
275 Washington Street, Suite 200
Newton, MA 02458

Re: Bond
Bond No. PA03030100006
Owner: NV Board of Pharma
Amount: $100,000

Enclosed is the bond you requested. Although we have reviewed the bond, we would like you to check all dates, descriptions, names and surety signatures, as an added precaution.

If you have any questions, please do not hesitate to give me a call.

Sincerely,

Nicole

Nicole Plourde
Account Manager

Enclosure

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89512
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. PA03030100006

Application/License No. _____

Lumicell, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 275 Washington St Ste 200, Newton, MA 02458 (Address of Applicant/Principal), as PRINCIPAL, and Philadelphia Indemnity Insurance Company (Surety Company), a corporation organized under the laws of the state of Pennsylvania (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Bala Plaza Suite 100, Bala Cynwyd, PA 19004 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of 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 11/01/2021 (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 4th day of October, 2021

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Michael E. Cundiff, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Melissa Hibbs

Witness Marc Richardson

Countersigned by:

Nevada Resident Agent

ACKNOWLEDGEMENT OF SURETY

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

State of PA

County of Montgomery

On this 04 day of October, 2021 before me personally came Michael E. Cundiff to me known, who being by me duly sworn, deposes and says that he is the Attorney in Fact of Philadelphia Indemnity Insurance Company, the corporation described in and which executed the foregoing Agreement; that he knows the seal of the said corporation; that the seal affixed to the said Agreement is such corporate seal; that it was so affixed by the order of the Board of Directors of said corporation, and that he signed his name thereto by like order.

Commonwealth of Pennsylvania - Notary Seal
Vanessa Mckenzie, Notary Public
Montgomery County
My commission expires November 3, 2024
Commission number 1368394
Member, Pennsylvania Association of Notaries

Vanessa McKenzie

(Signature of Notary Public)

My Commission expires November 22, 2024

PHILADELPHIA INDEMNITY INSURANCE COMPANY
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

PA03030100006

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint Michael E. Cundiff its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed $100,000.00

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEALTO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 5TH DAY OF MARCH, 2021

(Seal)

John W. Glomb Jr., President & CEO
Philadelphia Indemnity Insurance Company

On this 5th day of March, 2021 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**; that the seal affixed to said instrument is the Corporate seal of said Company, that the said Corporate Seal and his signature were duly affixed.

Commonwealth of Pennsylvania - Notary Seal
Vanessa Mckenzie, Notary Public
Montgomery County
My commission expires November 3, 2024
Commission number 1366394
Member, Pennsylvania Association of Notaries

Notary Public: Vanessa McKenzie

residing at: Bala Cynwyd, PA

My commission expires November 22, 2024

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 5th day March, 2021 are true and correct and are still in full force and effect. I do further certify that John W. Glomb Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 04 day of October, 2021.

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

4J

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 ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH02485	☐ 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: Melinta Therapeutics LLC

Physical Address: 300 Tri-State International, Suite 272

City: Lincolnshire State: IL Zip: 60069

Mailing Address (if different from physical address): 300 Tri-State International, Suite 272

City: Lincolnshire State: IL Zip: 60069

Telephone: (312) 724-9400 Website: https://melinta.com/

Name of Designated Representative (DR): Susan Blum

Licensing Company Email: statelicensing@melinta.com DR Email: sblum@melinta.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: Long-term Care/Assisted Living	☐ 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.

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

Name: See Attached

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

Name: _____

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

Name: _____

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

Name: _____

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

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Deerfield Private Design Funds (see attached)

Corporation/Organization Name: Melinta Therapeutics LLC

Mailing Address: 300 Tri-State International, Suite 272

City: Lincolnshire State: IL Zip: 60069

Telephone: statelicensing@melinta.com Email: (312) 724-9400

Contact Person Name: Susan Blum

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 **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.

Susan Blum

Print Name of Authorized Person Submitting Application

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

2/9/22

Date

Board Use Only	Date Received: _____	Amount: $500 check 15397

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MELINTA THERAPEUTICS, 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 JANUARY, A.D. 2022.

Jeffrey W. Bullock, Secretary of State

4548840 8300

SR# 20220297554

Authentication: 202524001

Date: 01-28-22

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

Melinta
THERAPEUTICS
The Antibiotics Company

DESCRIPTION OF OPERATIONS

Melinta Therapeutics LLC ("Melinta") is a virtual manufacturer of prescription drugs located in Lincolnshire, IL. Melinta operates as a commercial-stage pharmaceutical company who discovers, develops, and commercializes various anti-infectives for the treatment of bacterial infectious diseases in the United States. Melinta's products are manufactured by multiple contract manufacturers and are distributed to customers by a third-party logistics provider (3PL).

Melinta's hours of operation are 8:30 a.m. – 5:00 p.m. (Eastern Time), Monday through Friday.

CONTRACT MANUFACTURERS

Baxdela (Delafloxacin Meglumine)

Patheon Italia S.p.A.
2° Trav. SX Via Morolense 5 – 03013 Ferentino (FR) – Italy*
FDA Establishment Number – 3004110157
DUNS - 434078638

AustarPharma LLC
18 Mayfield Ave., Edison, NJ 08837
FDA Establishment Number - 3008953516
DUNS - 362785011

Minocin (Minocycline Hydrochloride)
Orbactiv (Oritavancin)

Patheon Italia S.p.A.
Viale Gian Battista Stucchi 110, Monza, - 20900, Italy
FDA Establishment Number – 3003065803
DUNS – 338336589

Vabomere (Meropenem-Vaborbactam)

ACS Dobfar S.p.A.
Viale Addetta, 4/12, Tribiano, 20067, Italy
FDA Establishment Number – 3006028606
DUNS - 434623333

Melinta
THERAPEUTICS
The Antibiotics Company

PRODUCTS

At no time do any of the contact manufacturers own Melinta's products, contract with Melinta's customers, invoice or sell Melinta's products. Melinta's products are not controlled substances. Accordingly, Melinta is not required to maintain DEA registration.

Labeler Code: 70842

Baxdela (Delafloxacin Meglumine)

- 70842-101-01, 20 count bottle
- 70842-101-02, 20 count blister pack
- 70842-102-03, 10 count vial tray

Vabomere (Meropenem-Vaborbactam)

- Former The Medicines Company brand transitioning NDC's to Melinta Therapeutics, Inc.
- 65293-009-01, individual vial
- 65293-009-06, carton of 6 vials

Orbactiv (Oritavancin)

- Former The Medicines Company brand transitioning NDC's to Melinta Therapeutics, Inc.
- 65293-015-01, individual vial
- 65293-015-03, carton of 3 vials

Minocin (Minocycline Hydrochloride)

- Former The Medicines Company brand transitioning NDC's to Melinta Therapeutics, Inc.
- 65293-014-01, individual vial
- 65293-014-10, carton of 10 vials

Melinta utilizes Knipper, a sample fulfillment & distribution services as its Authorized Distributor of Record (ADR) to store and distribute sample units to licensed practitioners and requires it to comply with all applicable state and federal laws. At all stages, the ADR is responsible for tracking the shipment and confirming successful delivery, including returns of sample units to Melinta's third-party distributor, Cardinal Health 105, Inc. dba Specialty Pharmaceutical Services.

J. Knipper and Company, One Healthcare Way, Lakewood, NJ 08701

THIRD-PARTY LOGISTICS PROVIDER

For distribution into the commercial supply channels, Cardinal Health 105, Inc. dba Specialty Pharmaceutical Services acts as Melinta's third-party logistics (3PL) provider to manage the storage and distribution of Melinta's product to customers throughout the United States. Cardinal Health 105, Inc. dba Specialty Pharmaceutical Services maintains standard operating procedures (SOP) affiliated with Melinta's third-party logistics efforts and will make SOP's available for review as needed. Cardinal Health 105, Inc. dba Specialty Pharmaceutical Services address is:

Cardinal Health 105, Inc. dba Specialty Pharmaceutical Services
501 Mason Road, Suite 200, LaVergne, TN 37086

Melinta
THERAPEUTICS
The Antibiotics Company

Company Information

300 Tri-State International, Suite 272
Lincolnshire, IL, 60069
(312) 724-9400
Tax ID: 45-4440364

Corporate Officers

Jennifer Sanfilippo, Senior Vice President, General Counsel
Business: 44 Whippany Rd., Suite 280
Morristown, NJ 07960
Business: (908) 617-1316

Christine Miller, President, Chief Executive Officer
Business: 44 Whippany Rd., Suite 280
Morristown, NJ 07960
Business: (908) 617-1316

Susan Blum, Chief Financial Officer
Business: 300 Tri-State International, Suite 272
Lincolnshire, IL 60069
Business: (312) 962-8246

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
004.005105

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

MELINTA THERAPEUTICS LLC
SUSAN BLUM
300 TRI STATE INTL STE 272
LINCOLNSHIRE, IL 60069-4415

MARIO TRETO, JR.
ACTING SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

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

16241736

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: 4474431

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
MELINTA THERAPEUTICS LLC	Lincolnshire, IL 60069	•

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004005105	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	12/21/2021	12/21/2021	12/31/2022	N

Generated on: 2/14/2022 9:44:32 AM

National Drug Code Directory

f 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 09, 2022

You have searched Finished drug products

Search Results: *'70842'*

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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
Baxdela	70842-101-01	450 mg/1	TABLET	ORAL	NDA208610	Melinta Therapeutics, LLC	70842-101	delafloxacin meglumine	DELAFLOXACIN MEGLUMINE	HUMAN PRESCRIPTIOI DRUG
Baxdela	70842-101-02	450 mg/1	TABLET	ORAL	NDA208610	Melinta Therapeutics, LLC	70842-101	delafloxacin meglumine	DELAFLOXACIN MEGLUMINE	HUMAN PRESCRIPTIOI DRUG
Baxdela	70842-102-03	300 mg/10.5mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	NDA208611	Melinta Therapeutics, LLC	70842-102	delafloxacin meglumine	DELAFLOXACIN MEGLUMINE	HUMAN PRESCRIPTIOI DRUG
Baxdela	70842-101-05	450 mg/1	TABLET	ORAL	NDA208610	Melinta Therapeutics, LLC	70842-101	delafloxacin meglumine	DELAFLOXACIN MEGLUMINE	HUMAN PRESCRIPTIOI DRUG
Kimyrsa	70842-225-01	1200 mg/40mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	NDA214155	Melinta Therapeutics, LLC	70842-225	oritavancin diphosphate	ORITAVANCIN DIPHOSPHATE	HUMAN PRESCRIPTIOI DRUG

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
Minocin	70842-160-10	100 mg/1	INJECTION	INTRAVENOUS	NDA050444	Melinta Therapeutics, LLC	70842-160	minocycline hydrochloride	MINOCYCLINE HYDROCHLORIDE	HUMAN PRESCRIPTIOI DRUG
Orbactiv	70842-140-03	400 mg/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	NDA206334	Melinta Therapeutics, LLC	70842-140	oritavancin	ORITAVANCIN	HUMAN PRESCRIPTIOI DRUG
VABOMERE	70842-120-06	1 g/2g, 1 g/2g	INJECTION, POWDER, FOR SOLUTION	INTRAVENOUS	NDA209776	Melinta Therapeutics, LLC	70842-120	Meropenem-Vaborbactam	VABORBACTAM; MEROPENEM	HUMAN PRESCRIPTIOI DRUG

Showing 1 to 8 of 8 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

State of Delaware
Secretary of State
Division of Corporations
Delivered 07:45 AM 04/20/2020
FILED 07:45 AM 04/20/2020
SR 20202958422 - File Number 4548840

RESTATED CERTIFICATE OF INCORPORATION OF MELINTA THERAPEUTICS, INC.

Melinta Therapeutics, Inc., a corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware (the "DGCL"), does hereby certify:

1. The name of the corporation is Melinta Therapeutics, Inc. and the name under which the corporation originally incorporated is Cempra, Inc. The date the original Certificate of Incorporation was filed was February 2, 2012.

2. This Restated Certificate of Incorporation, which amends and restates in its entirety the Certificate of Incorporation of the corporation, is authorized by and is being filed in connection with the Modified Amended Joint Chapter 11 Plan of Reorganization of Melinta Therapeutics, Inc. and its debtors affiliates, dated March 31, 2020 (as such plan may be amended from time to time, the "Plan of Reorganization"), and was duly adopted pursuant to Sections 242, 245 and 303 of the DGCL. The Plan of Reorganization was confirmed by order entered on April 11, 2020 by the United States Bankruptcy Court for the District of Delaware.

3. The text of the Certificate of Incorporation of the corporation is hereby amended and restated to read in its entirety as follows:

FIRST. The name of the corporation is Melinta Therapeutics, Inc.

SECOND. The address of the corporation's registered office in the State of Delaware is Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, New Castle County, Delaware 19801. The name of its registered agent at such address is The Corporation Trust Company.

THIRD. The purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware.

FOURTH. The total number of shares which the corporation shall have authority to issue is 1,000 shares of Common Stock, and the par value of each of such shares is $0.001.

FIFTH. The board of directors of the corporation is expressly authorized to adopt, amend or repeal by-laws of the corporation.

SIXTH. Elections of directors need not be by written ballot except and to the extent provided in the by-laws of the corporation.

SEVENTH. The number of directors of the corporation shall be fixed from time to time pursuant to the by-laws of the corporation. Any director or the entire board of directors may be removed, with or without cause, by the holders of a majority of the shares at the time entitled to vote at an election of directors.

EIGHTH. A director of the corporation shall not be liable to the corporation or its stockholders for monetary damages for breach of fiduciary duty as a director, except to the extent that such exemption from liability or limitation thereof is not permitted under the Delaware General Corporation Law as currently in effect or as the same may hereafter be amended. No amendment, modification or repeal of this Article EIGHTH shall adversely affect any right or protection of a director that exists at the time of such amendment, modification or repeal.

NINTH. Notwithstanding anything to the contrary herein, the corporation shall in no event issue any class of non-voting equity securities in violation of chapter 11 of title 11 of the United States Code (the "Bankruptcy Code"); provided, however, that the foregoing prohibition (a) will have no further force and effect beyond that required under Section 1123(a)(6) of the Bankruptcy Code, (b) will have such force and effect, if any, only for so long as such Section 1123(a)(6) of the Bankruptcy Code is in effect and (c) may be amended or eliminated in accordance with applicable law from time to time in effect. The prohibition on the issuance of nonvoting equity securities is included in this Restated Certificate of Incorporation in compliance with Section 1123(a)(6) of the Bankruptcy Code (11 U.S.C.§ 1123(a)(6)).

TENTH. The Corporation renounces, to the fullest extent permitted by law, any interest or expectancy of the Corporation in, or being offered an opportunity to participate in, any Excluded Opportunity. An "Excluded Opportunity" is any matter, transaction or interest that is presented to, or acquired, created or developed by, or which otherwise comes into the possession of (i) any director of the Corporation who is not an employee of the Corporation or any of its subsidiaries, or (ii) any holder of Common Stock or any partner, member, director, stockholder, employee, affiliate or agent of any such holder, other than someone who is an employee of the Corporation or any of its subsidiaries (collectively, the persons referred to in clauses (i) and (ii) are "Covered Persons"), unless such matter, transaction or interest is presented to, or acquired, created or developed by, or otherwise comes into the possession of, a Covered Person expressly and solely in such Covered Person's capacity as a director of the Corporation while such Covered Person is performing services in such capacity. Any repeal or modification of this Article TENTH will only be prospective and will not affect the rights under this Article TENTH in effect at the time of the occurrence of any actions or omissions to act giving rise to liability. Notwithstanding anything to the contrary contained elsewhere in this Restated Certificate of Incorporation, the affirmative vote of a majority of the holders of Common Stock will be required to amend or repeal, or to adopt any provision inconsistent with this Article TENTH.

IN WITNESS WHEREOF, I have signed this Restated Certificate of Incorporation this 20th day of April, 2020.

/s/ Jennifer Sanfilippo

By: Jennifer Sanfilippo

Title: Interim 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 Melinta Therapeutics LLC

Physical Address 300 Tri-State International, Suite 272

City Lincolnshire State IL Zip 60069

Mailing Address (if different from physical address) 300 Tri-State International, Suite 272

City Lincolnshire State IL Zip 60069

Telephone (312) 724-9400 Website https://melinta.com/

Licensing Company Email statelicensing@melinta.com

Section 2: Personal Information

First Susan Middle S Last Blum

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

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

Mailing Address [redacted]Tri-State International

City Lincolnshire State IL Zip 60069

Telephone [redacted] Email sblum@melinta.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 _____

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

School Name		From - To (MM/YY – MM/YY)	
Santa Clara University		~~08/93 - 06/97~~ 08/93-06/97	
Address	**City**	**State**	**Zip**
500 El Camino Real	Santa Clara	CA	95053
Diploma/Degree obtained, if any			
Bachelor of Science in Business Commerce, Concentration in Accounting, Cum Laude			

School Name		From - To (MM/YY – MM/YY)	
De Anza College		1994-1995	
Address	**City**	**State**	**Zip**
21250 Stevens Creek	Cupertino	CA	95014
Diploma/Degree obtained, if any			
(Jr College)			

School Name		From - To (MM/YY – MM/YY)	
West Valley Junior College		~1990-1994	
Address	**City**	**State**	**Zip**
14000 Fruitvale Ave	Saratoga	CA	95070
Diploma/Degree obtained, if any			
(Jr College)			

School Name		From - To (MM/YY – MM/YY)	
Lynbrook High School		1986-1990	
Address	**City**	**State**	**Zip**
1280 Johnson Ave	San Jose	CA	95129
Diploma/Degree obtained, if any			
High School Diploma 1994			

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/17 - Present	[redacted] Murphy Lake Rd.	Park Ridge	IL	60068
08/11-09/17	[redacted] Austin Ave	Park Ridge	IL	60068

Applicant's initials _____ 3

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)	
Melinta Therapeutics LLC			02/16 - Present	
Business Address		**City**	**State**	**Zip**
300 Tri-State International, Suite 272		Lincolnshire	IL	60069
Phone	**Title**		**Number of Employed Hours**	
(312) 724-9400	Chief Financial Officer		10,000+	
Description of Duties				
See Attached Resume				

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

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

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description 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, Susan Blum, **certify that as the designated representative for**

Melinta Therapeutics 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

Susan Blum

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/2/22

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.

Susan Blum
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) — Date: 3/2/22

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

State of At Illinois, ss. County of Lake

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

Original Signature — **Date:** 3/2/22

Subscribed and Sworn ~~to before~~ me this 2nd day of March 2022

Notary Public Signature

Janice Capobianco
NOTARY PUBLIC
STATE OF NEW JERSEY
ID # 2188667
MY COMMISSION EXPIRES 04/24/2026

(Seal)

Applicant's initials

Susan Blum

[redacted]

Accomplished financial executive with over twenty years of experience working in challenging, fast-paced public accounting and corporate environments. *Strategic and collaborative thought partner* within the finance team as well as the broader company. *Effective leader thraugh dynamic and changing business conditions,* including transition from private- to public-company status and restructuring and reorganization activities.

Core Strengths: IPO Preparation – Public-Company Readiness – SEC filings, SOX and regulatory compliance – Mergers and Acquisitions – Financial Analysis and Reporting – Corporate Financing and Governance – Accounting and Auditing – Team Building and Development – Process Improvement – Relationships with Investors, Financial Institutions and Advisors

Professional Experience:

Melinta Therapeutics (5+ years)

Chief Financial Officer (July 1, 2021 to present) (see below for ongoing responsibilities under VP/CAO role)
Interim Chief Financial Officer (April 1, 2021 to June 30, 2021)

- Jointly oversee the relationship with Melinta's third-party logistics provider, thereby overseeing the distribution and sale, including the related accounting processes, for our pharmaceutical products
- Positioned Accounting team to accelerate operating leverage and support overall corporate strategic priorities, including streamlining and automating various processes and instituting public-company readiness
- Direct team of 13 encompassing Accounting, Finance, IT, and Data Analytics functions
- Assess financial performance of company against operational goals, budgets and forecasts and oversee process to evaluate and deliver key performance metrics to stakeholders on a regular cadence
- As member of Executive Committee, serve as strategic partner to CEO and leadership team on a range of corporate issues, including development of company's long-term strategic planning and counsel on day-to-day operating issues
- Lead analytics team to enhance company's data utilization, including competitive landscape and sales effectiveness, to support critical business operations and strategic decisions
- Guide efforts to support M&A activity, including evaluation, diligence, financial modeling, and risk assessments
- Executive sponsor for newly-established Culture Advisory Board, empowering members to develop and execute plans to achieve company's cultural priorities

Vice President, Finance and Chief Accounting Officer (April 2018 to Present), Controller (February 2016 to March 2018)

- Build efficient accounting and finance organization capable of scaling with organizational growth to support a public, commercial entity from a private R&D enterprise, in connection with reverse merger, launch of first commercial product and acquisition of commercial product portfolio
- Establish and maintain effective internal control policies, guidelines and procedures to ensure accurate financial reporting and strategic financial discipline
- Lead accounting and financial operations and oversee compliance requirements, including preparation of financial statements and reports, shareholder reports, company valuations, tax returns, corporate/D&O insurance programs and compliance certificates to support credit facilities
- Oversee treasury function and cash management to ensure timely management of payables, receivables and compliance with loan agreement(s)
- Manage financial external audit function, including selection, retention of auditors and maintaining auditor relationships; served as company lead for Audit Committee of Board of Directors and responsible for preparation and presentation of meeting materials
- Develop and maintain relationships with critical business partners, including outside counsel, financial advisors, financial institutions, insurance brokers and tax advisors
- Led investor relations function, including preparation of earnings releases and scripts for earnings calls and coordination of post-earnings calls with analysts (January 2019 to April 2020)
- Supported corporate downsizing and drove strict cash management initiatives in connection with reorganization; served as Financial liaison to court trustee in chapter 11 reorganization process (and successful emergence in April 2020); oversee ongoing monthly and quarterly reports submitted to court while case is ongoing

- Negotiated terms of contracts and renewals, including facility and vehicle lease arrangements and data contracts in connection with the restructuring activities

Textura Corporation (January 2013 to January 2016) (Acquired by Oracle in 2016)

Corporate Controller

- Served as accounting lead on NYSE IPO team (IPO June 2013) and secondary offering in September 2013
- Responsible for managing the global accounting function, including teams in Australia, Russia and the UK, and centralization of accounting functions and integration post-acquisition of two software companies
- Grew the accounting organization from a team of 4 to a team of 20, including the creation and development of revenue, general ledger, tax and external reporting/SOX 404 compliance teams
- Preparation and presentation of Audit Committee materials for quarterly meetings
- Advisor to executive management on complex business matters on potential accounting implications
- Responsible for successful sales tax compliance, including VDAs with several states, and IT integration
- Researched and proposed international IP tax strategy

Orbitz Worldwide, Inc. (January 2011 to January 2013) (Acquired by Expedia in 2015)

Director, External Reporting and Technical Accounting

- Responsible for the External Reporting function and organization of Disclosure Committee meetings
- Managed global technical accounting process, reviewed and approved all memos supporting accounting treatment, and lead collaborative process with external auditors
- Defined and led remediation of weaknesses in internal controls over financial reporting

Facet Biotech Corporation, Redwood City, CA (December 2008 to October 2010) (Acquired by Abbott Labs in 2010)
PDL BioPharma, Redwood City, CA (January 2004 to December 2008)

PDL BioPharma was at one time a public bio-pharmaceutical company with more than $400 million in annual revenues and more than 1,200 employees worldwide. Operations included significant royalty income, commercial-scale drug product manufacturing capabilities, strong research capabilities and a robust development pipeline with products in early and late-stage clinical development. Facet Biotech was a public clinical-stage biotechnology company spun-out of PDL BioPharma in late 2008 with 250 employees and several antibody-based therapeutics in various stages of clinical development, including products that were in development in collaboration with Biogen Idec and Bristol Myers Squibb. Acquired by Abbott Labs in April 2010.

Director, SEC Reporting and Technical Accounting

- Managed the SOX 404, SEC Reporting and Revenue functions, including the supervision and development of as many as three direct reports, and facilitated and participated in Disclosure Committee meetings
- Structured and managed revenue recognition function and revenue team upon acquisition of commercial pharmaceuticals in connection with a business combination
- Supported due diligence efforts and managed the purchase accounting process for $600 million acquisition of ESP Pharma in 2005 and Abbott's $500 million acquisition of Facet in 2010, including assistance in the preparation and compilation of discounted cash flow models and underlying assumptions as well as acting as the primary liaison between the valuation teams and the functional area teams within the Company
- Led process to prepare financial statements and footnotes for the filing of a Registration Statement on Form 10 related to the spin-off of the Facet Biotech, which filing resulted in no SEC comments on the carve-out financial statements or any other financial matters or disclosures

Ernst & Young LLP, Palo Alto, CA (July 1997 to January 2004)

Audit and Advisory Business Senior Manager

- Planned, budgeted, managed and executed a variety of audit engagements for a broad client base ranging from large, public international SEC engagements to development stage enterprises; client work included: Genentech, Gilead Sciences, Depomed (now Assertio), Theravance, Sun Microsystems and Portal Software
- Assisted clients with strategic transactions including follow-on public offerings (Depomed $40M), convertible debt offerings (Gilead $345M), and acquisitions (Gilead acquired Triangle Pharmaceuticals)
- Served as a formal counselor for several professional staff in EY counseling program
- Recruiting lead in the EY Palo Alto office at Santa Clara University, member of Counseling Committee and Move Committee and led various training sessions for staff and interns

Education:

Santa Clara University, Santa Clara, California, June 1997
Bachelor of Science in Business Commerce, Concentration in Accounting, Cum Laude
Beta Gamma Sigma Honor Society

Certified Public Accountant, October 2002

Other Interests:
Running, hiking, traveling, and spending time with family.

Professional References:
References are available upon request

RIDER

To be attached to and form a part of Bond No. 268014268

Effective: October 2, 2020

Bond Amount: $25,000.00

Executed by:	Melinta Therapeutics, Inc.	as Principal
and by:	Ohio Casualty Insurance Company	as Surety
in favor of:	State of Nevada and Nevada State Board of Pharmacy	as Obligee

In consideration of the mutual agreements herein contained, the Principal and Surety hereby consent to changing the Principal's address

FROM: 44 Whippany Road, Suite 272
Morristown, NJ 07960

TO: 300 Tri State International, Suite 272
Lincolnshire, IL 60069

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective: August 5, 2022

Signed and Sealed: August 5, 2022

Principal: Melinta Therapeutics, Inc.

By: _____

Surety: Ohio Casualty Insurance Company

By: _____
Dawn L. Morgan, 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: 8207427-285144

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, Amy Wickett; Dawn L. Morgan; Dawn Sallay; Diane M. Rubright; Grace Casaus; James I. Moore; Jennifer J. McComb; Martin Moss; Melissa Schmidt; Sherry Bacskai; Stasha King; Stephen T. Kazmer; Tariese M. Pisciotto

all of the city of Downers Grove 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 3rd day of March, 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 3rd day of March, 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 5th 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.

State of Illinois }
} ss.
County of DuPage }

On August 5, 2022, before me, a Notary Public in and for said County and State, residing therein, duly commissioned and sworn, personally appeared Dawn L. Morgan known to me to be Attorney-in-Fact of 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 hereunto set my hand and affixed my official seal, the day and year stated in this certificate above.

My Commission Expires August 28, 2025

OFFICIAL SEAL
SINEM NAVA
Notary Public - State of Illinois
My Commission Expires Aug. 28, 2025

Sinem Nava
Sinem Nava, Notary Public

Commission No. 859777

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. 268014268

Application/License No. WHO2485

Melinta Therapeutics, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 44 Whippany Road, Suite 272, Morristown, NJ 07960 (Address of Applicant/Principal), as PRINCIPAL, and 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 2815 Forbs Ave., Suite 102, Hoffman Estates, IL 60192 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 2, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 2nd day of October, 20 20.

APPLICANT/PRINCIPAL

COMPANY
Melinta Therapeutics, Inc.

Authorized Representative

SURETY

Ohio Casualty Insurance company

Dawn L Morgan
Surety Company's Representative

Dawn L. Morgan, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Kelly A. Gardner

Witness Sinem Nava

Countersigned by:

Dawn L Morgan
Nevada ~~Resident~~ Agent
Non-Resident - License No. 957798

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: **8203335-285144**

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, Sherry Bacskai, Jasmine Baez, Grace Casaus, Kelly A. Gardner, Stephen T. Kazmer, Stasha King, Jennifer J. McComb, James I. Moore, Dawn L. Morgan, Martin Moss, Tariese M. Pisciotto, Diane M. Rubright, Dawn Sallay, Melissa Schmidt, Amy Wickett, Michael Ziegler

all of the city of Downers Grove 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 20th day of March, 2020.

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 20th day of March, 2020 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-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 2nd day of October, 2020.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co_12/19

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

State of Illinois }
} ss.
County of DuPage }

On October 2, 2020, before me, Sinem Nava, a Notary Public in and for said County and State, residing therein, duly commissioned and sworn, personally appeared Dawn L. Morgan known to me to be Attorney-in-Fact of 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 hereunto set my hand and affixed my official seal, the day and year stated in this certificate above.

My Commission Expires August 28, 2021

Sinem Nava

OFFICIAL SEAL
SINEM NAVA
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 08/28/21

Sinem Nava, Notary Public

Commission No. 859777

RIDER

To be attached to and form a part of Bond No. 268014268

Effective: October 2, 2020

Bond Amount: $25,000.00

Executed by: Melinta Therapeutics, Inc. as Principal

and by: Ohio Casualty Insurance Company as Surety

in favor of: State of Nevada and the Nevada State Board of Pharmacy as Obligee

In consideration of the mutual agreements herein contained, the Principal and Surety hereby consent to changing the Principal name to Melinta Therapeutics, LLC.

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

Signed and Sealed: April 12, 2021

Principal: Melinta Therapeutics LLC

By: _____

Surety: Ohio Casualty Insurance Company

By: Dawn L. Morgan
Dawn L. Morgan 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: 8203335-285144

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, Sherry Bacskai, Jasmine Baez, Grace Casaus, Kelly A. Gardner, Stephen T. Kazmer, Stasha King, Jennifer J. McComb, James I. Moore, Dawn L. Morgan, Martin Moss, Taricse M. Pisciotto, Diane M. Rubright, Dawn Sallay, Melissa Schmidt, Amy Wickett, Michael Ziegler

all of the city of Downers Grove 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 20th day of March, 2020.

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 20th day of March, 2020 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-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 12th day of April, 2021.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

Number of Employees at: Melinta Therapeutics LLC

300 TriState International
Suite 272
Lincolnshire, IL 60069

Total # of Employees as of 6/20/2022: 18

First Name	Last Name
David	Baran
Susan	Blum
Andrew	Buzdugan
Madhup	Dhaon
Kelley	Ford
Margarita	Golenson
Irina	Grigorovich
Jennifer	Hughes
Scott	Kirkner
Eugenia	Madar
Yeime	Martich de Nova
Julia	Martin
John	Meyer
Tianna	Mitchell
Shilpi	Pachauri
Kirk	Ridge
Iris	Tran
Stephen	Weis

TwoLabs PHARMA SERVICES

Melinta

Via FedEx

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

To Whom It May Concern:

Melinta Therapeutics LLC ("Melinta") went from being publicly traded on NASDAQ to being a privately owned entity. Attached is the Change of Ownership application, fees and supporting documentation reflecting this acquisition. Outside of the name of Melinta changing from "Inc." to "LLC", no other business information has changed, and the Tax ID has remained the same.

Melinta is a virtual manufacturer whose products are manufactured by a contract manufacturer and will be distributed to wholesalers by their third party logistics provider Cardinal Health SPS., who is licensed to ship pharmaceutical products into your state. Melinta's products are not controlled substances. Accordingly, Melinta is not required to maintain DEA registration. **At no time is commercial product manufactured at, stored at, or distributed from Melinta's Lincolnshire Office.**

I hope this information is helpful as you review Melinta's application. If you have any questions regarding this application, please contact me at via email at jordan.spadafora@twolabs.com or via phone at 614-578-3827. All written correspondence can be sent to me at 1340 Acton Road, Columbus, OH 43224.

Thank you in advance for your consideration.

Jordan Spadafora
Senior Licensing Analyst

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: Oliva Therapeutics, LLC

Physical Address: 45 N Broad St, Ste 504

City: Ridgewood State: NJ Zip: 07540

Mailing Address (if different from physical address): same as physical address

City: _____ State: _____ Zip: _____

Telephone: (201) 735-8618 Website: www.olivatherapeutics.com

Name of Designated Representative (DR): Michael P. Turnamian

Licensing Company Email: mturnamian@olivatherapeutics.co DR Email: mturnamian@olivatherapeutics.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

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)

8/1/2022
Date

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

Name: See Attachment A

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

Name: _____

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

Name: _____

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

Name: _____

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

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: N Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 5: Non-Publicly Traded Corporation or Company (limited liability company)

State of Incorporation/Organization: Delaware

Parent Company (if any): N/A

Corporation/Organization Name: Oliva Therapeutics, LLC

Mailing Address: 45 N Broad St, Ste 504

City: Ridgewood State: NJ Zip: 07450

Telephone: (201) 735-8618 Email: mturnamian@olivatherapeutics.com

Contact Person Name: Michael P. Turnamian

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 See Attachment A 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See Attachment B		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment C	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** N/A	✓			
• **List of all corporation shareholders and their percent ownership.** See Attachment C		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** See Attachment D	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment E		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment F		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) N/A	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment G	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment H	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: N/A http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. N/A		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Oliva Therapeutics, LLC

Facility Name

Michael P. Turnamian

Print Name of Authorized Person Submitting Application

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

8/1/2022

Date

Board Use Only	Date Received: 8-23-22	Amount: 1000.00 CC

Attachment A

Nature of Business and FDA Registration

Oliva Therapeutics, LLC "Oliva" is a virtual prescription drug manufacturer. Oliva's first product is to treat heart failure and certain irregular heartbeat. Oliva will use a contract manufacturer to produce its product and a third party logistics provider to ship. No product will be handled at Oliva's business office. Provided below is the contact information for the contract manufacturer and third party logistics provider. In addition, provided is proof of FDA registration.

Contract Manufacturer:

Jerome Stevens Pharmaceuticals, Inc.
60 Davinci Drive
Bohemia, NY 11716
FDA registration #: 2431950

Third Party Logistics Provider:

Eversana Life Science Services
4580 Mendenhall Road
Memphis, TN 38141

Wednesday, April 13, 2022 at 12:03:53 Eastern Daylight Time

Subject: Labeler Code Request Approved
Date: Wednesday, April 13, 2022 at 11:40:57 AM Eastern Daylight Time
From: edrls@fda.hhs.gov
To: Michael Turnamian

eDRLS - Electronic Drug Registration & Listing System

Current Date: 13-APR-2022
Labeler DUNS: 118637856
Labeler Name: Oliva Therapeutics, LLC
Labeler Code Assigned: 82685

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.**

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

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).

AutoSave Off ndc_nhric_labeler_codes_09_13_2022 - Read-Only - Excel

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Undo Paste Cut Copy Format Painter Clipboard Arial 10 Font Wrap Text Merge & Center Alignment General Number Conditional Formatting

F15596

	A	B
1	NDC/NHRIC Labeler	Firm Name
15581	89167	UniStrip Technologies, LLC
15582	58162	Vagabond Welding Supply
15583	77028	Atmosphere Global LLC
15584	72764	Brandable Inc.
15585	72688	Henderson-Magovern Inc
15586	69837	International Brand Management, LLC
15587	42269	Cleanliness Ltd
15588	50183	American Hygiene Industries
15589	80841	Bella Cosmeceuticals, Inc.
15590	78824	Artesanales PR LLC
15591	75306	D-TIME LIMITED LIABILITY COMPANY
15592	92389	Shandong Saite New Material Co., Ltd.
15593	57364	Carecos Kosmetik GmbH
15594	69915	SEACRET SPA LLC
15595	72755	INTEGRATED HOMECARE SERVICES, INC.
15596	82685	Oliva Therapeutics, LLC
15597	81759	Bamf Health, LLC
15598	11506	Firmenich, Inc.

Verified
MH 9/15/22

Attachment C

LLC Officer and Shareholder Information

Oliva Therapeutics, LLC
45 N Broad St, Ste 504
Ridgewood, NJ 07450

Daniel Akeson
Co-Founder and Chief Executive Officer
Business address: 60 Davinci Drive, Bohemia, NY 11716

Michael P. Turnamian
Co-Founder and Chief Operating Officer
Business address: 45 N Broad St, Ste 504, Ridgewood, NJ 07450

Shareholders:

Deborah Akeson
% of ownership: 35

Ronald Steinlauf
% of ownership: 35

Daniel Akeson
% of ownership: 15

Michael Turnamian
% of ownership: 15

Attachment D

Delaware Certificate of Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OLIVA THERAPEUTICS, 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-SEVENTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OLIVA THERAPEUTICS, LLC" WAS FORMED ON THE SIXTH DAY OF DECEMBER, A.D. 2021.

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

Jeffrey W. Bullock, Secretary of State

6449065 8300

SR# 20222987387

Authentication: 204016641

Date: 07-27-22

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

Attachment H

Regarding the Resident State License

See enclosed copy of Oliva Therapeutics, LLC New Jersey License Reg. No. 5006153 issued by the New Jersey Department of Health, Consumer and Environmental Health Service.

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0747453

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:

45 N BROAD ST, STE 504 RIDGEWOOD, NJ 07450-

Reg. No.
5006153

OLIVA THERAPEUTICS, LLC
45 N BROAD ST, STE 504
RIDGEWOOD, NJ 07450-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2023

Establishment Copy

Attachment G

List of Employees

Michael Turnamian, who is the Oliva Therapeutics, LLC Designated Representative listed on the application, is currently the only individual located at the 45 N Broad Street, Ridgewood, NJ address. Michael is a co-founder and the Chief Operating Officer (COO) of the company. No employees have been hired to date.

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. 100669142

Application/License No. _____

OLIVA THERAPEUTICS, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 45 N BROAD ST SUITE 504 RIDGEWOOD, NJ, 07450 (Address of Applicant/Principal), as PRINCIPAL, and AMERICAN CONTRACTORS INDEMNITY COMPANY (Surety Company), a corporation organized under the laws of the state of California (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 801 S. Figueroa Street, Suite 700, Los Angeles, CA 90017 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 7/19/2022 (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 7th day of July, 2022.

AMERICAN CONTRACTORS INDEMNITY CO. INCORPORATED SEPT. 25, 1990 CALIFORNIA

APPLICANT/PRINCIPAL

OLIVA THERAPEUTICS, LLC

Authorized Representative

SURETY

AMERICAN CONTRACTORS INDEMNITY COMPANY

Surety Company's Representative

JOSHUA R. KAYSER, 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 Retaliatory
Nevada Resident Agent

TOKIO MARINE HCC

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:
That American Contractors Indemnity Company of the State of California, a California corporation, does hereby appoint,

JOSHUA R. KAYSER

its true and lawful Attorney-in-Fact, with full authority to execute on its behalf bond number 100669142, issued in the course of its business and to bind the Company thereby, in an amount not to exceed Twenty-five thousand and 00/100 ($25,000.00).

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the Board of Directors of AMERICAN CONTRACTORS INDEMNITY COMPANY at a meeting duly called and held on the 1st day of September, 2011.

"Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings, including any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts, and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached."

The Attorney-in-Fact named above may be an agent or a broker of the Company. The granting of this Power of Attorney is specific to this bond and does not indicate whether the Attorney-in-Fact is or is not an appointed agent of the Company.

IN WITNESS WHEREOF, American Contractors Indemnity Company has caused its seal to be affixed hereto and executed by its President on this 18th day of April, 2022.

AMERICAN CONTRACTORS INDEMNITY COMPANY

State of California
County of Los Angeles

By: _____
Adam S. Pessin, President

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.

On this 18th day of April, 2022, before me, Sonia O. Carrejo, a notary public, personally appeared Adam S. Pessin, President of American Contractors Indemnity Company, 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 authorized 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 PENALTY OF PERJURY under the laws of the State of CALIFORNIA that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (seal)

SONIA O. CARREJO
Notary Public - California
Los Angeles County
Commission # 2398710
My Comm. Expires Apr 23, 2026

I, Kio Lo, Assistant Secretary of American Contractors Indemnity Company, do hereby certify that the Power of Attorney and the resolution adopted by the Board of Directors of said Company as set forth above, are true and correct transcripts thereof and that neither the said Power of Attorney nor the resolution have been revoked and they are now in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand this 7th day of July, 2022.

Bond No. 100669142

Agency No. 13266

_____
Kio Lo, Assistant Secretary

HCCSOZZPOAACIC04/2022

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 Oliva Therapeutics, LLC

Physical Address 45 N Broad St, Ste 504

City Ridgewood State NJ Zip 07450

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

City _____ State _____ Zip _____

Telephone _____ Website www.olivatherapeutics.com

Licensing Company Email mturnamian@olivatherapeutics.com

Section 2: Personal Information

First Michael Middle P. Last Turnamian

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

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

Mailing Address 45 N Broad St, Ste 504

City Ridgewood State NJ Zip 07450

Telephone [redacted] Email mturnamian@olivatherapeutics.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.)		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 639.1291)	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 MT

School Name			From - To (MM/YY – MM/YY)	
Iona College			01/06 - 08-2009	
Address		City	State	Zip
715 North Avenue		New Rochelle	NY	10801
Diploma/Degree obtained, if any				
MBA in Management				
School Name			From - To (MM/YY – MM/YY)	
Georgetown University			9/1997-5/2001	
Address		City	State	Zip
3700 O St., N.W.		Washington	D.C.	20057
Diploma/Degree obtained, if any				
Bachelor of Arts in English, Political Scienca Minor				
School Name			From - To (MM/YY – MM/YY)	
Northern Valley Regional High School at Old Tappan			9/1993-6/1997	
Address		City	State	Zip
140 Central Ave		Old Tappan	NJ	07675
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				

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/12 - Present	[redacted] Mountain Ave.	Wyckoff	NJ	07450
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 MT

Section 7: A designated representative must provide proof that he or she has been employed for at least 5,000 hours in pharmacies (NJAC 45:14-3.2(b)) or wholesalers (NJAC 45:14-3.2(c)) 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)
Oliva Therapeutics, LLC		03/22 - Present
Business Address	**City**	**State / Zip**
45 N Broad St, Ste 504	Ridgewood	NJ 07450
Phone	**Title**	**Number of Employed Hours**
(201) 735-8618	Co-Founder and Chief Operating Officer	700

Description of Duties
Responsible for company start up and all day-to-day operating activities.

Business Name		From - To (MM/YY – MM/YY)
Amneal Pharmaceuticals		12/18 - 3/22
Business Address	**City**	**State / Zip**
400 Crossing Blvd.	Bridgewater	NJ 08807
Phone	**Title**	**Number of Employed Hours**
(908) 947-3120	VP of Sales & Marketing - Endocrinology and Primary Care	6,684

Description of Duties
Retained post-acquisition to operate and expand the Endocrinology division of Amneal Specialty. Management oversight of 60+ Sales & Marketing employees and a portfolio of specialty brands. Integrated Gemini into the public Amneal organization while increasing net revenue for the primary promoted brand by over 100%.

Business Name		From - To (MM/YY – MM/YY)
Gemini Laboratories, LLC		12/13 - 12/18
Business Address	**City**	**State / Zip**
1200 US-22 #3 / 400 Crossing Blvd.	Bridgewater	NJ 08807
Phone	**Title**	**Number of Employed Hours**
(acquired by Amneal Pharmaceuticals)	VP and Chief Commercial Officer	10,440

Description of Duties
Responsible for all start-up activities and day-to-day company operations from inception through the sale of the company to Amneal Pharmaceuticals in May 2018 for $117 million. Successfully launched a portfolio of specialty brand products, including the lead product Unithroid (levothyroxine sodium tablets). Management oversight of all company employees and functions (both in-house and third-party consultants) including Field Sales, Marketing, Operations, Finance, Compliance/Licensing, Trade and Distribution.

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

Description of Duties

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

Description of Duties

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials MT

I, Michael P. Tumamian, **certify that as the designated representative for**

Oliva Therapeutics, 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

Michael P. Tumamian

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/1/2022

Date

Applicant's initials MT

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to 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 P. Tumamian
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/1/2022
Date

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

State of New Jersey, ss. County of Bergen

I, MICHAEL TURNAMIAN, 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

8/1/2022
Date

Subscribed and Sworn to before me this 1 day of August, 2022.

Notary Public Signature

DANIEL P SOLOMON
Notary Public - State of New Jersey
My Commission Expires Oct 1, 2024

(Seal)

Applicant's initials MT

Attachment F

Personal History Record Applications

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 Oliva Therapeutics, LLC

Physical Address 45 N Broad St, Ste 504

City Ridgewood State NJ Zip 07450

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

City _____ State _____ Zip _____

Telephone (201) 735-8618 Website www.olivatherapeutics.com

Licensing Company Email mturnamian@olivatherapeutics.com

Section 2: Personal Information

First Ronald Middle Jeffrey Last Steinlauf

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

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

Mailing Address 45 N Broad St, Ste 504

City Ridgewood State NJ Zip 07450

Telephone [redacted] Email rsteinlauf@jeromestevens.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?		

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)	
Pennsylvania State University		09/82 - 05/85	
Address	**City**	**State**	**Zip**
201 Old Main	University Park	PA	16802
Diploma/Degree obtained, if any			
Bachelor of Arts			

School Name		From - To (MM/YY – MM/YY)	
Elwood John H. Glenn High School		09/77 - 06/80	
Address	**City**	**State**	**Zip**
478 Elwood Road	Elwood	NY	11743
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/93 - Present	[redacted]Austin Lane	Huntington	NY	11743
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Jerome Stevens Pharmaceuticals, Inc.		01/85 - Present	
Business Address	**City**	**State**	**Zip**
60 DaVinci Drive	Bohemia	NY	11716
Phone	**Title**		
631-567-1113	Vice President		
Description of Duties			
Shareholder and executive corporate oversight.			

Business Name		From - To (MM/YY – MM/YY)	
Woodside Club		06/10 - Present	
Business Address	**City**	**State**	**Zip**
225 Muttontown Eastwoods Road	Muttontown	NY	11791
Phone	**Title**		
(516) 802 - 2900	Chief Executive Officer (CEO)		
Description of Duties			
Shareholder and executive corporate oversight.			

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

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**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.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials R.S.

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

Ronald Steinlauf
Print Name (First, Last)

Ronald Steinlauf
Original Signature (electronic, copies or stamps not accepted)

7/28/22
Date

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

State of NEW YORK, ss. County of SUFFOLK

I, RONALD STEINLAUF, 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.

Ronald Steinlauf
Original Signature

7/28/22
Date

Subscribed and Sworn to before me this 28th day of July 2022.

Janean R. Campo
Notary Public Signature

JANEAN R. CAMPO
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01CA6157197
Qualified in Suffolk County
Commission Expires December 4, 2022

(Seal)

Applicant's initials RS

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 Oliva Therapeutics, LLC

Physical Address 45 N Broad St, Ste 504

City Ridgewood State NJ Zip 07450

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

City _____ State _____ Zip _____

Telephone (201) 735-8618 Website www.olivatherapeutics.com

Licensing Company Email mturnamian@olivatherapeutics.com

Section 2: Personal Information

First Daniel Middle R. Last Akeson

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

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

Mailing Address [redacted] Asharoken Avenue

City Northport State NY Zip 11768

Telephone [redacted] Email dakeson@olivatherapeutics.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?		

Applicant's initials DA

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

School Name		From - To (MM/YY – MM/YY)	
Fairfield University		09/2003 - 05/2007	
Address	**City**	**State**	**Zip**
1073 North Benson Road	Fairfield	CT	06824
Diploma/Degree obtained, if any			
Bachelor of Arts			
School Name		**From - To (MM/YY – MM/YY)**	
Elwood John H. Glenn High School		09/1999 - 06/2003	
Address	**City**	**State**	**Zip**
478 Elwood Road	Elwood	NY	11743
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 -Present	[redacted] Asharoken Avenue	Northport	NY	11768
11/09 - 09/16	[redacted] Old Town Lane	Halesite	NY	11743

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			From - To (MM/YY – MM/YY)	
Oliva Therapeutics, LLC			12/21 - Present	
Business Address		**City**	**State**	**Zip**
45 N Broad St, Ste 504		Ridgewood	NJ	07450
Phone	**Title**			
(201) 735-8618	Co-Founder and Chief Executive Officer			

Description of Duties

Co-founder and the CEO of Oliva Therapeutics and in addition to continuing his role as third-generation management at Jerome Stevens Pharmaceuticals, Inc.

Business Name			From - To (MM/YY – MM/YY)	
Jerome Stevens Pharmaceuticals, Inc.			10/07 - Present	
Business Address		**City**	**State**	**Zip**
60 Davinci Drive		Bohemia	NY	11716
Phone	**Title**			
(631) 567-1113	Director			

Description of Duties

Third generation management with responsibilities for oversight of day-to-day (daily) operations including manufacturing, packaging, production planning, quality, regulatory, 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)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

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.

Daniel Akeson
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/28/2022
Date

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

State of NEW YORK, ss. County of SUFFOLK

I, DANIEL AKESON, 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

07/28/2022
Date

Subscribed and Sworn to before me this 28th day of July 2022

Janean R. Campo
Notary Public Signature

JANEAN R. CAMPO
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01CA6157197
Qualified in Suffolk County
Commission Expires December 4, 2022

(Seal)

NEVADA STATE BOARD OF PHARMACY

98S Damonte Ranch Parkway, Suite 206 – Reno, NV 89S21 – 77S-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Oliva Therapeutics, LLC

Physical Address 45 N Broad St, Ste 504

City Ridgewood State NJ Zip 07450

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

City _____ State _____ Zip _____

Telephone (201) 735-8618 Website www.olivatherapeutics.com

Licensing Company Email mturnamian@olivatherapeutics.com

Section 2: Personal Information

First Michael Middle Peter Last Turnamian

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

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

Mailing Address 630 Mountain Ave.

City Wyckoff State NJ Zip 07481

Telephone [redacted] Email mturnamian@olivatherapeutics.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, 425.540)	**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 MT

School Name			From - To (MM/YY – MM/YY)	
Iona College			01/06 - 08/09	
Address		City	State	Zip
715 North Avenue		New Rochelle	NY	10801
Diploma/Degree obtained, if any				
MBA in Management				
School Name			From - To (MM/YY – MM/YY)	
Georgetown University			9/1997-5/2001	
Address		City	State	Zip
3700 O St., N.W.		Washington	D.C.	20057
Diploma/Degree obtained, if any				
Bachelor of Arts in English, Political Science Minor				
School Name			From - To (MM/YY – MM/YY)	
Northern Valley Regional High School at Old Tappan			9/1993-6/1997	
Address		City	State	Zip
140 Central Ave		Old Tappan	NJ	07675
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				

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/12-Present	[redacted] Mountain Ave.	Wyckoff	NJ	07450
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 MT

Business Name	From - To (MM/YY – MM/YY)
Oliva Therapeutics, LLC	03/22 - Present

Business Address	City	State	Zip
45 N Broad St, Ste 504	Ridgewood	NJ	07450

Phone	Title
(201) 735-8618	Co-Founder and Chief Operating Officer

Description of Duties

Responsible for company start up and all day-to-day operating activities.

Business Name	From - To (MM/YY – MM/YY)
Amneal Pharmaceuticals	12/18 - 3/2022

Business Address	City	State	Zip
400 Crossing Blvd, 3rd Floor	Bridgewater	NJ	

Phone	Title
(908) 947-3120	Vice President of Sales & Marketing - Endocrinology and Primary Care

Description of Duties

Retained post-acquisition to operate and expand the Endocrinology division of Amneal Specialty. Management oversight of 60+ Sales & Marketing employees and a portfolio of specialty brands. Integrated Gemini into the public Amneal organization while increasing net revenue for the primary promoted brand by over 100%.

Business Name	From - To (MM/YY – MM/YY)
Gemini Laboratories, LLC (acquired by Amneal Pharmaceuticals)	12/13 - 12/18

Business Address	City	State	Zip
1200 US Highway 22 East, Suite 3	Bridgewater	NJ	08807

Phone	Title
(908) 947-3120	Vice President and Chief Commercial Officer

Description of Duties

Responsible for all start-up activities and day-to-day company operations from inception through the sale of the company to Amneal Pharmaceuticals in May 2018 for $117 million. Successfully launched a portfolio of specialty brand products, including the lead product Unithroid (levothyroxine sodium tablets). Management oversight of all company employees and functions (both in-house and third-party consultants) including Field Sales, Marketing, Operations, Finance, Compliance/Licensing, Trade and Distribution.

Business Name	From - To (MM/YY – MM/YY)
Sandoz Inc. (a Novartis Company)	3/13 - 12/13

Business Address	City	State	Zip
100 College Road W	Princeton	NJ	08540

Phone	Title
(800) 525-8747	Manager, US New Product Launch and Strategy

Description of Duties

Responsible for managing and setting the strategy for new generic product launches in the US Market. Also responsible for
forecasting and screening new product for potential future launches.

Business Name	From - To (MM/YY – MM/YY)
Watson Pharmaceuticals Inc. (now part of Allergan/Teva)	3/11 - 3/13

Business Address	City	State	Zip
400 Interpace Pkwy # 3	Parsippany	NJ	07054

Phone	Title
(800) 545-8800	Manager, US Generic Portfolio

Description of Duties

Responsible for Generic/OTC new product screening, evaluation, and selection for the US market with a goal of identifying 40+ new opportunities per year. Coordinated monthly new product selection meetings to present all internal and external development candidates to the executive management team

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

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

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

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials MT

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to 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 P. Turnamian
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/1/2022
Date

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

State of New Jersey, ss. County of Bergen

I, MICHAEL TURNAMIAN, 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

8/1/2022
Date

Subscribed and Sworn to before me this 1 day of August, 2022.

Notary Public Signature

DANIEL P SOLOMON
Notary Public - State of New Jersey
My Commission Expires Oct 1, 2024

(Seal)

Applicant's initials MT

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 Oliva Therapeutics, LLC

Physical Address 45 N Broad St, Ste 504

City Ridgewood State NJ Zip 07450

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

City _____ State _____ Zip _____

Telephone (201) 735-8618 Website www.olivatherapeutics.com

Licensing Company Email mtumamian@olivatherapeutics.com

Section 2: Personal Information

First Deborah Middle Ann Last Akeson

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

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

Mailing Address [redacted] Danville Drive

City Greenlawn State NY Zip 11740

Telephone [redacted] Email [redacted]@wsagolf.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?		

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)	
Adelphi University		01/99 - 05/00	
Address	**City**	**State**	**Zip**
1 South Avenue	Garden City	NY	11530
Diploma/Degree obtained, if any			
Bachelor of Arts			

School Name		From - To (MM/YY – MM/YY)	
University of Tennessee - Knoxville		09/76 - 12/77	
Address	**City**	**State**	**Zip**
1502 Cumberland Avenue	Knoxville	TN	37996
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Elwood John H. Glenn High School		09/73 - 06/76	
Address	**City**	**State**	**Zip**
478 Elwood Road	Elwood	NY	11743
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/17 - Present	[redacted]Danville Drive	Greenlawn	NY	11740
06/06 - Present	[redacted]Asharoken Avenue	Northport	NY	11768
01/90 - 05/17	[redacted]Andrea Lane	Greenlawn	NY	11740
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 RDA

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)
Jerome Stevens Pharmaceuticals, Inc.			12/82 - Present
Business Address	**City**	**State**	**Zip**
60 DaVinci Drive	Bohemia	NY	11716
Phone	**Title**		
(631) 567 - 1113	Secretary		
Description of Duties			
Shareholder and executive corporate oversight.			

Business Name			From - To (MM/YY – MM/YY)
Woodside Club			06/10 - Present
Business Address	**City**	**State**	**Zip**
225 Muttontown Eastwoods Road	Muttontown	NY	11791
Phone	**Title**		
(516) 802 - 2900	Chief Operations Officer (COO)		
Description of Duties			
Shareholder, executive operational oversight.			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

Applicant's initials DA

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 _____

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

Deborah Akeson
Print Name (First, Last)

Deborah Akeson
Original Signature (electronic, copies or stamps not accepted)

07/27/2022
Date

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

State of New York, ss. County of SUFFOLK

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

Deborah Akeson
Original Signature

07/27/2022
Date

Subscribed and Sworn to before me this 27th day of 2022.

Janean R Campo
Notary Public Signature

JANEAN R. CAMPO
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01CA6157197
Qualified in Suffolk County
Commission Expires December 4, 2022

(Seal)

Applicant's initials DA

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 _____	■ 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: 2 Ludlow Park Drive

City: Chicopee State: MA Zip: 01022

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

City: Dublin State: OH Zip: 43017

Telephone: 413-593-6400 Website: www.cardinalhealth.com

Name of Designated Representative (DR): Ann Marie Gagnon

Licensing Company Email: licensure@cardinalhealth.com DR Email: ann.gagnon@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:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

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

Provide explanation below: See Attached Letter

K [signature]

Original Signature (electronic, copies or stamps not accepted)

8/9/2022

Date

Name: Cardinal Health 200, LLC
Address: 2 Ludlow Park Drive City: Chicopee State: MA Zip: 01022
Name: Cardinal Health 200, LLC
Address: 2010 E. International Speedway Blvd City: Deland State: FL Zip: 32724
Name: Gananoque Plant
Address: 25 Herbert St City: Gananoque State: ON Zip: K7G2Y7
Name: Covidien-Kenmex
Address: 9850 Siempre Viva Rd Ste 4 City: San Diego State: CA Zip: 92154

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: 413-593-7132 Email: licensure@cardinalhealth.com
Contact Person Name: LaToyia Martin

Date of SEC Registration: 8/4/1983 | SEC Registration Number: 0000721371 | Stock Exchange Symbol: CAH

Section 5: Private Limited 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

K Chamberlain

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

8/9/2022

Date

Board Use Only	Date Received: 8.24.22	Amount: 1000.00 CC ✓ 9/1/2022

Question 3
Disclosure
Response

CardinalHealth

07/31/2022

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
2 Ludlow Park Drive
Chicopee, MA 01022

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

Home State License

The Official Website of the Executive Office of Health and Human Services (EOHHS)

Health and Human Services
Departments & Divisions

Home › Government Agencies › Departments & Divisions › Public Health › Bureaus and Programs › Health Care Safety and Quality › Drug Control › MCSR › Registration Application Forms & Information › Manufacturer and Distributor Registration Info › Medical Device Manufacturer Registration

Medical Device Manufacturer and Distributor Registration

This policy is intended to assist manufacturers and/or distributors of medical devices in Massachusetts to ascertain whether they need to obtain a controlled substances registration from the Massachusetts Department of Public Health (MDPH). Such a controlled substances registration would be required under Massachusetts law and regulation (M.G.L. c. 94C and 105 CMR 700.000) if a company were to manufacture, distribute or dispense controlled substances in the Commonwealth, or possess controlled substances with the intent of manufacturing, distributing or dispensing. Please note that in accordance with Massachusetts law the term "controlled substance" denotes any prescription pharmaceutical (i.e., either a federally controlled substance or a "legend" drug). Thus, any medical device that contains a prescription pharmaceutical is considered to be a controlled substance in Massachusetts regardless of its standing as a medical device.

If you are a manufacturer and/or a distributor in Massachusetts and your company does not manufacture, dispense or distribute controlled substances within the Commonwealth, or possess controlled substances for such purposes your company does not need, and has no basis for obtaining, a controlled substances registration from Massachusetts.

Thus, for example, a manufacturer or distributor of a medical device is not required to register if:

1. the device does not contain any prescription pharmaceutical;
   or
2. the device does contain a prescription pharmaceutical but is not manufactured, stored, dispensed, or distributed from within the Commonwealth (e.g., manufacture, storage and distribution of the device is handled from outside the state and the only activity within Massachusetts is direct delivery to a registered entity in the state).

If you have any questions regarding this policy please contact the Drug Control Program at 617-983-6700.

This information is provided by the Drug Control Program within the Department of Public Health.

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Cert. of Good Standing

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

Authentication: 204226608

Date: 08-23-22

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

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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**		

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Officer List

2 Ludlow Park Drive
Chicopee, Massachusetts 01022-1318

Officer Name	Title	Percentage of Ownership
Steven Blair C de Baca	EVP Quality and Regulatory Affairs	0%
Stephen Michael Mason	CEO, Medical Segment	0%
Keegan David Chamberlain	Director, Quality Management	0%
Julie Erin Webb	VP, Quality Management	0%
John Henry Martin Jr.	SVP, Tax	0

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Employee List

RPT - Active Employee Roster
Job Level - Primary Position
Project Worker
Effective as of Date
Country (leave blank for all)
Location

Name	Job Code	Job Title
Scott Burlin	O39391	Sr Operator, Machine Opr
Gary Hall	O49397	Ld Tech, Prd St-up & Mnt
Jacqueline Little	B29G14	Coord, Proj Analyst, Prog/Proj Mgmt
Jose Goncalves	O39391	Sr Operator, Machine Opr
Larue Reed	O19397	Tech I, Prd St-up & Mnt
Alexandra Mason	P39268	Prin Engr, R & D
Roland Lacasse	O39397	Sr Tech, Prd St-up & Mnt
Joseph Garete	O39391	Sr Operator, Machine Opr
Michael Villa	O29389	Assoc II, Assembly
Juan Rodriguez	O39391	Sr Operator, Machine Opr
Donna Arcouette	O49391	Ld Operator, Machine Opr
Curtis Anderkin	M19395	Supv, Production Mgmt
Cynthia Stanek	O29391	Operator II, Machine Opr
Michael Bodurtha	P39337	Engr, IT Client Support
Scott Garete	O49391	Ld Operator, Machine Opr
Suzanne Jones	O29391	Operator II, Machine Opr
Alethea Letendre	O39391	Sr Operator, Machine Opr
Kevin Beaulieu	P49268	Sr Prin Engr, R & D
Nurys Garcia	O29391	Operator II, Machine Opr
Gerald Gagne	M29397	Mgr, Prod Set-up & Maint
Angel Curbelo	O49391	Ld Operator, Machine Opr
Edward Pomeroy	O29391	Operator II, Machine Opr
Theresa Shearer-Rivera	O49389	Ld Assoc, Assembly
Denise Gurski	O29391	Operator II, Machine Opr
Brian Choquette	O49391	Ld Operator, Machine Opr
Claire Kennedy	P29438	Sr Engr, Quality Engineering
Almerida Otero	O29391	Operator II, Machine Opr
Zofia Sucharski	O49389	Ld Assoc, Assembly
Patti Mezzetti	O29391	Operator II, Machine Opr
John Dobosz	O49397	Ld Tech, Prd St-up & Mnt
Michael Mezzetti	O39391	Sr Operator, Machine Opr
Channoeun Yim (On Leave)	O29439	Tech II, Quality Control
Sandra Fernandes	O39391	Sr Operator, Machine Opr
Chad Gagnon	O49397	Ld Tech, Prd St-up & Mnt
Jacob Callery	M19438	Supv, Quality Engineering

Peg Campbell	O39389	Sr Assoc, Assembly
Michael Hewlett	O29391	Operator II, Machine Opr
Arlene Tiwari (On Leave)	O39389	Sr Assoc, Assembly
Dawn Poulin	O39268	Sr Tech, R & D Engr
Veronica Jaszek	O49439	Ld Tech, Quality Control
Ann Gagnon	M29418	Mngr, Warehouse Operations
Stephen Thayer	O29389	Assoc II, Assembly
Kelly Kazimierczak	O29389	Assoc II, Assembly
John Warren	O49397	Ld Tech, Prd St-up & Mnt
Francis Weir	O39118	Sr Tech, Prod Test & Calib
Janice Sharpe	O29391	Operator II, Machine Opr
John Riordan	P29259	Sr Engineer, Manufacturing
Alexander Leclair	O29391	Operator II, Machine Opr
Noraida Ortega	O29439	Tech II, Quality Control
Joseph Shoum	O39397	Sr Tech, Prd St-up & Mnt
Pamela Lavarnway	O39391	Sr Operator, Machine Opr
Frederick Rau	O39389	Sr Assoc, Assembly
Marzena Socha	O49391	Ld Operator, Machine Opr
Bruce Flores	O49439	Ld Tech, Quality Control
Cindy Cowles	O29391	Operator II, Machine Opr
Gina Shankle	O29418	Assoc II, Warehouse Ops
Joyce Rosen	P39G77	Cnslt, Business Perf Ptnr
Ken Roberts	O49391	Ld Operator, Machine Opr
Kenneth Bachand	O49418	Ld Assoc, Warehouse Ops
Linda Tetreault	O29391	Operator II, Machine Opr
Cynthia A Carley	M29449	Mngr, Research Mgmt
Mederick Parilla	O39391	Sr Operator, Machine Opr
Patricia Dupaul	B39200	Sr Asst, Administration
Heather Micheli	O29391	Operator II, Machine Opr
Paul Murray	O29391	Operator II, Machine Opr
Peter Lancto	O19391	Operator I, Machine Opr
David Selvitelli	P49268	Sr Prin Engr, R & D
Michael Green	O29389	Assoc II, Assembly
Eddy Robles	O49418	Ld Assoc, Warehouse Ops
Shawn Akins	O29418	Assoc II, Warehouse Ops
Lisa Demers	O29439	Tech II, Quality Control
Kevin Rodriguez	M19392	Supv, Manufacturing Mgmt
Urszula Szocik	O29391	Operator II, Machine Opr
Cassandra Ruff	O29389	Assoc II, Assembly
Marie Distefano	O29439	Tech II, Quality Control
Tammy Lylescook	O29389	Assoc II, Assembly

Shawn Bihler	O39391	Sr Operator, Machine Opr
Joseph Holden	M29294	Mgr, Fin_Plng_&_Analysis
Paul Leblanc	O39391	Sr Operator, Machine Opr
Philip Daigle	O39397	Sr Tech, Prd St-up & Mnt
Emily Renaud	O39391	Sr Operator, Machine Opr
Paul Carvalho	O39391	Sr Operator, Machine Opr
Joseph Wellspeak	O29391	Operator II, Machine Opr
Andrey Adzhigirey	O29418	Assoc II, Warehouse Ops
Kelly Bergeron (On Leave)	O39391	Sr Operator, Machine Opr
John Kriesak	O29391	Operator II, Machine Opr
Carrie Webster	O49439	Ld Tech, Quality Control
Derek Zorin	O29418	Assoc II, Warehouse Ops
Wioleta Jaworski	O39391	Sr Operator, Machine Opr
Larry Garcia	O29418	Assoc II, Warehouse Ops
Lisa Moriarty	O39391	Sr Operator, Machine Opr
Karl Devender	O29418	Assoc II, Warehouse Ops
Kathy Tremblay	M32256	Dir, Engineering_Mgmt
Erick Garstka	M29449	Mngr, Research Mgmt
Douglas Asselin	O49391	Ld Operator, Machine Opr
Jeffrey Ogg	O49391	Ld Operator, Machine Opr
Karen Beyer	O29389	Assoc II, Assembly
Ann Milledge	O29391	Operator II, Machine Opr
Kevin Gatto	O29389	Assoc II, Assembly
Michael Moriarty	O29389	Assoc II, Assembly
Lori Lagasse	O29418	Assoc II, Warehouse Ops
Evelyn Ortas	O29389	Assoc II, Assembly
Denise Bielecki	O39389	Sr Assoc, Assembly
Nassir Salih	O29391	Operator II, Machine Opr
Jean Stillman	O29389	Assoc II, Assembly
Valerie Philippi	M19438	Supv, Quality Engineering
Jordan Hawkins	O39391	Sr Operator, Machine Opr
Balaji Janardhanan	P49259	Sr Prin Engr, Manufacturing
Ralph Clark	O49397	Ld Tech, Prd St-up & Mnt
Carmen Martinez	O39389	Sr Assoc, Assembly
Jorge Collazo	O39397	Sr Tech, Prd St-up & Mnt
Victor Sanchez	O49391	Ld Operator, Machine Opr
Antonio Gonzalez	O29389	Assoc II, Assembly
Cruz Martinez	O49418	Ld Assoc, Warehouse Ops
Sonia Ortiz	O29389	Assoc II, Assembly

Evelyn Gonzalez	O29418	Assoc II, Warehouse Ops
Margarita Rodriguez	O39389	Sr Assoc, Assembly
Elisanta Alindato	O29389	Assoc II, Assembly
Luz Rivera	O39389	Sr Assoc, Assembly
Marisari Rosario	O29439	Tech II, Quality Control
Angelica Feliciano	O39391	Sr Operator, Machine Opr
Sautam Saha	O29391	Operator II, Machine Opr
Mike Rojas	O29389	Assoc II, Assembly
Elaine Mateo	O29389	Assoc II, Assembly
Luz Castro	O29389	Assoc II, Assembly
Jonathan Figueroa	O39409	Sr Coord , Inventory Mgmt
Angelina Malave (On Leave)	O29389	Assoc II, Assembly
Israel Cosme	O39391	Sr Operator, Machine Opr
Michael Chu	P29268	Sr Engr, R & D
Jeremy Prusak	O29389	Assoc II, Assembly
Yesenia Rivera	O29391	Operator II, Machine Opr
Samantha Stone (On Leave)	O29389	Assoc II, Assembly
Victoria Taveras	O49389	Ld Assoc, Assembly
Angel Colon	O19391	Operator I, Machine Opr
Nelly Mendez	O29391	Operator II, Machine Opr
Kenneth Roberts	O39391	Sr Operator, Machine Opr
Leslie Garcia	O39391	Sr Operator, Machine Opr
Debbie Czerniak	O29389	Assoc II, Assembly
Lynn Provost	O29389	Assoc II, Assembly
Joey Mezzetti	O29389	Assoc II, Assembly
Xavier Diaz	O39391	Sr Operator, Machine Opr
Jeremy Minor	O49391	Ld Operator, Machine Opr
Shaunte Rinehart	O29439	Tech II, Quality Control
George Marsh	O29389	Assoc II, Assembly
Gary Knox	M19392	Supv, Manufacturing Mgmt
Christopher Lopez Rivera	O29389	Assoc II, Assembly
June Dansereau	O29389	Assoc II, Assembly
Nghia Nguyen	P29268	Sr Engr, R & D
Bikash Gurung	O29439	Tech II, Quality Control
Carlos Perez	O29389	Assoc II, Assembly
Keyshla Sanchez	O29389	Assoc II, Assembly
Jerry Bridgewater	M32392	Dir, Manufacturing_Mgmt
Wallace Grant	O29389	Assoc II, Assembly

Karla Ramos	O29391	Operator II, Machine Opr
Mirvet Bacaj	O39391	Sr Operator, Machine Opr
Ahmad Shah	O29389	Assoc II, Assembly
Keishla Schumaker Robles	O49389	Ld Assoc, Assembly
Keven Garcia Miranda	O29391	Operator II, Machine Opr
John Rodriguez Baez	O29389	Assoc II, Assembly
Tika Adhikari	O29389	Assoc II, Assembly
Inez Gonzalez Martinez	O49409	Ld Coord, Inv Managemnt
Kyle Vedra	P19259	Engr, Manufacturing
Neera Ghaley	O29389	Assoc II, Assembly
Elija Gurung	O49409	Ld Coord, Inv Managemnt
Alexander Munera	O39391	Sr Operator, Machine Opr
Karen Brantl	P49264	Sr Prin Engr, Product
Bernice Stadtlander	O29389	Assoc II, Assembly
Paola Sanchez	O29389	Assoc II, Assembly
Zack Bezares	O29391	Operator II, Machine Opr
Diane Lareau	O29391	Operator II, Machine Opr
Carelyn Reyes	O29391	Operator II, Machine Opr
Alex Colon	O29389	Assoc II, Assembly
Kathleen Gagnon	O29389	Assoc II, Assembly
Mediatrice Jamari	O29389	Assoc II, Assembly
Karissa Kozlowski	P29268	Sr Engr, R & D
Shaun Roy	O29409	Coord, Inventory Mgt
Carlos Ortiz (On Leave)	O29418	Assoc II, Warehouse Ops
Juana Pascual	O29389	Assoc II, Assembly
Giovoni Lopez	O29418	Assoc II, Warehouse Ops
Maria Molina-Torres	O49389	Ld Assoc, Assembly
Maria Roxo	O29389	Assoc II, Assembly
Sandepa Saha	B29444	Coord II, Qual/Reg Audit
Antonio Bermudez	O29389	Assoc II, Assembly
Bladimir Vergara-Aponte	O29389	Assoc II, Assembly
Alexis Charette	P19268	Engr, R & D
Josephine Boudin	O29391	Operator II, Machine Opr
Clementine Umwali	O49389	Ld Assoc, Assembly
Marienyelis Ojeda	O29389	Assoc II, Assembly
Theresa Fortini	O29389	Assoc II, Assembly
Adelmary Fernandez	O29389	Assoc II, Assembly
Michael Supczak	M29434	Manager, Quality Management
Edwin Farinacci-Torres	O29389	Assoc II, Assembly
Omar Diaz	O29389	Assoc II, Assembly
Christopher Cosme	O29389	Assoc II, Assembly

Sonia Santos (On Leave)	O29389	Assoc II, Assembly
Irma Martinez	O29391	Operator II, Machine Opr
Sara Catanzano	P29M01	Sr. Analyst, Manufacturing EMERGE
Getsie Martinez	O29391	Operator II, Machine Opr
Cristina Lebron	O29389	Assoc II, Assembly
Anna Obai	O29389	Assoc II, Assembly
Jailene Navarro	O29389	Assoc II, Assembly
Jon Presto	O29391	Operator II, Machine Opr
Jason Rojas	O29389	Assoc II, Assembly
Michael Butt	M29256	Mgr, Engineering Mngmt
Brian Potter	O29391	Operator II, Machine Opr
Mercy Brual	O29389	Assoc II, Assembly
Kayde Colon Benitez	O39389	Sr Assoc, Assembly
Hannah Sugrue	P19268	Engr, R & D
Benjamin John	P29M01	Sr. Analyst, Manufacturing EMERGE
Angelica Rojas	O29391	Operator II, Machine Opr
Rebecca Allen	O29391	Operator II, Machine Opr
Kevin Almeida	O29389	Assoc II, Assembly
Yonaiza Sanchez	O29389	Assoc II, Assembly
Edwin Santana	O29391	Operator II, Machine Opr
Robert Bys	O39397	Sr Tech, Prd St-up & Mnt
Jeffrey Rondeau	P29259	Sr Engineer, Manufacturing
Brookelyn LaPointe	O19397	Tech I, Prd St-up & Mnt
Linda Rivera	O29389	Assoc II, Assembly
Christopher Mason	O29391	Operator II, Machine Opr
Garrett Lawlor	P19268	Engr, R & D
Dominik Bieniasz	P19259	Engr, Manufacturing
Alyssah Delgado	O29389	Assoc II, Assembly
Catherine Torres	O29389	Assoc II, Assembly
Kaishla Cabrera	O29439	Tech II, Quality Control
Jan Diaz Navarro	O49389	Ld Assoc, Assembly
Maritza Diaz	O29389	Assoc II, Assembly
Margarita Paulino	O29389	Assoc II, Assembly
Nadia Folegnani	O29391	Operator II, Machine Opr
Karina Gonzalez	O29389	Assoc II, Assembly
Christopher Wodecki	O39391	Sr Operator, Machine Opr
Haydeliz Alindato	O29389	Assoc II, Assembly
Xavier Rivera	O29391	Operator II, Machine Opr

Kayla LeBlanc	O29391	Operator II, Machine Opr
Marcus Rodriguez	O29389	Assoc II, Assembly
Darian Figueroa	O29389	Assoc II, Assembly
Nichole Stebbins	P29438	Sr Engr, Quality Engineering
Angel Delgado	O29389	Assoc II, Assembly
Omar Rojas-Rosario	O29391	Operator II, Machine Opr
Angel Zaragoza	O39397	Sr Tech, Prd St-up & Mnt
Karla Martinez	O29389	Assoc II, Assembly
Robert Krajewski	O29391	Operator II, Machine Opr
Pauline Nizeyimana	O29389	Assoc II, Assembly
Matthew Heafey	P49D95	Manager, Eniv HS
Gloria Polanco	O29389	Assoc II, Assembly
Tamika Shawnell Ortiz Acosta	O29389	Assoc II, Assembly
Derrick Powell	O29389	Assoc II, Assembly
Jean Toussaint	O29418	Assoc II, Warehouse Ops
Carmen Rivera	O29389	Assoc II, Assembly
Mya Jacobs	O39391	Sr Operator, Machine Opr
James Iongi	O29389	Assoc II, Assembly
Ariel Antonmarchi	O29389	Assoc II, Assembly
Paul Cyr	O29391	Operator II, Machine Opr
Kimberlee Couture	O39391	Sr Operator, Machine Opr
Carol Krzywda	O29389	Assoc II, Assembly
Patrick Sajdera	O29391	Operator II, Machine Opr
Ricardo Ortiz	O29389	Assoc II, Assembly
Jose Rivera	O29439	Tech II, Quality Control
Susky Acosta-Rojas	O29389	Assoc II, Assembly
Solmary Navarro-Castellano	O29389	Assoc II, Assembly
Destiny Smith	O29389	Assoc II, Assembly
David Applebury	O29389	Assoc II, Assembly
Erica Juan	O29389	Assoc II, Assembly
Stephen Diaz	O29389	Assoc II, Assembly
Frankie Lizardi	O29418	Assoc II, Warehouse Ops
Meagan Taylor	O29389	Assoc II, Assembly
Edwin Figueroa	O29389	Assoc II, Assembly
Nallely Rivera	O29389	Assoc II, Assembly

Iliana Alvarez Torres	O29389	Assoc II, Assembly
Natasha Santos	O29389	Assoc II, Assembly
Thomas Johnson	O29389	Assoc II, Assembly
Michi Wu	O29389	Assoc II, Assembly
Lincoln Orellana	O29389	Assoc II, Assembly
Sachin Shrestha	O29389	Assoc II, Assembly
Nicholas Lasalle	O29389	Assoc II, Assembly
Jeisha Mercado	O29389	Assoc II, Assembly
Krystal Crespo	O29389	Assoc II, Assembly
Osvaldo Ortiz	O29389	Assoc II, Assembly
Zahara Nadeem	O29389	Assoc II, Assembly
Lindsay Kellaher	O29389	Assoc II, Assembly
Marcus Chartier	O29389	Assoc II, Assembly
Zachary Rinvil	O29389	Assoc II, Assembly
Jessenia Feliciano	O29389	Assoc II, Assembly
Christian Asad	O29389	Assoc II, Assembly
Jan Santiago	O29389	Assoc II, Assembly
Alex Rodriguez	O29389	Assoc II, Assembly
Shirzad Saifi	O29389	Assoc II, Assembly
Tynan Santana	O29389	Assoc II, Assembly
Reynaldo Figueroa	O29389	Assoc II, Assembly
Qamar Sabtow	O29389	Assoc II, Assembly
Leilany Bezares	O29389	Assoc II, Assembly
Kayla Rosner	O29389	Assoc II, Assembly
Rosamaria Pascual	O29389	Assoc II, Assembly
Lydia Miranda	O29389	Assoc II, Assembly
Kianna Jacobs	O29389	Assoc II, Assembly
Yarelis Alfaro	O29389	Assoc II, Assembly
Robert Taloumis	P39412	Planner/Buyer, Materials Mgmt
Jean Rivera	O29389	Assoc II, Assembly
Cindy Nguyen	O29389	Assoc II, Assembly
Michael Lewandowski	O29391	Operator II, Machine Opr
Jazmariah Encarnacion	O29389	Assoc II, Assembly
Carlos Pacheco Rubert	O29389	Assoc II, Assembly
Karna Tamang	O29389	Assoc II, Assembly
Katayvia Spencer	O29389	Assoc II, Assembly
Marina Vorasane	O29389	Assoc II, Assembly
Scott Powell	O29389	Assoc II, Assembly

Soanet Soto	O29389	Assoc II, Assembly
Zophii Maldonado	O29389	Assoc II, Assembly
Christopher Cobham	O29389	Assoc II, Assembly

	Job Level/Track	Direct Manager (Level 1)	Direct Manager Job Title
O3		Curtis Anderkin	Supv, Production Mgmt
O4		Gerald Gagne	Mgr, Prod Set-up & Maint
B2		Jennifer Whitcher	Prgm Mgr, Prog/Proj Mgmt
O3		Gary Knox	Supv, Manufacturing Mgmt
O1		Michael Butt	Mgr, Engineering Mngmt
P3		Mel Finke	Sr Prin Engr, R & D
O3		Gerald Gagne	Mgr, Prod Set-up & Maint
O3		Curtis Anderkin	Supv, Production Mgmt
O2		Gary Knox	Supv, Manufacturing Mgmt
O3		Gary Knox	Supv, Manufacturing Mgmt
O4		Curtis Anderkin	Supv, Production Mgmt
M1		Jerry Bridgewater	Dir, Manufacturing_Mgmt
O2		Kevin Rodriguez	Supv, Manufacturing Mgmt
P3		Michael Baldridge	Mgr, IT Client Services
O4		Curtis Anderkin	Supv, Production Mgmt
O2		Gary Knox	Supv, Manufacturing Mgmt
O3		Curtis Anderkin	Supv, Production Mgmt
P4		Erick Garstka	Mngr, Research Mgmt
O2		Curtis Anderkin	Supv, Production Mgmt
M2		Jerry Bridgewater	Dir, Manufacturing_Mgmt
O4		Kevin Rodriguez	Supv, Manufacturing Mgmt
O2		Gary Knox	Supv, Manufacturing Mgmt
O4		Curtis Anderkin	Supv, Production Mgmt
O2		Curtis Anderkin	Supv, Production Mgmt
O4		Curtis Anderkin	Supv, Production Mgmt
P2		Michael Supczak	Manager, Quality Management
O2		Curtis Anderkin	Supv, Production Mgmt
O4		Gary Knox	Supv, Manufacturing Mgmt
O2		Curtis Anderkin	Supv, Production Mgmt
O4		Gerald Gagne	Mgr, Prod Set-up & Maint
O3		Curtis Anderkin	Supv, Production Mgmt
O2		Valerie Philippi	Supv, Quality Engineering
O3		Curtis Anderkin	Supv, Production Mgmt
O4		Gerald Gagne	Mgr, Prod Set-up & Maint
M1		Michael Supczak	Manager, Quality Management

O3	Gary Knox	Supv, Manufacturing Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O3	Curtis Anderkin	Supv, Production Mgmt
O3	Erick Garstka	Mngr, Research Mgmt
O4	Valerie Philippi	Supv, Quality Engineering
M2	Ruben Rosa-Rivera	Dir, Manufacturing Mgt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O4	Gerald Gagne	Mgr, Prod Set-up & Maint
O3	Gerald Gagne	Mgr, Prod Set-up & Maint
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
P2	Michael Butt	Mgr, Engineering Mngmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Valerie Philippi	Supv, Quality Engineering
O3	Gerald Gagne	Mgr, Prod Set-up & Maint
O3	Curtis Anderkin	Supv, Production Mgmt
O3	Gary Knox	Supv, Manufacturing Mgmt
O4	Gary Knox	Supv, Manufacturing Mgmt
O4	Valerie Philippi	Supv, Quality Engineering
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Ann Gagnon	Mngr, Warehouse Operations
P3	Mel Finke	Sr Prin Engr, R & D
O4	Curtis Anderkin	Supv, Production Mgmt
O4	Ann Gagnon	Mngr, Warehouse Operations
O2	Curtis Anderkin	Supv, Production Mgmt
M2	Kathy Tremblay	Dir, Engineering_Mgmt
O3	Gary Knox	Supv, Manufacturing Mgmt
B3	Jerry Bridgewater	Dir, Manufacturing_Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O1	Curtis Anderkin	Supv, Production Mgmt
P4	Erick Garstka	Mngr, Research Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O4	Ann Gagnon	Mngr, Warehouse Operations
O2	Ann Gagnon	Mngr, Warehouse Operations
O2	Valerie Philippi	Supv, Quality Engineering
M1	Jerry Bridgewater	Dir, Manufacturing_Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Valerie Philippi	Supv, Quality Engineering
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt

O3	Curtis Anderkin	Supv, Production Mgmt
M2	Martha Morgan	Dir, Finance Plng & Anlysis
O3	Curtis Anderkin	Supv, Production Mgmt
O3	Gerald Gagne	Mgr, Prod Set-up & Maint
O3	Kevin Rodriguez	Supv, Manufacturing Mgmt
O3	Curtis Anderkin	Supv, Production Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Ann Gagnon	Mngr, Warehouse Operations
O3	Curtis Anderkin	Supv, Production Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O4	Valerie Philippi	Supv, Quality Engineering
O2	Ann Gagnon	Mngr, Warehouse Operations
O3	Curtis Anderkin	Supv, Production Mgmt
O2	Ann Gagnon	Mngr, Warehouse Operations
O3	Gary Knox	Supv, Manufacturing Mgmt
O2	Ann Gagnon	Mngr, Warehouse Operations
M3	Rork Swisher	VP, R & D Engnr
M2	Kathy Tremblay	Dir, Engineering_Mgmt
O4	Curtis Anderkin	Supv, Production Mgmt
O4	Gary Knox	Supv, Manufacturing Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Ann Gagnon	Mngr, Warehouse Operations
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O3	Curtis Anderkin	Supv, Production Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
M1	Michael Supczak	Manager, Quality Management
O3	Kevin Rodriguez	Supv, Manufacturing Mgmt
P4	Michael Butt	Mgr, Engineering Mngmt
O4	Gerald Gagne	Mgr, Prod Set-up & Maint
O3	Curtis Anderkin	Supv, Production Mgmt
O3	Gerald Gagne	Mgr, Prod Set-up & Maint
O4	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O4	Ann Gagnon	Mngr, Warehouse Operations
O2	Curtis Anderkin	Supv, Production Mgmt

O2	Ann Gagnon	Mngr, Warehouse Operations
O3	Curtis Anderkin	Supv, Production Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O3	Curtis Anderkin	Supv, Production Mgmt
O2	Jacob Callery	Supv, Quality Engineering
O3	Curtis Anderkin	Supv, Production Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O3	Ann Gagnon	Mngr, Warehouse Operations
O2	Gary Knox	Supv, Manufacturing Mgmt
O3	Gary Knox	Supv, Manufacturing Mgmt
P2	Erick Garstka	Mngr, Research Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O4	Kevin Rodriguez	Supv, Manufacturing Mgmt
O1	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O3	Kevin Rodriguez	Supv, Manufacturing Mgmt
O3	Gary Knox	Supv, Manufacturing Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O3	Kevin Rodriguez	Supv, Manufacturing Mgmt
O4	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Valerie Philippi	Supv, Quality Engineering
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
M1	Jerry Bridgewater	Dir, Manufacturing_Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
P2	Erick Garstka	Mngr, Research Mgmt
O2	Jacob Callery	Supv, Quality Engineering
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
M3	Ruben Rosa-Rivera	Dir, Manufacturing Mgt
O2	Curtis Anderkin	Supv, Production Mgmt

O2	Gary Knox	Supv, Manufacturing Mgmt
O3	Gary Knox	Supv, Manufacturing Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O4	Curtis Anderkin	Supv, Production Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O4	Gary Knox	Supv, Manufacturing Mgmt
P1	Michael Butt	Mgr, Engineering Mngmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O4	Gary Knox	Supv, Manufacturing Mgmt
O3	Kevin Rodriguez	Supv, Manufacturing Mgmt
P4	Alex Puentes	Mgr, Engr Prog/Proj Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
P2	Chelsey Elliott	Sr Project Mgr, Engineering
O2	Ann Gagnon	Mngr, Warehouse Operations
O2	Ann Gagnon	Mngr, Warehouse Operations
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O4	Curtis Anderkin	Supv, Production Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
B2	Michael Supczak	Manager, Quality Management
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
P1	Cynthia A Carley	Mngr, Research Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O4	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
M2	JoAnne Zwiers	Director, Quality Management
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt

O2	Curtis Anderkin	Supv, Production Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
P2	Srinath Gandeepan	Mgr, Program_Management
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
M2	Ruben Rosa-Rivera	Dir, Manufacturing Mgt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O3	Kevin Rodriguez	Supv, Manufacturing Mgmt
P1	Erick Garstka	Mngr, Research Mgmt
P2	Michael Butt	Mgr, Engineering Mngmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O3	Gerald Gagne	Mgr, Prod Set-up & Maint
P2	Michael Butt	Mgr, Engineering Mngmt
O1	Michael Butt	Mgr, Engineering Mngmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
P1	Erick Garstka	Mngr, Research Mgmt
P1	Michael Butt	Mgr, Engineering Mngmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Valerie Philippi	Supv, Quality Engineering
O4	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O3	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt

O2	Curtis Anderkin	Supv, Production Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
P2	Michael Supczak	Manager, Quality Management
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O3	Gerald Gagne	Mgr, Prod Set-up & Maint
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
P4	Matt Regal	Directr, EHS
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Ann Gagnon	Mngr, Warehouse Operations
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O3	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O3	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Jacob Callery	Supv, Quality Engineering
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Ann Gagnon	Mngr, Warehouse Operations
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt

O2	Curtis Anderkin	Supv, Production Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
P3	Ruben Rosa-Rivera	Dir, Manufacturing Mgt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Curtis Anderkin	Supv, Production Mgmt
O2	Gary Knox	Supv, Manufacturing Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt

O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt
O2	Kevin Rodriguez	Supv, Manufacturing Mgmt

Manager Location	Department Name
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Maintenance Department
CA-California-FIELD	GDS Coordinator Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Building Maintenance Department
FL-Florida-Work from Home	PMR Department
MA-Chicopee	Maintenance Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Operations Management Department
MA-Chicopee	Production Operations - 3rd shift Department
DE-Delaware-FIELD	Regional Client Services, Hub-NorthEast Department
MA-Chicopee	Defib Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	MOR R&D Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Operations Management Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Defib Department
MA-Chicopee	Quality Systems Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Maintenance Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	QA Department
MA-Chicopee	Defib Department
MA-Chicopee	Maintenance Department
MA-Chicopee	Quality Systems Department

MA-Chicopee	Charts/Kits Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Defib Department
MA-Chicopee	MOR R&D Department
MA-Chicopee	QA Department
GA-Georgia-FIELD	Planning/Production Department (Ruben Rosa-Rivera
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Defib Department
MA-Chicopee	Maintenance Department
MA-Chicopee	Maintenance Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Engineering Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	QA Department
MA-Chicopee	Maintenance Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Defib Department
MA-Chicopee	QA Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Chicopee DC Department
FL-Florida-Work from Home	PMR Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Chicopee DC Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	OEM R&D Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Operations Management Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	MOR R&D Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Chicopee DC Department
MA-Chicopee	Chicopee DC Department
MA-Chicopee	QA Department
MA-Chicopee	Operations Management Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	QA Department
MA-Chicopee	Production Operations - 3rd shift Department

MA-Chicopee	Defib Department
TX-Texas-FIELD	Global Manufacturing - Finance Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Maintenance Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Chicopee DC Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Defib Department
MA-Chicopee	QA Department
MA-Chicopee	Chicopee DC Department
MA-Chicopee	Defib Department
MA-Chicopee	Chicopee DC Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Chicopee DC Department
MO-Hazelwood	Product Development R&D Department
MA-Chicopee	OEM R&D Department
MA-Chicopee	Defib Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Defib Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Chicopee DC Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Quality Systems Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Engineering Department
MA-Chicopee	Maintenance Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Maintenance Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Defib Department
MA-Chicopee	Chicopee DC Department
MA-Chicopee	Defib Department

MA-Chicopee	Chicopee DC Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Quality Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Defib Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Chicopee DC Department
MA-Chicopee	Defib Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	MOR R&D Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Defib Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Defib Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Defib Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	QA Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Operations Management Department
MA-Chicopee	Defib Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	MOR R&D Department
MA-Chicopee	Quality Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
GA-Georgia-FIELD	Plant Management Department
MA-Chicopee	Defib Department

MA-Chicopee	Defib Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Defib Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Engineering Department
MA-Chicopee	Defib Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Production Operations - 3rd shift Department
TX-Texas-Work from Home	Engineering Department
MA-Chicopee	Defib Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Defib Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Defib Department
MA-Mansfield-West Building	Mansfield PMO Department
MA-Chicopee	Chicopee DC Department
MA-Chicopee	Chicopee DC Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Quality Systems Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Defib Department
MA-Chicopee	PMR Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Defib Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Charts/Kits Department
Canada-Gananoque	Quality Assurance Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Charts/Kits Department

MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
CA-California-FIELD	ECG Sustaining Engineering Project Management Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Defib Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Defib Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Defib Department
GA-Georgia-FIELD	Plant Management Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Defib Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	MOR R&D Department
MA-Chicopee	Engineering Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Maintenance Department
MA-Chicopee	Engineering Department
MA-Chicopee	Building Maintenance Department
MA-Chicopee	Defib Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	MOR R&D Department
MA-Chicopee	Engineering Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Defib Department
MA-Chicopee	QA Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Defib Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Defib Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department

MA-Chicopee	Defib Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Quality Systems Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Maintenance Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Massachusetts-FIELD	EHS Department
MA-Chicopee	Defib Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Chicopee DC Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Defib Department
MA-Chicopee	Charts/Kits Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Defib Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Quality Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Defib Department
MA-Chicopee	Chicopee DC Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department

MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Defib Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Defib Department
GA-Georgia-FIELD	Planning/Production Department (Ruben Rosa-Rivera
MA-Chicopee	Defib Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Defib Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Production Operations - 3rd shift Department

MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Production Operations - 3rd shift Department
MA-Chicopee	Production Operations - 3rd shift Department

Shareholders

Top 4 Owners of Cardinal Health Inc

Stockholder	Stake
The Vanguard Group, Inc.	11.88%
SSgA Funds Management, Inc.	5.95%
BlackRock Fund Advisors	5.14%
T. Rowe Price Associates, Inc. (I...	4.47%

Proof of Insurance

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 in			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? (Mandatory in NH) Y/N: N 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

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AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	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

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AGENCY	NAMED INSURED
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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
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 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	NAMED INSURED
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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

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	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 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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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

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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SEC Report

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, 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: 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, indicete 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, 2020, was the following: $15,693,865,917.

The number of the registrant's common shares, without par value, outstanding as of July 31, 2021, was the following: 290,441,408.

Documents Incorporated by Reference:

Portions of the registrant's Definitive Proxy Statement to be filed for its 2021 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 2021 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 subsidiaries, unless the context requires otherwise. Our fiscal year ends on June 30. References to fiscal 2022, 2021, 2020, 2019, 2018 and 2017 are to the fiscal years ended June 30, 2022, 2021, 2020, 2019, 2018 and 2017, respectively. Except as otherwise specified, information in this report is provided as of June 30, 2021.

Non-GAAP Financial Measures

In this report, including in the "Fiscal 2021 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 2021 and fiscal 2020 items and year-to-year comparisons between fiscal 2021 and fiscal 2020. Fiscal 2019 items and discussions of year-to-year comparisons between fiscal 2020 and fiscal 2019 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, 2020 (the "Fiscal 2020 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 2021 Overview

Revenue

Revenue for fiscal 2021 was $162.5 billion, a 6 percent increase from the prior year, primarily due to sales growth from pharmaceutical distribution and specialty solutions customers.

GAAP and Non-GAAP Operating Earnings/(Loss)

(in millions)	2021	2020	Change
GAAP operating earnings/(loss)	**$ 472**	**$ (4,098)**	**N.M.**
Surgical gown recall costs/(income)	**(28)**	85	
State opioid assessment related to prior fiscal years	**38**	3	
Restructuring and employee severance	**114**	122	
Amortization and other acquisition-related costs	**451**	524	
Impairments and (gain)/loss on disposal of assets	**79**	7	
Litigation (recoveries)/charges, net	**1,129**	5,741	
Non-GAAP operating earnings	**$ 2,255**	**$ 2,384**	**(5)%**

The sum of the components and certain computations may reflect rounding adjustments.

We had GAAP operating earnings of $472 million and a GAAP operating loss of $4.1 billion during fiscal 2021 and 2020, respectively, which includes pre-tax charges of $1.17 billion and $5.63 billion, respectively, recognized 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 2021 and Trends section in this MD&A and Note 7 of the "Notes to Consolidated Financial Statements."

GAAP and Non-GAAP operating earnings during fiscal 2021 were adversely impacted by COVID-19, which includes an inventory reserve recorded to reduce the carrying value of certain Medical segment personal protective equipment, primarily certain categories of gloves, to net realizable value. 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. See Significant Developments in Fiscal 2021 and Trends section in this MD&A for additional information. Volume declines in our Pharmaceutical segment generics program, which includes the impact of COVID-19, also had an adverse impact. These factors were partially offset by the beneficial impact of enterprise-wide cost-savings measures, including global manufacturing efficiencies in the Medical segment, and higher contribution from branded pharmaceutical sales mix.

GAAP and Non-GAAP Diluted EPS

($ per share)	2021 [2]	2020 [2][3]	Change
GAAP diluted EPS [1]	**$ 2.08**	**$ (12.61)**	**N.M.**
Surgical gown recall costs/(income)	**(0.07)**	0.22	
State opioid assessment related to prior fiscal years	**0.10**	0.01	
Restructuring and employee severance	**0.29**	0.31	
Amortization and other acquisition-related costs	**1.13**	1.34	
Impairments and (gain)/loss on disposal of assets	**0.21**	0.02	
Litigation (recoveries)/charges, net [4]	**1.78**	**17.84**	
Loss on early extinguishment of debt	**0.04**	0.04	
(Gain)/loss on sale of equity interest in naviHealth	**0.01**	(1.68)	
Transitional tax benefit, net	**—**	(0.01)	
Non-GAAP diluted EPS [1]	**$ 5.57**	**$ 5.45**	**2 %**

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, except for transitional tax benefit, net. 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 2020, 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 293 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 2020 non-GAAP diluted EPS is calculated using a weighted average of 295 million common shares, which includes potentially dilutive shares.

(4) 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.

The charges we recognized in fiscal 2021 and 2020 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) and $(17.54) per share after-tax impact on GAAP diluted EPS, respectively.

During fiscal 2021, GAAP and non-GAAP diluted EPS were positively impacted by $1.44 and $0.12 per share, respectively, due to a tax benefit from the net operating loss carryback primarily related to a self-insurance pre-tax loss, as further described in Significant Developments in Fiscal 2021 and Trends section in this MD&A and Note 7 of the "Notes to Consolidated Financial Statements."

GAAP diluted EPS during fiscal 2020 was favorably impacted by a $1.68 per share gain from the sale of the remainder of our equity interest in naviHealth described further in Note 2 of the "Notes to Consolidated Financial Statements."

Cash and Equivalents

Our cash and equivalents balance was $3.4 billion at June 30, 2021 compared to $2.8 billion at June 30, 2020. The increase in cash during fiscal 2021 was due to net cash provided by operating activities of $2.4 billion, offset by cash deployed of $573 million for dividends, $570 million for debt repayments, $400 million for capital expenditures, and $200 million for share repurchases.

Significant Developments in Fiscal 2021 and Trends

COVID-19

The COVID-19 pandemic ("COVID-19") continues to affect the U.S. and global economies, and as previously disclosed, the pandemic began to materially affect our businesses during the third quarter of fiscal 2020. The length and severity of the pandemic and its impacts on our businesses and results of operations are uncertain.

COVID-19 had a negative impact on our consolidated operating earnings/(loss) in fiscal 2021 and fiscal 2020. We estimate that the impact on fiscal 2021 operating earnings was approximately $200 million greater than on fiscal 2020 operating earnings, and we estimate that the impact on fiscal 2020 operating earnings/(loss) was approximately $100 million.

Pharmaceutical segment profit has been negatively impacted by COVID-19 largely due to volume declines in our generics program and Nuclear and Precision Health Solutions. While fiscal 2021 volumes within our generics program were lower than levels prior to COVID-19, the impact on Pharmaceutical segment profit improved on a year-over-year basis during the fourth quarter of fiscal 2021. Similarly, in comparison to prior year, the impact of COVID-19 on Nuclear and Precision Health Solutions was positive for Pharmaceutical segment profit during the fourth quarter of fiscal 2021.

Our Medical segment experienced dramatically increased demand for certain personal protective equipment due to COVID-19. 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. The peak of this heightened demand was during the second and third quarters of fiscal 2021. This increased demand resulted in higher sales volume for certain products, increased costs to manufacture and source these products and higher inventory levels to meet customer commitments. As a result, we sought out additional sources for these products and to mitigate the impact of these cost increases, we have raised our selling prices for the affected products. During the fourth quarter of fiscal 2021, selling prices and customer demand for certain PPE decreased as compared to the peak, and we expect this decline to continue into fiscal 2022. This resulted in inventory cost above net realizable value, requiring an inventory reserve of $197 million, primarily related to certain categories of gloves, which adversely impacted Medical segment profit. Our estimates for customer demand and selling prices are inherently uncertain and if customer demand or selling prices decline in the future beyond our current assumptions, additional inventory reserves may be required that would adversely impact Medical segment profit. See Critical Accounting Policies and Sensitive Accounting Estimates section in this MD&A for additional information.

During fiscal 2021, COVID-19 benefited Medical segment profit in some ways as well. Higher volumes in our laboratory business and cost savings positively impacted Medical segment profit. Additionally, despite declining customer demand and selling prices in some categories of PPE as described above, Medical segment profit was benefited by pricing actions intended to mitigate the impact of cost increases in certain other PPE categories. In addition, while lower demand for surgical products resulting from reduced elective procedures had an adverse impact on Medical segment profit during the first nine months of fiscal 2021, demand improved during the fourth quarter of fiscal 2021 and was a positive contributor to year-over-year segment profit.

We currently anticipate that the negative impact of the COVID-19 pandemic on operating earnings will be less in fiscal 2022 than it was in fiscal 2021, which includes the inventory reserve of $197 million described above. As a result, in comparison to prior year, we expect the COVID-19 impact for fiscal 2022 will be positive. However, we cannot estimate the length or severity of the COVID-19 pandemic or of the related U.S. or global economic consequences on our businesses and results of operations, including whether and when historic economic and operating conditions will resume, or its impact on our business, financial position, results of operations or cash flow. Its impact may be greater or less than we anticipate.

Opioid Lawsuits

In July 2021, we announced that we and two other national distributors have negotiated a proposed settlement agreement (the "Proposed Settlement Agreement") and settlement process that, if all conditions are satisfied (including Boards of Directors' approval), would result in the settlement of the vast majority of opioid lawsuits filed by state and local governmental entities.

West Virginia subdivisions and Native American tribes are not a part of this settlement process and we have been involved in separate negotiations with these groups. The settlement process does not contemplate participation by any non-governmental or non-political entities or individuals. In connection with the negotiations of the Proposed Settlement Agreement, we and the two other national distributors entered into a settlement with the State of New York and its participating subdivisions. If the Proposed Settlement Agreement becomes effective, New York and its participating subdivisions will become a part of it.

The Proposed Settlement Agreement is subject to contingencies and will not become effective unless and until the Boards of Directors of the three distributors each make separate independent determinations that (1) following a sign-on period, a sufficient number of states have agreed to the Proposed Settlement Agreement (the "Settling States"); and, subsequently, (2) following a notice period, that a sufficient number of states and political subdivisions, including those that have not sued, have agreed to the Agreement (or otherwise had their claims foreclosed) to proceed to effectiveness. Prior to the second determination, the Settling States will also have an opportunity to make a determination as to whether a sufficient number of political subdivisions have agreed to the Proposed Settlement Agreement (or otherwise had their claims foreclosed) to proceed with the Proposed Settlement Agreement. This process is currently contemplated to end in February 2022, although it may be extended by agreement. It is possible that a sufficient number of states and subdivisions will not agree to the Proposed Settlement Agreement or that other required contingencies will not be satisfied.

If these conditions are satisfied, the Proposed Settlement Agreement would become effective 60 days after the distributors determine that there is sufficient participation among political subdivisions. During this 60-day period, the Settling States and the distributors would cooperate to obtain consent judgments in each participating state embodying the terms of the Settlement.

The Proposed Settlement Agreement includes a cash component, pursuant to which the Company would pay up to $6.37 billion, the majority of which would be paid over 18 years. The exact payment amount will depend on several factors, including the participation rate of states and political subdivisions, the extent to which states take action to foreclose opioid lawsuits by political subdivisions (e.g., laws barring opioid lawsuits by political subdivisions), and the extent to which political subdivisions in Settling States file additional opioid lawsuits against the Company after the Proposed Settlement Agreement becomes effective.

The Proposed Settlement Agreement also includes injunctive relief terms relating to settling distributors' controlled substance anti-diversion programs, including with respect to: (1) governance; (2) independence and training of the personnel operating our controlled substances monitoring program; (3) due diligence for new and existing customers; (4) ordering limits for certain products; and (5) suspicious order monitoring. A monitor will be selected to oversee compliance with these provisions for a period of five years. In addition, we and the two other national distributors will engage a third-party vendor to act as a clearinghouse for data aggregation and reporting; distributors will fund the clearinghouse for ten years.

Additionally, a trial before a judge in West Virginia in the Cabell County and City of Huntington cases concluded in July 2021 and the judge has not yet issued a decision. In addition, a trial in the case brought by the Ohio Attorney General is scheduled to begin in September 2021 and a trial in the case brought by the Washington Attorney General is scheduled to begin in November 2021. The Ohio Attorney General has issued a press release indicating support for the Proposed Settlement Agreement; however, the Washington Attorney General has issued a press release stating that Washington will not agree to the Proposed Settlement Agreement.

In connection with the opioid lawsuits and settlement negotiations, we have recorded total pre-tax charges of $1.17 billion and $5.63 billion in litigation charges/(recoveries), net in the years ended June 30, 2021 and 2020, respectively. In total, we have $6.73 billion accrued at June 30, 2021, of which $405 million is included in other accrued liabilities, as we expect to make our first annual settlement payment into escrow on or before September 30, 2021, and the remainder is included in deferred income taxes and other liabilities in the consolidated balance sheets. 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.

Tax Effect of Opioid Litigation Charges

The net tax benefits associated with the opioid litigation charges are $228 million and $488 million for fiscal 2021 and 2020, respectively. 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 and $469 million, respectively. The fiscal 2021 net tax benefit and unrecognized tax benefits were primarily due to our assessment of the specific terms of the Proposed 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. See Note 8 of the "Notes to Consolidated Financial Statements" for additional information.

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.

We have filed for a U.S. federal income tax refund of $974 million as a result of the net operating loss carryback under the CARES Act, which we expect to receive within 12 months, and accordingly have recorded a current asset on our consolidated balance sheet at June 30, 2021. We also increased our non-current deferred tax liability by approximately $700 million during fiscal 2021 related to this matter.

We have recorded these amounts based on management's judgment and our current understanding of tax law; however, it is possible that the tax authorities could challenge these tax benefits or that the tax law could change. The actual amount or timing of the tax benefit may differ from these expectations. See Note 8 of the "Notes to Consolidated Financial Statements" for additional information.

Cordis Divestiture

On March 12, 2021, we announced that we signed a definitive agreement to sell our Cordis business to Hellman & Friedman for proceeds of $927 million in cash, subject to customary purchase price adjustments, and we retained certain working capital accounts and product liability for lawsuits and claims related to inferior vena cava ("IVC") filters in the U.S. and Canada as described in Note 7 of the "Notes to Consolidated Financial Statements." The transaction closed on August 2, 2021, and we received proceeds of $927 million, net of cash transferred. 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.

During fiscal 2021, we recognized a $60 million pre-tax write-down of the net assets held for sale in impairment and (gain)/loss on disposal of assets in the consolidated statement of earnings/(loss). We recorded a net tax expense of $9 million associated with the impact of the write-down and the required tax adjustments related to held for sale accounting.

In connection with the divestiture, during fiscal 2021 we recognized costs of $28 million associated with exit or disposal activities. We expect to record up to $100 million of additional costs associated with these activities, primarily during fiscal 2022. These costs are recorded in restructuring and employee severance in our consolidated statements of earnings/(loss). We expect these charges to consist of approximately $83 million of professional, project management and other service fees to support the divestiture; $19 million of employee-related costs; and additional expenses from facility exits and other restructuring activities.

We expect the divestiture of the Cordis business will decrease annual Medical segment revenue by approximately $800 million and adversely impact Medical segment profit by approximately $80 million. The divestiture of our 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.

Pharmaceutical Segment

The performance of our Pharmaceutical segment generics program adversely impacted the year-over-year comparison of Pharmaceutical segment profit in fiscal 2021 due to volume declines in our generics program, including the impact of COVID-19. 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"). In August 2021, we amended our agreement with CVS Health to extend the term of the Red Oak Sourcing agreement through June 2029. 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 remain uncertain as does their impact on Pharmaceutical segment profit and consolidated operating earnings in fiscal 2022.

Medical Segment

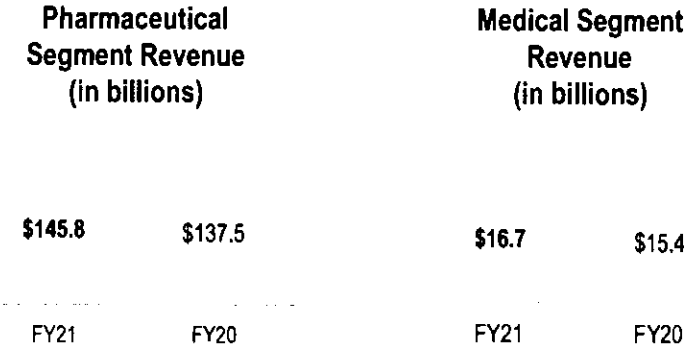
In the fourth quarter of fiscal 2021, our Medical segment experienced increased supply chain costs, primarily related to transportation, labor and commodities. While we are taking actions to mitigate the impact of these and other sourcing cost increases primarily through cost-savings measures, including global manufacturing efficiencies, we expect these increased costs to adversely impact Medical segment profit in fiscal 2022.

Information Technology Investments

Our Pharmaceutical segment is in a multi-year project to implement a replacement of certain finance and operating systems. Within the Medical segment, Cardinal Health at-Home Solutions is also investing in a system transformation. We expect that these investments will result in increased project-related expenses and depreciation related to capital expenditures, which will negatively impact operating earnings and segment profit in fiscal 2022 and beyond.

Results of Operations

Revenue



(in millions)	Revenue 2021	2020	Change
Pharmaceutical	$ 145,796	$ 137,495	6 %
Medical	16,687	15,444	8 %
Total segment revenue	162,483	152,939	6 %
Corporate	(16)	(17)	N.M.
Total revenue	$ 162,467	$ 152,922	6 %

Fiscal 2021 Compared to Fiscal 2020

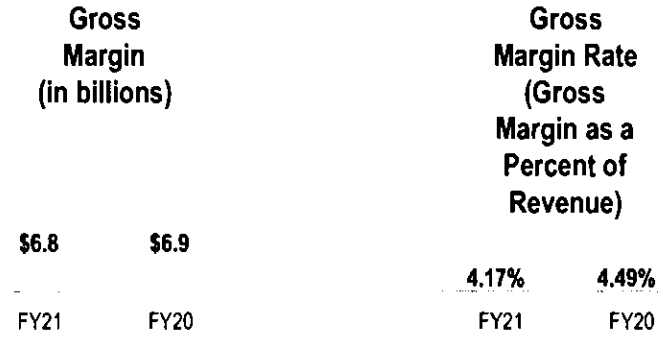
Pharmaceutical Segment
Fiscal 2021 Pharmaceutical segment revenue grew by $8.3 billion primarily due to sales growth from pharmaceutical distribution and specialty solutions customers, which together increased revenue by $8.1 billion.

Medical Segment
Fiscal 2021 Medical segment revenue increased primarily within products and distribution, which increased revenue by $1.1 billion, primarily due to a net benefit from COVID-19, including the positive impact of PPE and higher volumes in our laboratory business.

Cost of Products Sold

Cost of products sold for fiscal 2021 increased $9.6 billion (7 percent) due to the factors affecting the changes in revenue and gross margin.

Gross Margin



(in millions)	Consolidated Gross Margin 2021	2020	Change
Gross margin	$ 6,778	$ 6,868	(1)%

Fiscal 2021 Compared to Fiscal 2020

Fiscal 2021 consolidated gross margin decreased primarily due to the adverse impact of COVID-19, which includes an inventory reserve recorded to reduce the carrying value of certain Medical segment PPE, primarily certain categories of gloves, to net realizable value, partially offset by higher volumes in our laboratory business. For additional information regarding inventory reserves, see Significant Developments in Fiscal 2021 and Trends section in this MD&A. Volume declines in our Pharmaceutical segment generics program, which includes the impact of COVID-19, also had an adverse impact. These factors were partially offset by higher contribution from branded pharmaceutical sales mix and the beneficial comparison of the current year insurance recoveries with the prior-year charge in connection with a voluntary recall for certain surgical gowns and a voluntary recall and field actions for surgical procedure packs containing affected gowns (together, the "Recalls").

Gross margin rate declined during fiscal 2021 mainly due to changes in pharmaceutical distribution product sales mix and an inventory reserve recorded to reduce the carrying value of certain Medical segment PPE to net realizable value. While branded pharmaceutical sales contributed positively to gross margin dollars during fiscal 2021, they had a dilutive impact on our overall gross margin rate.

Distribution, Selling, General and Administrative ("SG&A") Expenses

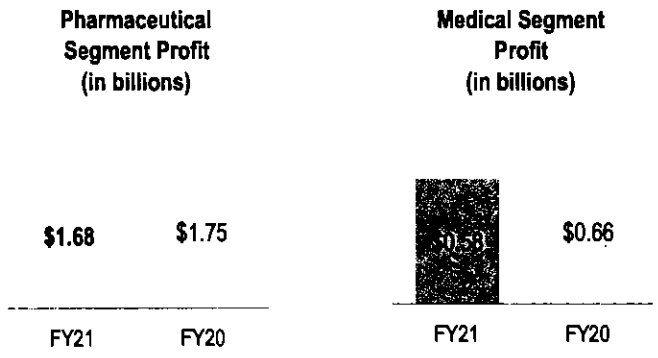
	SG&A Expenses		
(in millions)	2021	2020	Change
SG&A expenses	$ 4,533	$ 4,572	(1)%

Fiscal 2021 Compared to Fiscal 2020

Fiscal 2021 SG&A expenses decreased primarily due to the beneficial impact of enterprise-wide cost-savings measures. The year-over-year comparison was also favorably impacted by the $37 million charge in connection with the Recalls recognized during fiscal 2020. These factors were partially offset by information technology investments and the $41 million assessment on prescription opioid medications that were sold or distributed in New York state in calendar years 2017 and 2018. 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.



	Segment Profit and Operating Earnings		
(in millions)	2021	2020	Change
Pharmaceutical	$ 1,684	$ 1,753	(4)%
Medical	577	663	(13)%
Total segment profit	2,261	2,416	(6)%
Corporate	(1,789)	(6,514)	N.M.
Total consolidated operating earnings/(loss)	$ 472	$ (4,098)	N.M.

Fiscal 2021 Compared to Fiscal 2020

Pharmaceutical Segment Profit

Fiscal 2021 Pharmaceutical segment profit was adversely impacted due to volume declines in our generics program, including the impact of COVID-19, partially offset by higher contribution from branded pharmaceutical sales mix.

Pharmaceutical segment financial results do not include the $1.17 billion and $5.63 billion charges associated with the opioid litigation during fiscal 2021 and 2020, respectively. See Significant Developments in Fiscal 2021 and Trends section in this MD&A and Note 7 of the "Notes to Consolidated Financial Statements" for additional information. In addition, Pharmaceutical segment financial results do not include the $41 million assessment on prescription opioid medications that were sold or distributed in New York state in calendar years 2017 and 2018. See Note 7 of the "Notes to Consolidated Financial Statements" for additional information on the New York Opioid Stewardship Act.

Medical Segment Profit

Fiscal 2021 Medical segment profit decreased largely due to the adverse impact of COVID-19, which primarily includes an inventory reserve recorded to reduce the carrying value of certain PPE, primarily certain categories of gloves, to net realizable value, partially offset by higher volumes in our laboratory business. In addition, enterprise-wide cost-savings measures, including global manufacturing efficiencies, had a positive impact on Medical segment profit.

Corporate

The changes in Corporate during fiscal 2021 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)	2021	2020
Restructuring and employee severance	$ 114	$ 122
Amortization and other acquisition-related costs	451	524
Impairments and (gain)/loss on disposal of assets, net	79	7
Litigation (recoveries)/charges, net	1,129	5,741

Restructuring and Employee Severance

In fiscal 2021, restructuring costs were primarily related to the implementation of certain enterprise-wide cost-savings measures and the divestiture of our Cordis business. In fiscal 2020, restructuring costs were primarily related to the implementation of certain enterprise-wide cost-savings measures.

Amortization and Other Acquisition-Related Costs

Amortization of acquisition-related intangible assets was $428 million and $512 million for fiscal 2021 and 2020, respectively.

Impairments and (Gain)/Loss on Disposal of Assets, Net

During fiscal 2021, we recognized a $60 million pre-tax write-down of the assets held for sale from the divestiture of our Cordis business. See the Significant Developments in Fiscal 2021 and Trends section in this MD&A and Note 2 of the "Notes to Consolidated Financial Statements" for additional information.

Litigation (Recoveries)/Charges, Net

During fiscal 2021 and 2020, we recognized pre-tax charges of $1.17 billion and $5.63 billion, respectively, associated with certain opioid matters. See Significant Developments in Fiscal 2021 and Trends section in this MD&A and Note 7 of the "Notes to Consolidated Financial Statements" for additional information.

During fiscal 2021 and 2020, we recognized $56 million and $103 million, respectively, of estimated losses and legal defense costs associated with the IVC filter product liability claims.

During fiscal 2021 and 2020, we recognized income of $112 million and $16 million, respectively, for recoveries in class action antitrust lawsuits in which we were a class member.

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)	2021	2020	Change
Other (income)/expense, net	$ (47)	$ (1)	N.M.
Interest expense, net	180	238	(24)%
Loss on early extinguishment of debt	14	16	N.M.
(Gain)/Loss on sale of equity interest in naviHealth	2	(579)	N.M.

Other (Income)/Expense, Net

During fiscal 2021, other (income)/expense, net was favorable compared to the prior-year period primarily due to an increase 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," gains on investments in non-marketable equity securities, and fluctuations in foreign exchange rates.

Interest Expense, Net

Fiscal 2021 interest expense decreased from fiscal 2020 primarily due to lower debt outstanding and lower short-term interest rates.

Loss On Early Extinguishment Of Debt

During fiscal 2021 and 2020, we recognized losses of $14 million and $16 million, respectively, in connection with the redemption and early debt repurchases as described further in Note 6 of the "Notes to Consolidated Financial Statements."

(Gain)/Loss on Sale of Equity Interest in naviHealth

During fiscal 2020, we recognized a pre-tax gain of $579 million from the sale of our equity interest in a partnership that owned naviHealth, as described further in Note 2 of the "Notes to Consolidated Financial Statements."

Provision for Income Taxes

Fluctuations in the effective tax rates are primarily due to the impact of opioid litigation in fiscal 2021 and 2020, 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):

	2021 [1]	2020 [1]
Provision at Federal statutory rate	21.0 %	21.0 %
State and local income taxes, net of federal benefit	3.2	2.5
Tax effect of foreign operations	0.7	—
Nondeductible/nontaxable items [2]	1.6	0.2
Cordis Disposition	7.0	—
Withholding Taxes [2]	9.0	(0.3)
Change in Valuation Allowances	(1.4)	1.5
US Taxes on International Income [2][3]	(6.7)	0.2
Impact of Resolutions with IRS and other related matters [2]	(13.6)	(0.4)
Opioid litigation	17.7	(23.2)
Loss Carryback Claims	(129.9)	—
Other [2]	1.7	0.6
Effective income tax rate	**(89.7)%**	2.1 %

(1) The table represents the following: fiscal 2021 is pretax income with tax benefit and fiscal 2020 is pretax loss 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 2021

During fiscal 2021 and 2020, the effective tax rate was (89.7) percent and 2.1 percent, respectively. 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. Included in both 2021 and 2020 were net tax benefits related to the treatment of the tax impacts of the fiscal 2021 and 2020 opioid litigation charges.

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.

We have filed for a U.S. federal income tax refund of $974 million as a result of the net operating loss carryback under the CARES Act, which we expect to receive within 12 months, and accordingly have recorded a current asset on our consolidated balance sheet at June 30, 2021. 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 are $228 million and $488 million for fiscal 2021 and 2020, respectively. 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 and $469 million, respectively. The fiscal 2021 net tax benefit and unrecognized tax benefits were primarily due to our assessment of the specific terms of the Proposed 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. During fiscal 2021, we resolved all open issues with respect to the Company's activity within fiscal years 2008 through 2014 with the U.S. Internal Revenue Service ("IRS"). This resolution resulted in an adjustment to our provision for income taxes, including an impact to reserves for later years. New challenges related to future audits may adversely affect our effective tax rate or tax payments.

MDEG Admin Form

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): _____

Physical Address: 2 Ludlow Park Drive

City: Chicopee — State: MA — Zip: 01022

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

City: Dublin — State: OH — Zip: 43017

Telephone: 413-593-6400 — Website: www.cardinalhealth.com

Licensing Company Email: licensure@cardinalhealth.com

Section 2: Personal Information

First: Ann — Middle: Marie — Last: Gagnon

Alias(es, nicknames, name changes, etc.): Not Applicable

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

Mailing Address: [redacted] Cardinal Place

City: Dublin — State: OH — Zip: 43017

Telephone: [redacted] — Email: licensure@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.)		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)	
Holyoke High School		1983-1985	
Address	**City**	**State**	**Zip**
Beech Street	Holyoke	MA	01040
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Holyoke Community College		1988–2000 2012-2014	
Address	**City**	**State**	**Zip**
Homestead Ave	Holyoke	MA	01040
Diploma/Degree obtained, if any			
Transportation Logistics Mgmt			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**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
2014 - Present 2021	[redacted] Old Fuller Road Ext	Chicopee	MA	01020
2012 - 2014	[redacted] Bay Road	Belchertown	MA	01007
1998 - 2012	[redacted] Old Fuller Road Ext	Chicopee	MA	01020
2021 - Present	[redacted] East St	Granby	MA	01033
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Cardinal Health 200, LLC			2000 - Present	
Business Address		**City**	**State**	**Zip**
2 Ludlow Park Drive		Chicopee	MA	01022
Phone	**Title**		**Number of Employed Hours**	
413-593-6400	Warehouse Operation Manager		45,760 (approx)	

Description of Duties

Warehouse Operations is responsible for performing/controlling a combination of manual or automated tasks necessary for the receipt, storage, and shipment of product. This may include functions of receiving, picking, packing, shipping, staging, transporting, storage, delivery, etc. Responsible for efficient flow of products from the point of product receipt from vendors to the shipment of products (via prescribed service parameters) to a variety of internal and external 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

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

Description 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)

08/10/2022
Date

I, Ann Marie Gagnon, **certify that as the MDEG Administrator for**

Cardinal Health 200, LLC,

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

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

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

Ann Marie Gagnon
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/10/2022
Date

Board Use Only	Date Received: 8-24-22

4M

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (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: 2010 E International Speedway Blvd.

City: Deland State: FL Zip: 32724

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

City: Dublin State: OH Zip: 43017

Telephone: 386-734-3685 Website: www.cardinalhealth.com

Name of Designated Representative (DR): Jason Sims

Licensing Company Email: licensure@cardinalhealth.com DR Email: jason.sims01@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:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

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

Provide explanation below: See Attached Letter

Original Signature (electronic, copies or stamps not accepted)

8/9/2022
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: Cardinal Health 200, LLC
Address: 2010 E. International Speedway Blvd City: Deland State: FL Zip: 32724
Name: N/A
Address: City: State: Zip:
Name: N/A
Address: City: State: Zip:
Name: N/A
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: 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: 413-593-7132 Email: licensure@cardinalhealth.com
Contact Person Name: LaToyia Martin

Date of SEC Registration: 8/4/1983	SEC Registration Number: 0000721371	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

K Chamberlain

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

8/9/2022

Date

Board Use Only	Date Received: 8-24-22	Amount: 1000.00 CC 9/1/22

Question 3 Disclosure Response

CardinalHealth

07/31/2022

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
2010 E International Speedway Blvd
Deland, FL 32724

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

Home State License

DESCRIPTION OF WHY HOME STATE LICENSE & INSPECTION REPORT ARE NOT AVAILABLE - DELAND FACILITY

This distribution center is not licensed by the state licensing board because the facility only distributes prescription devices and over-the-counter devices, not drugs and FL does not require licensure for prescription devices. In addition, this distribution center does not engage in manufacturing or distribute controlled substances. Accordingly, it is not licensed by the FDA or DEA.

Cert of Good Standing

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

5R# 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.

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Officer List

Officer Name	Title	Percentage of Ownership
Steven Blair C de Baca	EVP Quality and Regulatory Affairs	0%
Stephen Michael Mason	CEO, Medical Segment	0%
Keegan David Chamberlain	Director, Quality Management	0%
Julie Erin Webb	VP, Quality Management	0%
John Henry Martin Jr.	SVP, Tax	0

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Employee List

Employees

Charles Bissonette
Duane Oeast
Barton Wiggins
Kenneth Cheng
Barbara Lapointe
Jamie Puckett
Susan Adams
Robert Calabro
Richard Phillips
Sonelam Vilay
Moises Gutierrez
Miguel Gines
Norman Cobb
Anthony Vellake
James Carmody
Raymond Gaunay
Anthony Diaz
Bounsath Lao
Bharat Gohill
Greg Salvatore
Dawn White
Eddy Perez
Curtis Sharp
Steven Priff
Daniel Frain
James Hopper
Deborah Peadick
Kathleen Gilbert
Zelta Neely
Robert Love
Shirley Robinson
Lataurus Williams
Julie Mckean
Michael Hall
Stephen Ward
Cheryl Ward
Sam Tumminello
Su Stone
James Patrick
William Lawrence
Dorothy Hahn
Joseph Lane
Pamela Howell-Yarn
Tarsha Taylor
Richard Bletcher
Steven Gilley
James Stone
Kerry Mc Dannel
Chryscynth Thomas
Debbi Mitchell-Stein
Jennifer Cates

Edgar Bryant
Evette Hill
Shabreena Brooks
Shanekea Johnson
Kurtis Kennedy
Florence Blue-Mayes
H Jeffrey
Rhonda Bryant
Linwood Mckean
Dorrine Taylor
Richard Shamblen
Janice Ray
Alfredo Fortes
John Szabo
Jimmy Turner
Sylvia Ashford
Carla Mcguire
Pamela Mckean
Carol Brown
Mary Carlyle
Leo Alexander
Michael Slaydon
Lance Ward
Donna Jenkins
Roger Squires
Gloria Kronk
Rhonda Waddy
Carolyn Mann
Monica Carter
Stephen Mobley
Roy Hines
Jeffrey Stone
Latreisha Feaster
Robert Strong
Clarabel George
Sharon Alexander
Robert Domingus
Mark Creese
Lisa Nimmons
Alice Harris
David Frye
Michael Jordan
Lisa Holtz
Michael Wyche
Bill Headley
David Tapscott
Lloyd Logsdon
Teresa Campbell
Jason Loomis
Marcella Bashaw
Christopher Mathe
Randall Lough

H Finn
Ryan Blanton
Stacie Hollingsworth
Christian Olivieri
Nickolas Rainbolt
Danny Smith
Brian Lightle
Carol Fludd
Diane Davis
Jennie Misch
Steven Hindbaugh
Cindy Biggs
Kevin Hall
Pamela Monchak
Robert Sari
Dean Bieber
Susan Eib
Robin Miller
Tammy Young
Scott Wilkison
David Strader
Julie Buck
Nikolas Arroyo
David Shoemake
Sherry Long
Janet Shaw
Michael Price
Thomas Hardy
William Mccaughtry
Chris Duchesneau
John Poradun
Linda Clark
Jack Guthrie
Gilbert Cortes
Carlos Acevedo
Raul Figueroa
Richard Loperena
Pablo Rivera
Antonio Prado
Michael Golden
Travis Cowart
Doni-Lynn Davidson
Luke Martin
John Thebault
Peter Hines
Chris Craft
Nouannaly Kanya
Sisouda Sisouphanouvong
Charles Stout
Tiempress Robinson
Tricia Turner
Jack Tidwell

Matthew Murphy
Barbara Williams
Modesta Pallais-Rivera
Salvador Mendoza
Mitchell Lewis
Tarell Johnson
Carina Hutton
Cecil Legons
Ronnie Buchanan
Franklin Whitener
Juana Abreu
James Pringle
Geno Brown
Jeffery Houlihan
Joan Caine
Steven Huntt
Jason Cox
Nareka Brooks
Connie Kelley
Kenneth Samu
Michael Cates
Lance Allen
George Cox
Paula Trincas
Anil Thomas
Donghai Zan
Christian Johnson
Steven Brisendine
Matthew Stein
Jessica Blasky
Mary Kuhlke
Hugo Torres
Christopher Yusup
Kimberly Andrews
Dennis Baker
Michael Brazeal
Summer Olsen
Michael Stanford
Doyle Graham
Charles Beal
Vernard Miller
Robert Mitchell
Mark Smiley
Robert Wiland
Dianna McCarty
Teresa Howe
Julius Delgado
Jean Fils Aime
Juan Bautista
Dixie Zygo
Sandra Zuccaro
Teresa Gregory

Wendy Hines
Makara Plowden
James Bredow
Yesenia Estrada-Rivera
Derek James
Cindi Mercer
Don Adkins
William Lavery
Ronald Callanta
Sasha Colon
Boris Brown
Nick Quick
Frank Bishop
Miguel Ponce
Lucretia Smith
Robert Eagleston
Razeem Mohammed
Ivan Novoa
Bobby Vaughan
Davren Cole
Robert Rush
Steven Roberts
Sujey Perez
Edwin Feliciano Rivera
Steven Davis
James Harpe
Sharon Barron
Mayra Bonet
Abel Ramirez
Abner Figueroa Maldonado
Michael Susterka
Melvin Martinez Vazquez
Charles Ramsey
Albert Lucido
Gerry Trojan
Catherine Liverance
Alexis Gutierrez
Jubril Tayyib
Valerian Russ-Needham
Terrence Green
Vanessa Phillips
Thomas Sheets
Robin Liquori
Teresa Kohut
Sharena Williams
Christopher McDonald
Christopher D'Aguanno
Iztlly Santiago Mercado
Aaron Collins
Iris Torres
Adner Rodriguez Lorenzo
Brian Hutton

Forrest Balentine
Donny Moon
Cristian Mercado
Manivane Phaphonexay
Bryan Gambrell
Riza Lint
Luisa Lee
Jazmin Bautista
Darrin Pearson
Deborah Stewart
Noeliza Arias Cruz
John Rodriguez
Orrin Grantz
Christopher Boudreau
Jason Sims
Trever Hemstrom
Levi Alicea
Carlos Flores
Ashwini Allada
Juan Ramirez
Inocencia Vorhees
Michael Brown
Josephine Plaza
Joseph Taormina
Cindy Wyatt
Maria Sandoval Denova
Brian Cummings
Jimmy Moon
Arkadiy Voskoboynik
Amaury Caraballo Feliciano
Matthew Henderson
Ken Horn
Alexis Diaz Pastrana
Kevin Richardson
Timothy Duchesneau
Yanyra Paradizo
David Johnson
Skyler Reiman
Linette Jimenez Vargas
Ketphaysone Aphayrath
Ricardo Hipolito
Nicholas Bullock
Frank Tucker
Bryan Barcomb
Dorothy Clickner
Mark Pettie
Kimberly Colon Delgado
Molly Daugharty
Eduardo Rivera
Alejandra Yepez Blanco
Ximena Vazquez Montano
Maria Lourdes Porritt

Marlene Croteau
Tracy Ann Phipps
Brandy Bunch
Gene Bair
Amber Goode
Derek Tatro
Joseph Anderson
Tomas Ramos
Aurelian Raulerson
Jesus Ramirez
Bilel Cherni
Michael Barkley
Gordon Young
Jonathan Canales
Joseph Strozier
Zachary Georgianna
Natalie Reyes Casiano
Joseph Jolley
Jeremiah Zittle
John Williams
Daniel Arnold
Dylan Humphreys
Alicia Acevedo Viruet
Christopher McMillen
Raynard Hill
Dureel Thomas
Janet Gil
Robert Cowan
Alexander Corwin
Equan Sarpong
Jean carlos Castellano
Alexi Labra
Daniel Colondres-Rubet
Aaron Kierstead
Kailey Tanck
Alexis Barbosa
Jade Matzen
Matthew Puckett
Kameron Calabro
Ryan Pratt
Ethan Lightle
Fahren Buchanan
Michael Boster
Megan Morley
Amber Jackson
Angel Hernandez - Crespo
Johnny Waters
Georgia Richardson
Jordan Ocampo
Collin Fitzgerald
Grisselle Rios Rivera
Anthony Christensen

Destiny Milligan burbridge
Laura Santos
Joseph Zittle
Victoria Washington
Brianne Parrish
Lisa Gosizk
Odette Padilla
Janet Benitez
Phoebe Theophelis
Benjamin Ingram
Valerie Zawrotuk
Kevin Bechard
Paul Drake
Yosbreidy Hernandez
Joshua Grillo
Sydney McWaters
Emma Smith
Matthew Cassidy
Kevin Eichler
Garrett Larson
Brenda Silva
Kimberlee Pacheco
Chetan Prajapati
Branden McCarty
Anthony Zanoni
Kelvin Feliciano
Mackenzie Smith
Karisa Holzer
Nahomy Hurley
Elizabeth Guzman
John Barbacci
Jacob Lingar
Jamaal Martin
Brandi Snow
Sabrina Henderson
Yanil Morales
Daniel Betancourt
Gabriel Nazario
Adriana Rivera

Contractors

Brown, Dawn
Caro, Enrique
Davis, Robert
McDonnell, Marcela
Cason, Caliph
Kinney, Thomas
Quinlan, Jacqueline
Alex, Pharoah
Moore, William
Williams, Russhelle
Watson, Lazoya
Sihakhom, Jim
Kinchen, Rollin
Martin, Jamaal
Kennedy, Dwayne
Bomar, Nathan
Bugajski, Tetyana
Powell, Shane
Pengsavath, Kay
Germain, Johnathan
Castro, Socorro
Lingar, Jacob
Garden Jr., Deveioursves
Ruiz Rivera, Charda
Bonilla, Nohelys
Stephens, Shikeya
Tainter, Rose
Rivera, Giovanni
Salas, Daniel
Rodriguez, Miguel
Meletiche, Michelle
Blaiz, Bridgette
Kinney, Suzanne
Williams, DyJaun
Rivera, Priscilla
Taylor, Brittany
Ruiz, Anthony
Sanford, Stephanie
Rodenbaugh, Hubert
Board, Raffy
Jacobs, Mubaarak
Rodriguez, Yvonne

Shareholders

Top 4 Owners of Cardinal Health Inc

Stockholder	Stake
The Vanguard Group, Inc.	11.88%
SSgA Funds Management, Inc.	5.95%
BlackRock Fund Advisors	5.14%
T. Rowe Price Associates, Inc. (I...	4.47%

Proof of Insurance

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 in			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? (Mandatory in NH) Y/N: N 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	NAMED INSURED
Aon Risk Services Northeast, Inc.	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

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

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
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

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

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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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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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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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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SEC Report

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, 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: 1-11373

CardinalHealth
Essential to care™

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, 2020, was the following: $15,693,865,917.

The number of the registrant's common shares, without par value, outstanding as of July 31, 2021, was the following: 290,441,408.

Documents Incorporated by Reference:

Portions of the registrant's Definitive Proxy Statement to be filed for its 2021 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 2021 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 subsidiaries, unless the context requires otherwise. Our fiscal year ends on June 30. References to fiscal 2022, 2021, 2020, 2019, 2018 and 2017 are to the fiscal years ended June 30, 2022, 2021, 2020, 2019, 2018 and 2017, respectively. Except as otherwise specified, information in this report is provided as of June 30, 2021.

Non-GAAP Financial Measures

In this report, including in the "Fiscal 2021 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 2021 and fiscal 2020 items and year-to-year comparisons between fiscal 2021 and fiscal 2020. Fiscal 2019 items and discussions of year-to-year comparisons between fiscal 2020 and fiscal 2019 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, 2020 (the "Fiscal 2020 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 2021 Overview

Revenue

Revenue for fiscal 2021 was $162.5 billion, a 6 percent increase from the prior year, primarily due to sales growth from pharmaceutical distribution and specialty solutions customers.

GAAP and Non-GAAP Operating Earnings/(Loss)

(in millions)	2021	2020	Change
GAAP operating earnings/(loss)	**$ 472**	**$ (4,098)**	**N.M.**
Surgical gown recall costs/(income)	(28)	85	
State opioid assessment related to prior fiscal years	38	3	
Restructuring and employee severance	114	122	
Amortization and other acquisition-related costs	451	524	
Impairments and (gain)/loss on disposal of assets	79	7	
Litigation (recoveries)/charges, net	1,129	5,741	
Non-GAAP operating earnings	**$ 2,255**	**$ 2,384**	**(5)%**

The sum of the components and certain computations may reflect rounding adjustments.

We had GAAP operating earnings of $472 million and a GAAP operating loss of $4.1 billion during fiscal 2021 and 2020, respectively, which includes pre-tax charges of $1.17 billion and $5.63 billion, respectively, recognized 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 2021 and Trends section in this MD&A and Note 7 of the "Notes to Consolidated Financial Statements."

GAAP and Non-GAAP operating earnings during fiscal 2021 were adversely impacted by COVID-19, which includes an inventory reserve recorded to reduce the carrying value of certain Medical segment personal protective equipment, primarily certain categories of gloves, to net realizable value. 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. See Significant Developments in Fiscal 2021 and Trends section in this MD&A for additional information. Volume declines in our Pharmaceutical segment generics program, which includes the impact of COVID-19, also had an adverse impact. These factors were partially offset by the beneficial impact of enterprise-wide cost-savings measures, including global manufacturing efficiencies in the Medical segment, and higher contribution from branded pharmaceutical sales mix.

GAAP and Non-GAAP Diluted EPS

($ per share)	2021 [2]	2020 [2] [3]	Change
GAAP diluted EPS [1]	**$ 2.08**	**$ (12.61)**	**N.M.**
Surgical gown recall costs/(income)	(0.07)	0.22	
State opioid assessment related to prior fiscal years	0.10	0.01	
Restructuring and employee severance	0.29	0.31	
Amortization and other acquisition-related costs	1.13	1.34	
Impairments and (gain)/loss on disposal of assets	0.21	0.02	
Litigation (recoveries)/charges, net [4]	1.78	17.84	
Loss on early extinguishment of debt	0.04	0.04	
(Gain)/loss on sale of equity interest in naviHealth	0.01	(1.68)	
Transitional tax benefit, net	—	(0.01)	
Non-GAAP diluted EPS [1]	**$ 5.57**	**$ 5.45**	**2 %**

The sum of the components and certain computations may reflect rounding adjustments.

(1) Diluted earnings/(loss) per share attributeble to Cardinal Health, Inc. ("diluted EPS" or "diluted loss per share")

(2) The reconciling items are presented within this table net of tax, excapt for transitional tax benefit, net. 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 2020, 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 293 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 2020 non-GAAP diluted EPS is calculated using a weighted average of 295 million common shares, which includes potentially dilutive shares.

(4) 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.

The charges we recognized in fiscal 2021 and 2020 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) and $(17.54) per share after-tax impact on GAAP diluted EPS, respectively.

During fiscal 2021, GAAP and non-GAAP diluted EPS were positively impacted by $1.44 and $0.12 per share, respectively, due to a tax benefit from the net operating loss carryback primarily related to a self-insurance pre-tax loss, as further described in Significant Developments in Fiscal 2021 and Trends section in this MD&A and Note 7 of the "Notes to Consolidated Financial Statements."

GAAP diluted EPS during fiscal 2020 was favorably impacted by a $1.68 per share gain from the sale of the remainder of our equity interest in naviHealth described further in Note 2 of the "Notes to Consolidated Financial Statements."

Cash and Equivalents

Our cash and equivalents balance was $3.4 billion at June 30, 2021 compared to $2.8 billion at June 30, 2020. The increase in cash during fiscal 2021 was due to net cash provided by operating activities of $2.4 billion, offset by cash deployed of $573 million for dividends, $570 million for debt repayments, $400 million for capital expenditures, and $200 million for share repurchases.

Significant Developments in Fiscal 2021 and Trends

COVID-19

The COVID-19 pandemic ("COVID-19") continues to affect the U.S. and global economies, and as previously disclosed, the pandemic began to materially affect our businesses during the third quarter of fiscal 2020. The length and severity of the pandemic and its impacts on our businesses and results of operations are uncertain.

COVID-19 had a negative impact on our consolidated operating earnings/(loss) in fiscal 2021 and fiscal 2020. We estimate that the impact on fiscal 2021 operating earnings was approximately $200 million greater than on fiscal 2020 operating earnings, and we estimate that the impact on fiscal 2020 operating earnings/(loss) was approximately $100 million.

Pharmaceutical segment profit has been negatively impacted by COVID-19 largely due to volume declines in our generics program and Nuclear and Precision Health Solutions. While fiscal 2021 volumes within our generics program were lower than levels prior to COVID-19, the impact on Pharmaceutical segment profit improved on a year-over-year basis during the fourth quarter of fiscal 2021. Similarly, in comparison to prior year, the impact of COVID-19 on Nuclear and Precision Health Solutions was positive for Pharmaceutical segment profit during the fourth quarter of fiscal 2021.

Our Medical segment experienced dramatically increased demand for certain personal protective equipment due to COVID-19. 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. The peak of this heightened demand was during the second and third quarters of fiscal 2021. This increased demand resulted in higher sales volume for certain products, increased costs to manufacture and source these products and higher inventory levels to meet customer commitments. As a result, we sought out additional sources for these products and to mitigate the impact of these cost increases, we have raised our selling prices for the affected products. During the fourth quarter of fiscal 2021, selling prices and customer demand for certain PPE decreased as compared to the peak, and we expect this decline to continue into fiscal 2022. This resulted in inventory cost above net realizable value, requiring an inventory reserve of $197 million, primarily related to certain categories of gloves, which adversely impacted Medical segment profit. Our estimates for customer demand and selling prices are inherently uncertain and if customer demand or selling prices decline in the future beyond our current assumptions, additional inventory reserves may be required that would adversely impact Medical segment profit. See Critical Accounting Policies and Sensitive Accounting Estimates section in this MD&A for additional information.

During fiscal 2021, COVID-19 benefited Medical segment profit in some ways as well. Higher volumes in our laboratory business and cost savings positively impacted Medical segment profit. Additionally, despite declining customer demand and selling prices in some categories of PPE as described above, Medical segment profit was benefited by pricing actions intended to mitigate the impact of cost increases in certain other PPE categories. In addition, while lower demand for surgical products resulting from reduced elective procedures had an adverse impact on Medical segment profit during the first nine months of fiscal 2021, demand improved during the fourth quarter of fiscal 2021 and was a positive contributor to year-over-year segment profit.

We currently anticipate that the negative impact of the COVID-19 pandemic on operating earnings will be less in fiscal 2022 than it was in fiscal 2021, which includes the inventory reserve of $197 million described above. As a result, in comparison to prior year, we expect the COVID-19 impact for fiscal 2022 will be positive. However, we cannot estimate the length or severity of the COVID-19 pandemic or of the related U.S. or global economic consequences on our businesses and results of operations, including whether and when historic economic and operating conditions will resume, or its impact on our business, financial position, results of operations or cash flow. Its impact may be greater or less than we anticipate.

Opioid Lawsuits

In July 2021, we announced that we and two other national distributors have negotiated a proposed settlement agreement (the "Proposed Settlement Agreement") and settlement process that, if all conditions are satisfied (including Boards of Directors' approval), would result in the settlement of the vast majority of opioid lawsuits filed by state and local governmental entities.

West Virginia subdivisions and Native American tribes are not a part of this settlement process and we have been involved in separate negotiations with these groups. The settlement process does not contemplate participation by any non-governmental or non-political entities or individuals. In connection with the negotiations of the Proposed Settlement Agreement, we and the two other national distributors entered into a settlement with the State of New York and its participating subdivisions. If the Proposed Settlement Agreement becomes effective, New York and its participating subdivisions will become a part of it.

The Proposed Settlement Agreement is subject to contingencies and will not become effective unless and until the Boards of Directors of the three distributors each make separate independent determinations that (1) following a sign-on period, a sufficient number of states have agreed to the Proposed Settlement Agreement (the "Settling States"); and, subsequently, (2) following a notice period, that a sufficient number of states and political subdivisions, including those that have not sued, have agreed to the Agreement (or otherwise had their claims foreclosed) to proceed to effectiveness. Prior to the second determination, the Settling States will also have an opportunity to make a determination as to whether a sufficient number of political subdivisions have agreed to the Proposed Settlement Agreement (or otherwise had their claims foreclosed) to proceed with the Proposed Settlement Agreement. This process is currently contemplated to end in February 2022, although it may be extended by agreement. It is possible that a sufficient number of states and subdivisions will not agree to the Proposed Settlement Agreement or that other required contingencies will not be satisfied.

If these conditions are satisfied, the Proposed Settlement Agreement would become effective 60 days after the distributors determine that there is sufficient participation among political subdivisions. During this 60-day period, the Settling States and the distributors would cooperate to obtain consent judgments in each participating state embodying the terms of the Settlement.

The Proposed Settlement Agreement includes a cash component, pursuant to which the Company would pay up to $6.37 billion, the majority of which would be paid over 18 years. The exact payment amount will depend on several factors, including the participation rate of states and political subdivisions, the extent to which states take action to foreclose opioid lawsuits by political subdivisions (e.g., laws barring opioid lawsuits by political subdivisions), and the extent to which political subdivisions in Settling States file additional opioid lawsuits against the Company after the Proposed Settlement Agreement becomes effective.

The Proposed Settlement Agreement also includes injunctive relief terms relating to settling distributors' controlled substance anti-diversion programs, including with respect to: (1) governance; (2) independence and training of the personnel operating our controlled substances monitoring program; (3) due diligence for new and existing customers; (4) ordering limits for certain products; and (5) suspicious order monitoring. A monitor will be selected to oversee compliance with these provisions for a period of five years. In addition, we and the two other national distributors will engage a third-party vendor to act as a clearinghouse for data aggregation and reporting; distributors will fund the clearinghouse for ten years.

Additionally, a trial before a judge in West Virginia in the Cabell County and City of Huntington cases concluded in July 2021 and the judge has not yet issued a decision. In addition, a trial in the case brought by the Ohio Attorney General is scheduled to begin in September 2021 and a trial in the case brought by the Washington Attorney General is scheduled to begin in November 2021. The Ohio Attorney General has issued a press release indicating support for the Proposed Settlement Agreement; however, the Washington Attorney General has issued a press release stating that Washington will not agree to the Proposed Settlement Agreement.

In connection with the opioid lawsuits and settlement negotiations, we have recorded total pre-tax charges of $1.17 billion and $5.63 billion in litigation charges/(recoveries), net in the years ended June 30, 2021 and 2020, respectively. In total, we have $6.73 billion accrued at June 30, 2021, of which $405 million is included in other accrued liabilities, as we expect to make our first annual settlement payment into escrow on or before September 30, 2021, and the remainder is included in deferred income taxes and other liabilities in the consolidated balance sheets. 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.

Tax Effect of Opioid Litigation Charges

The net tax benefits associated with the opioid litigation charges are $228 million and $488 million for fiscal 2021 and 2020, respectively. 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 and $469 million, respectively. The fiscal 2021 net tax benefit and unrecognized tax benefits were primarily due to our assessment of the specific terms of the Proposed 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. See Note 8 of the "Notes to Consolidated Financial Statements" for additional information.

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.

We have filed for a U.S. federal income tax refund of $974 million as a result of the net operating loss carryback under the CARES Act, which we expect to receive within 12 months, and accordingly have recorded a current asset on our consolidated balance sheet at June 30, 2021. We also increased our non-current deferred tax liability by approximately $700 million during fiscal 2021 related to this matter.

We have recorded these amounts based on management's judgment and our current understanding of tax law; however, it is possible that the tax authorities could challenge these tax benefits or that the tax law could change. The actual amount or timing of the tax benefit may differ from these expectations. See Note 8 of the "Notes to Consolidated Financial Statements" for additional information.

Cordis Divestiture

On March 12, 2021, we announced that we signed a definitive agreement to sell our Cordis business to Hellman & Friedman for proceeds of $927 million in cash, subject to customary purchase price adjustments, and we retained certain working capital accounts and product liability for lawsuits and claims related to inferior vena cava ("IVC") filters in the U.S. and Canada as described in Note 7 of the "Notes to Consolidated Financial Statements." The transaction closed on August 2, 2021, and we received proceeds of $927 million, net of cash transferred. 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.

During fiscal 2021, we recognized a $60 million pre-tax write-down of the net assets held for sale in impairment and (gain)/loss on disposal of assets in the consolidated statement of earnings/(loss). We recorded a net tax expense of $9 million associated with the impact of the write-down and the required tax adjustments related to held for sale accounting.

In connection with the divestiture, during fiscal 2021 we recognized costs of $28 million associated with exit or disposal activities. We expect to record up to $100 million of additional costs associated with these activities, primarily during fiscal 2022. These costs are recorded in restructuring and employee severance in our consolidated statements of earnings/(loss). We expect these charges to consist of approximately $83 million of professional, project management and other service fees to support the divestiture; $19 million of employee-related costs; and additional expenses from facility exits and other restructuring activities.

We expect the divestiture of the Cordis business will decrease annual Medical segment revenue by approximately $800 million and adversely impact Medical segment profit by approximately $80 million. The divestiture of our 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.

Pharmaceutical Segment

The performance of our Pharmaceutical segment generics program adversely impacted the year-over-year comparison of Pharmaceutical segment profit in fiscal 2021 due to volume declines in our generics program, including the impact of COVID-19. 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"). In August 2021, we amended our agreement with CVS Health to extend the term of the Red Oak Sourcing agreement through June 2029. 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 remain uncertain as does their impact on Pharmaceutical segment profit and consolidated operating earnings in fiscal 2022.

Medical Segment

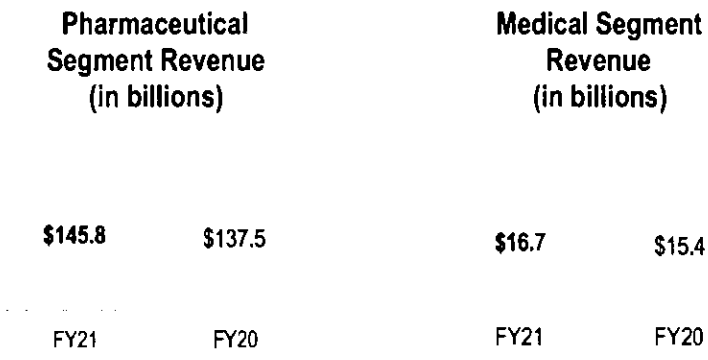
In the fourth quarter of fiscal 2021, our Medical segment experienced increased supply chain costs, primarily related to transportation, labor and commodities. While we are taking actions to mitigate the impact of these and other sourcing cost increases primarily through cost-savings measures, including global manufacturing efficiencies, we expect these increased costs to adversely impact Medical segment profit in fiscal 2022.

Information Technology Investments

Our Pharmaceutical segment is in a multi-year project to implement a replacement of certain finance and operating systems. Within the Medical segment, Cardinal Health at-Home Solutions is also investing in a system transformation. We expect that these investments will result in increased project-related expenses and depreciation related to capital expenditures, which will negatively impact operating earnings and segment profit in fiscal 2022 and beyond.

Results of Operations

Revenue



(in millions)	Revenue 2021	2020	Change
Pharmaceutical	$ 145,796	$ 137,495	6 %
Medical	16,687	15,444	8 %
Total segment revenue	162,483	152,939	6 %
Corporate	(16)	(17)	N.M.
Total revenue	$ 162,467	$ 152,922	6 %

Fiscal 2021 Compared to Fiscal 2020

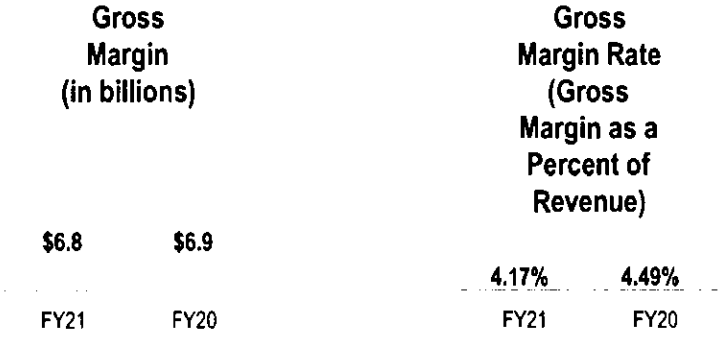
Pharmaceutical Segment
Fiscal 2021 Pharmaceutical segment revenue grew by $8.3 billion primarily due to sales growth from pharmaceutical distribution and specialty solutions customers, which together increased revenue by $8.1 billion.

Medical Segment
Fiscal 2021 Medical segment revenue increased primarily within products and distribution, which increased revenue by $1.1 billion, primarily due to a net benefit from COVID-19, including the positive impact of PPE and higher volumes in our laboratory business.

Cost of Products Sold

Cost of products sold for fiscal 2021 increased $9.6 billion (7 percent) due to the factors affecting the changes in revenue and gross margin.

Gross Margin



(in millions)	Consolidated Gross Margin 2021	2020	Change
Gross margin	$ 6,778	$ 6,868	(1)%

Fiscal 2021 Compared to Fiscal 2020

Fiscal 2021 consolidated gross margin decreased primarily due to the adverse impact of COVID-19, which includes an inventory reserve recorded to reduce the carrying value of certain Medical segment PPE, primarily certain categories of gloves, to net realizable value, partially offset by higher volumes in our laboratory business. For additional information regarding inventory reserves, see Significant Developments in Fiscal 2021 and Trends section in this MD&A. Volume declines in our Pharmaceutical segment generics program, which includes the impact of COVID-19, also had an adverse impact. These factors were partially offset by higher contribution from branded pharmaceutical sales mix and the beneficial comparison of the current year insurance recoveries with the prior-year charge in connection with a voluntary recall for certain surgical gowns and a voluntary recall and field actions for surgical procedure packs containing affected gowns (together, the "Recalls").

Gross margin rate declined during fiscal 2021 mainly due to changes in pharmaceutical distribution product sales mix and an inventory reserve recorded to reduce the carrying value of certain Medical segment PPE to net realizable value. While branded pharmaceutical sales contributed positively to gross margin dollars during fiscal 2021, they had a dilutive impact on our overall gross margin rate.

Distribution, Selling, General and Administrative ("SG&A") Expenses

	SG&A Expenses		
(in millions)	2021	2020	Change
SG&A expenses	$ 4,533	$ 4,572	(1)%

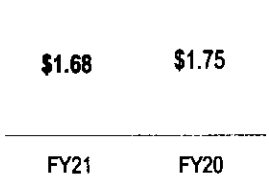
Fiscal 2021 Compared to Fiscal 2020

Fiscal 2021 SG&A expenses decreased primarily due to the beneficial impact of enterprise-wide cost-savings measures. The year-over-year comparison was also favorably impacted by the $37 million charge in connection with the Recalls recognized during fiscal 2020. These factors were partially offset by information technology investments and the $41 million assessment on prescription opioid medications that were sold or distributed in New York state in calendar years 2017 and 2018. See Note 7 of the "Notes to Consolidated Financial Statements" for additional information on the New York Opioid Stewardship Act.

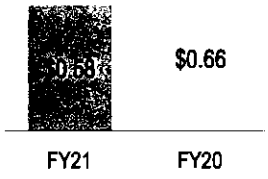
Segment Profit

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.

Pharmaceutical Segment Profit (in billions)



Medical Segment Profit (in billions)



	Segment Profit and Operating Earnings		
(in millions)	2021	2020	Change
Pharmaceutical	$ 1,684	$ 1,753	(4)%
Medical	577	663	(13)%
Total segment profit	2,261	2,416	(6)%
Corporate	(1,789)	(6,514)	N.M.
Total consolidated operating earnings/(loss)	$ 472	$ (4,098)	N.M.

Fiscal 2021 Compared to Fiscal 2020

Pharmaceutical Segment Profit

Fiscal 2021 Pharmaceutical segment profit was adversely impacted due to volume declines in our generics program, including the impact of COVID-19, partially offset by higher contribution from branded pharmaceutical sales mix.

Pharmaceutical segment financial results do not include the $1.17 billion and $5.63 billion charges associated with the opioid litigation during fiscal 2021 and 2020, respectively. See Significant Developments in Fiscal 2021 and Trends section in this MD&A and Note 7 of the "Notes to Consolidated Financial Statements" for additional information. In addition, Pharmaceutical segment financial results do not include the $41 million assessment on prescription opioid medications that were sold or distributed in New York state in calendar years 2017 and 2018. See Note 7 of the "Notes to Consolidated Financial Statements" for additional information on the New York Opioid Stewardship Act.

Medical Segment Profit

Fiscal 2021 Medical segment profit decreased largely due to the adverse impact of COVID-19, which primarily includes an inventory reserve recorded to reduce the carrying value of certain PPE, primarily certain categories of gloves, to net realizable value, partially offset by higher volumes in our laboratory business. In addition, enterprise-wide cost-savings measures, including global manufacturing efficiencies, had a positive impact on Medical segment profit.

Corporate

The changes in Corporate during fiscal 2021 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)	2021	2020
Restructuring and employee severance	$ 114	$ 122
Amortization and other acquisition-related costs	451	524
Impairments and (gain)/loss on disposal of assets, net	79	7
Litigation (recoveries)/charges, net	1,129	5,741

Restructuring and Employee Severance

In fiscal 2021, restructuring costs were primarily related to the implementation of certain enterprise-wide cost-savings measures and the divestiture of our Cordis business. In fiscal 2020, restructuring costs were primarily related to the implementation of certain enterprise-wide cost-savings measures.

Amortization and Other Acquisition-Related Costs

Amortization of acquisition-related intangible assets was $428 million and $512 million for fiscal 2021 and 2020, respectively.

Impairments and (Gain)/Loss on Disposal of Assets, Net

During fiscal 2021, we recognized a $60 million pre-tax write-down of the assets held for sale from the divestiture of our Cordis business. See the Significant Developments in Fiscal 2021 and Trends section in this MD&A and Note 2 of the "Notes to Consolidated Financial Statements" for additional information.

Litigation (Recoveries)/Charges, Net

During fiscal 2021 and 2020, we recognized pre-tax charges of $1.17 billion and $5.63 billion, respectively, associated with certain opioid matters. See Significant Developments in Fiscal 2021 and Trends section in this MD&A and Note 7 of the "Notes to Consolidated Financial Statements" for additional information.

During fiscal 2021 and 2020, we recognized $56 million and $103 million, respectively, of estimated losses and legal defense costs associated with the IVC filter product liability claims.

During fiscal 2021 and 2020, we recognized income of $112 million and $16 million, respectively, for recoveries in class action antitrust lawsuits in which we were a class member.

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)	2021	2020	Change
Other (income)/expense, net	$ (47)	$ (1)	N.M.
Interest expense, net	180	238	(24)%
Loss on early extinguishment of debt	14	16	N.M.
(Gain)/Loss on sale of equity interest in naviHealth	2	(579)	N.M.

Other (Income)/Expense, Net

During fiscal 2021, other (income)/expense, net was favorable compared to the prior-year period primarily due to an increase 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," gains on investments in non-marketable equity securities, and fluctuations in foreign exchange rates.

Interest Expense, Net

Fiscal 2021 interest expense decreased from fiscal 2020 primarily due to lower debt outstanding and lower short-term interest rates.

Loss On Early Extinguishment Of Debt

During fiscal 2021 and 2020, we recognized losses of $14 million and $16 million, respectively, in connection with the redemption and early debt repurchases as described further in Note 6 of the "Notes to Consolidated Financial Statements."

(Gain)/Loss on Sale of Equity Interest in naviHealth

During fiscal 2020, we recognized a pre-tax gain of $579 million from the sale of our equity interest in a partnership that owned naviHealth, as described further in Note 2 of the "Notes to Consolidated Financial Statements."

Provision for Income Taxes

Fluctuations in the effective tax rates are primarily due to the impact of opioid litigation in fiscal 2021 and 2020, 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):

	2021 [1]	2020 [1]
Provision at Federal statutory rate	21.0 %	21.0 %
State and local income taxes, net of federal benefit	3.2	2.5
Tax effect of foreign operations	0.7	—
Nondeductible/nontaxable items [2]	1.6	0.2
Cordis Disposition	7.0	—
Withholding Taxes [2]	9.0	(0.3)
Change in Valuation Allowances	(1.4)	1.5
US Taxes on International Income [2][3]	(6.7)	0.2
Impact of Resolutions with IRS and other related matters [2]	(13.6)	(0.4)
Opioid litigation	17.7	(23.2)
Loss Carryback Claims	(129.9)	—
Other [2]	1.7	0.6
Effective income tax rate	**(89.7)%**	2.1 %

(1) The table represents the following: fiscal 2021 is pretax income with tax benefit and fiscal 2020 is pretax loss 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 2021

During fiscal 2021 and 2020, the effective tax rate was (89.7) percent and 2.1 percent, respectively. 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. Included in both 2021 and 2020 were net tax benefits related to the treatment of the tax impacts of the fiscal 2021 and 2020 opioid litigation charges.

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.

We have filed for a U.S. federal income tax refund of $974 million as a result of the net operating loss carryback under the CARES Act, which we expect to receive within 12 months, and accordingly have recorded a current asset on our consolidated balance sheet at June 30, 2021. 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 are $228 million and $488 million for fiscal 2021 and 2020, respectively. 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 and $469 million, respectively. The fiscal 2021 net tax benefit and unrecognized tax benefits were primarily due to our assessment of the specific terms of the Proposed 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. During fiscal 2021, we resolved all open issues with respect to the Company's activity within fiscal years 2008 through 2014 with the U.S. Internal Revenue Service ("IRS"). This resolution resulted in an adjustment to our provision for income taxes, including an impact to reserves for later years. New challenges related to future audits may adversely affect our effective tax rate or tax payments.

MDEG Admin Form

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) _____

Physical Address 2010 E International Speedway Blvd.

City Deland State FL Zip 32724

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

City Dublin State OH Zip 43017

Telephone 386-734-3685 Website www.cardinalhealth.com

Licensing Company Email licensure@cardinalhealth.com

Section 2: Personal Information

First Jason Middle Richard Last Sims

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

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

Mailing Address 2010 E. International Speedway Blvd

City Deland State FL Zip 32724

Telephone [redacted] Email jason.sims01@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 425.540)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	✔	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✔	

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

School Name		From - To (MM/YY – MM/YY)	
Southern New Hampshire University		02/22 - Present	
Address	**City**	**State**	**Zip**
2500 N. River Rd	Manchester	NH	03106
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Western Illinois University		08/92 - 05/93	
Address	**City**	**State**	**Zip**
1 University Cir.	Macomb	IL	61455
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Highland Community College		09/90 - 05/92	
Address	**City**	**State**	**Zip**
606 W. Main St.	Highland	KS	66035
Diploma/Degree obtained, if any			
Associate of Arts			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/22 - Present	[redacted] Flatwater Dr	Columbia	MO	65202
03/20 - 03/22	[redacted] Trellis Ln	Columbia	MO	65201
05/18 - 03/20	[redacted] Terrace View	Mankato	MN	56001
02/08 - 05/18	[redacted] S. 107th St.	Omaha	NE	68127
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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. (64F-6.019,.024)

Business Name			From - To (MM/YY – MM/YY)	
Cardinal Health 200, LLC			03/20 - Present	
Business Address		City	State	Zip
2010 E International Speedway Blvd.		Deland	FL	32724
Phone	Title		Number of Employed Hours	
386-738-8341	Director of Manufacturing		22,560	
Description of Duties				
Accountable for all areas and performance of the manufacturuing facility.				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

8/11/22
Date

I, Jason Sims, **certify that as the MDEG Administrator for**

Cardinal Health 200, LLC,

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

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

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

Jason Sims
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/11/22
Date

Board Use Only	Date Received: 8·24·22

JASON R. SIMS

[redacted]Flatwater Dr.
Columbia, MO 65201

Phone # [redacted]

Results driven management professional with effective and proven team building skills, relationship establishment, presentation, consultative management skills and strong work ethic. Demonstrated ability to succeed, develop and implement a strategic business plan and exceed goals. Looking to continue to build and broaden my manufacturing and supply chain experience and utilized my skills in plant management.

PROFESSIONAL EXPERIENCE

DIRECTOR OF MANUFACTURING – CARDIANL HEALTH
Deland, FL May 2022 – Present

- Accountable for all operation of manufacturing facility including safety, quality, operations, cost, and employee morale.
- Provide direct leadership for the plant team that consist of 430+ team members.
- Improved plant safety TIR by 4 points, increases OEE 7.2%, reduce scrape and MUV by 7% for FY21.
- Increased the hourly team's engagement through teams, coaching, DMS process, Gemba walks to increase the overall plant performance. "Act Like an Owner" mindset to WIN.
- Led continues improvement and cost savings VIP initiatives for the plant to hit FY21 budget.
- Educated and coached the frontline leadership on the financials of the business to increase their acumen and use data to lead the business.
- Implemented DMS / Tier boards at the hourly team level to increase employee engagement to lead the plant floor.

DIRECTOR OF MANUFACTURING – CARDINAL HEALTH
Moberly, MO March 2020 – May 2022

- Responsible for day-to-day operation of manufacturing facility including safety, quality, operations, cost, and employee morale.
- Provide direct leadership of the plant operations team that consist of 4 managers, 3 production supervisors and over 150+ hourly production associates.
- Improved plant safety TIR by 4 points, increases OEE 7.2%, reduce scrape and MUV by 7% for FY21.
- Increased the hourly team's engagement through teams, coaching, DMS process, Gemba walks to increase the overall plant performance. "Act Like an Owner" mindset to WIN.
- Led continues improvement and cost savings VIP initiatives for the plant to hit FY21 budget.
- Educated and coached the frontline leadership on the financials of the business to increase their acumen and use data to lead the business.
- Implemented DMS / Tier boards at the hourly team level to increase employee engagement to lead the plant floor.

OPERATIONS MANAGER – SMITHFIELD FOODS
St. James, MN April 2018 – March 2020

- Responsible for day-to-day operation of manufacturing facility including safety, quality, operations, cost and employee morale.
- Provide direct leadership of the plant operations team that consist of 2 superintendents, 8 production supervisors and over 500+ hourly production associates.
- Led and developing a continuous improvement culture with the salary and hourly team to improve plant performance using TPM/Lean tools. (RCA, CAPDo, 5-Why, etc)
- RPM leader for the plant for downtime being accounted for and accurate for downtime data collection to be used for continues improvement activates.
- Lead and developed training playbooks for the manufacturing department to eliminate product issues and FM by educating and coaching operators.
- MOS and Board process leader for the plant to improve plant performance.
- FY19 Plant Controllable Variance plant target of $1.25mm was achieved by the end of the 2nd quarter.

JASON R. SIMS

[redacted] Flatwater Dr.
Columbia, MO 65201

Phone # [redacted]

MANUFACTURING COUNSULTANT – LAURAS USA
Omaha, NE February 2016 – April - 2018

- Deliver cost saving opportunities in manufacturing facilities by identify the bottlenecks and doing capacity studies to understand where the loses are.
- Lead, coach, educate and mentor the salary and hourly team on continuous improvement tools to engage them to sustain the results that are achieved.
- Develop tools that are standard with the client and are sustainable with plant needs.
- Implement SAP by developing standard work and coaching plant team on best practices.
- Cover managerial roles within organization in multiple different departments.

PLANT MANAGER – JAMES SKINNER BAKING COMPANY
Omaha, NE March 2015 – February 2016

- Responsible for the day-to-day operations of the FDA manufacturing facility of 340 union hourly associates and my direct report of maintenance, QA, sanitation & operations
- Led the safety culture in the plant by implementing OIR and SII (Safety Incident Investigation) getting employee involvement from the hourly team to root cause the safety issues and being part of the solution.
- Led continuous improvement activities with the salary and hourly team to improve equipment efficiency using TPM/Lean tools.
- Piloted, developed and coached a 1st shift continuous improvement team using AMD tools to increase hourly/salary team engagement with the equipment. Educating the team on CL, CIL, HTR & SOC. (Increased efficiency on the Sleever by 30%)

PLANT OPERATIONS MANAGER – CONAGRA FOODS
Council Bluffs, Iowa June 2013 – March 2015

- Responsible for day-to-day operation of manufacturing facility including safety, quality, operations, cost and employee morale
- Provide direct leadership of the plant operations team that consist of 4 production managers, 12 production supervisors and over 600+ hourly production associates
- Provide leadership and support for all support groups that include safety, quality, lean supply, continuous improvement and sanitation department.
- Part of the contract negotiation committee for a 1000 associate union facility
- The AMD (Autonomous Maintenance Development) Pillar lead – 5S, Why-Why, Centerline, CIL and standard work resulting in improved performance and engagement of the plant team members
- Cultural Leader in the facility and part of developing and facilitating leadership training to future leaders within ConAgra Foods corporate platform – Have had 6 direct reports promoted in the past 6 years.
- Lead the team to help return a savings of $14mm back to the corporation by increasing OEE and line efficiency, reduced overhead, direct/indirect labor hours and improved our yield loss by 2%.
- Currently, on-site Technical / Leadership support for our Carrollton Texas refrigerated dough plant.

PLANT QUALITY MANAGER – CONAGRA FOODS
Council Bluffs, Iowa July 2012 – June 2013

- Delivered the SQF Level 2 audit with 6 minors
- Manage Quality department and strategy for a USDA facility that produces approximately 40MM cases of product annually
- Desire to take on a new challenge, manage in an indirect leadership role with regards to operations support, and build new professional skills in manufacturing to round out professional portfolio
- Utilize leadership & coaching skills to support the QA/Sanitation department to better understand the CBN
- Worked/partnered with the USDA on many issues throughout the plant regarding food safety and other quality preventative concerns
- Reduced the amount of sanitation pre-op NR's for the plant by 75%

JASON R. SIMS

[redacted] Flatwater Dr.
Columbia, MO 65201
Phone # [redacted]

- Reduced the amount of sanitation HR/Labor Relation issues by 75%
- Developed quality master plan to continue to drive improvement through SQF level 3 and related standard work
- Integrated quality pillar plan and improvement work streams to align quality to plant 3 year plan and compelling business needs of plant
- Established Pre-Line Assessment Reviews for the leads to make sure we will be ready for pre-op

PRODUCTION MANAGER – CONAGRA FOODS
Council Bluffs, Iowa April 2011 – July 2012

- Manage a team of 4 production team leaders and 200+ employees to produce a superior dinner/meal that exceeds the company standard.
- Excellent record of building team leaders/business owners within the plant.
- Have had 2 supervisors get promoted within the plant and 2 supervisors moved to other areas to help support the plant.
- Launched over 35 meal re-designs in the area with 99% launch fill rate. Launch 3 major new sku's that consisted of a complete line re-design with excellent results and saving the company $1million dollars with the launch
- Led the Combo 2 Case packer AMD Team through STEP 3 with a 90% downtime improvement.
- A member of the AMD Pillar of our CPS structure.
- Lead partnership and integration work with maintenance and operations to ensure key work is executed and work streams aligned to area master plan and needs
- Lead the 5S/1st Hour Efficiency portion of the AMD pillar.
- SAP Implementation leadership team to lead the SAP process with training and support to the floor level of the facility.

TEAM LEADER – CONAGRA FOODS
Council Bluffs, Iowa Nov. 2008 – April 2011

- Manage a team of 4 production leads and 100+ employees to produce a superior dinner/meal that exceeds company standard.
- Responsible for leading and coaching employees in problem solving, safety, cost and delivery.
- Training / launching employees on working in and with functional teams to help improve OEE.
- Researching and presenting new ideas to generate revenue by optimizing operations production to decrease assembly time and lower the cost of finished products.
- Was an intricate part of the new combo 3 line in FF3 by partnering up with the project team to help with the implementation of the new line.
- Worked with different groups with informance to help get a better downtime tagging for easier root cause analysis. On group was the VRT group which is now on its way to be the benchmark for the company.
- Implemented and trained out a Layered Process Audit (LPA) to audit against our standard work throughout the department.

LEAD SUPERVISOR – CHRYSLER LLC
Fenton, Missouri 2006 – 2009

- Synergizing and managing a team of 6 supervisors and 200+ employees to produce a superior automotive product exceeding company standard.
- Responsible for facilitation and coaching employees in problem solving, safety, quality, cost, delivery, and morale.
- Train new and existing employees on the implementation of SMART/Lean Manufacturing
- Partnering with the UAW Local 110 executive committee members to resolve contractual issues daily.
- Developing and executing a better-quality product with a focus on working in a team-based structure.
- Building a good rapport to develop strong working relationships with team members and team leaders.
- Researching and presenting new ideas to generate revenue by optimizing operations production to decrease assembly time and lower the cost of finished products.
- Utilizing strategic on-site problem solving by identifying the root cause of an issue and researching data to support.

VARIOUS DUTIES/TEAM LEADER – CHRYSLER LLC
Fenton, Missouri 1995 – 2006

JASON R. SIMS

[redacted]Flatwater Dr.
Columbia, MO 65201

Phone #[redacted]

- Worked through career progression from line operator to line supervisor
- Responsible for facilitating 35-40 employees in a section/zone in the chassis department.
- Developed and presented data for assembly operations to improve quality, cost and delivery.
- Executed strategic manpower and productivity moves within the section/zone to ensure the quality of each unit.
- Trained and developed problem-solving skills to resolve issues focusing on safety, quality, cost, delivery and morale.
- Spearheaded the installation and the training for new ergonomic articulating tools utilized in the assembly plant.
- Successfully directed and facilitated each department by increasing employee involvement.

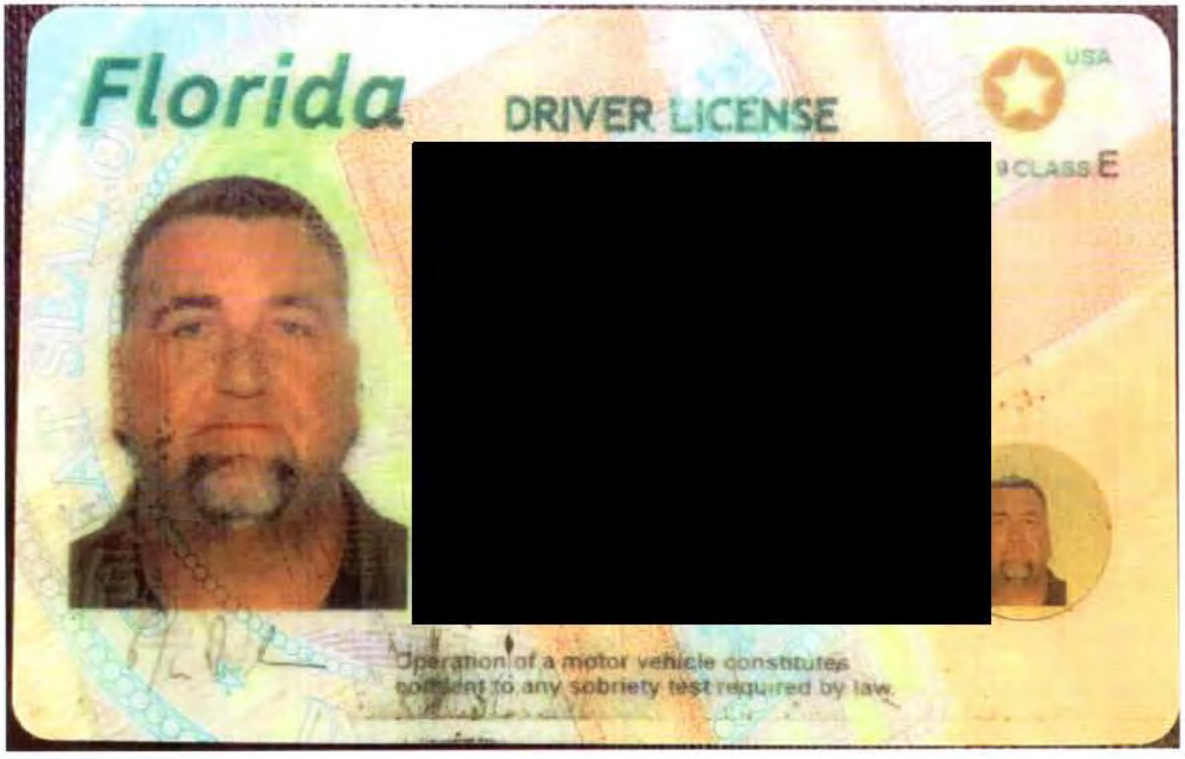
EDUCATION

WESTERN ILLINOIS UNIVERSITY - MACOMB, ILLINOIS

- Business Management

HIGHLAND COMMUNITY COLLEGE – HIGHLAND, KANSAS

- Associate of Arts


Florida
DRIVER LICENSE
USA
CLASS E
Operation of a motor vehicle constitutes
consent to any sobriety test required by law.

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: Cardinal Health 200, LLC

Physical Address: 460 Greenway Industrial Dr, Unit R

City: Fort Mill State: SC Zip: 29708

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

City: Dublin State: OH Zip: 43017

Telephone: 915-629-6977 Website: www.cardinalhealth.com

Name of Designated Representative (DR): Edward Deluca

Licensing Company Email: licensure@cardinalhealth.com DR Email: Edward.Deluca@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	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: Distributor

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

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

Provide explanation below:

Please see attached letter

Original Signature (electronic, copies or stamps not accepted)

8/23/22

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: 2101 Waukegan Road City: Waukegan State: IL Zip: 60085

Name: N/A

Address: City: State: Zip:

Name: N/A

Address: City: State: Zip:

Name: N/A

Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: 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: 614-757-3000 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	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.

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)

8/23/22

Date

Board Use Only	Date Received: 8-24-22	Amount: 1000.00 CK-10832150

9/1/22

CardinalHealth

August 17, 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 – Fort Mill, SC

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

PRC 1049464

PERMIT NO. 13735
DATE ISSUED: 06/03/2022

South Carolina Department of Labor, Licensing and Regulation

Board of Pharmacy

Non-Dispensing Drug Outlet Permit

2022-2023

Expires 06/30/2023

Robert Hubbard, Board Chair

Lauren Thomas, Vice Chair

CARDINAL HEALTH 200, LLC
Permit Holder: KEEGAN CHAMBERLAIN
460 GREENWAY INDUSTRIAL DR UNIT R
FORT MILL SC 29708

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

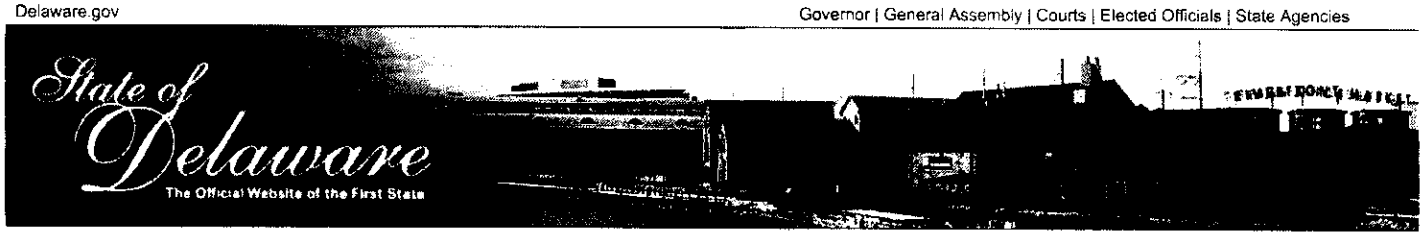
SR# 20223336356

Authentication: 204226608

Date: 08-23-22

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

Delaware.gov Governor | General Assembly | Courts | Elected Officials | State Agencies



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.

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Employee list

	Edward DeLuca
1st shift	Vince Abangan
	Steve Barnette
	Alice Baptiste
	Pang Yang
	Jennifer Harris
	Monte Ashley
	Turek Hill
	Arthur 'Frank' Herriott
	Corey Wilmore
	James White
	Gupta Rai
	Antonio Regusters
	Deborah Charleston
2nd shift	Vernon Bailey
	Victor DelGado
	Tim Yarbrough
	Joseph Khuppi
	Francisco Cortes
	Gregory Graham
	Son Nguyen

CardinalHealth

460 Greenway Industrial Dr, Unit R
Fort Mill, South Carolina 29708

Officer Name	Title
Steven Blair C de Baca	EVP Quality and Regulatory Affairs
Stephen Michael Mason	CEO, Medical Segment
Keegan David Chamberlain	Director, Quality Management
Julie Erin Webb	VP, Quality Management
John Henry Martin Jr.	SVP, Tax

The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

Stockholder	Stake
The Vanguard Group, Inc.	11.96%
SSgA Funds Management, Inc.	8.00%
T. Rowe Price Associates, Inc.	5.47%
BlackRock Fund Advisors	5.17%

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
Aon Risk Services Northeast, Inc.
Cincinnati OH Office
8044 Montgomery Road
Suite 405
Cincinnati OH 45236-2919 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 **FAX (A/C. No.):** (800) 363-0105
E-MAIL ADDRESS:

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

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

COVERAGES **CERTIFICATE NUMBER:** 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 in			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 $5,000,000 Excluded
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		RWD943512517 (AOS)	06/30/2022	06/30/2023	X PER STATUTE OTH-ER	
A				RWR943512617 (WI)	06/30/2022	06/30/2023	E.L. EACH ACCIDENT E.L. DISEA$E-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 #:

ACORD®

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	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

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	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

Evidence of Coverage

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

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

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

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

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

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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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.

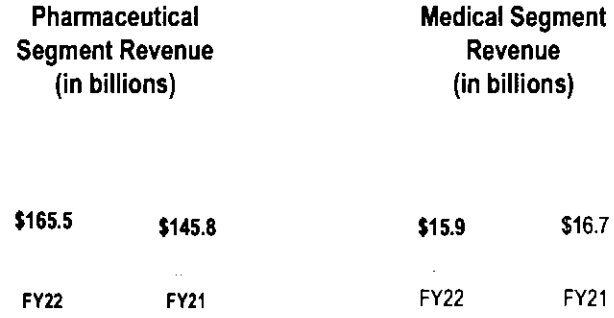
Cordis Divestiture

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

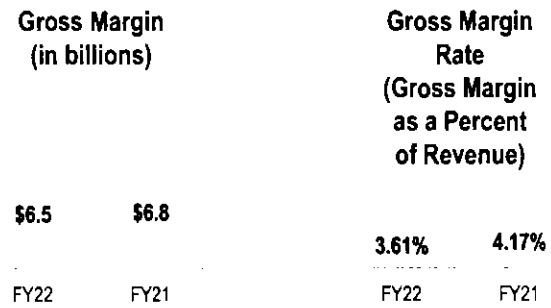
Pharmaceutical Segment
Fiscal 2022 Pharmaceutical segment revenue grew by $19.6 billion primarily due to sales growth from pharmaceutical distribution and specialty pharmaceutical customers, which largely consisted of branded pharmaceutical sales to existing and net new customers.

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



	Consolidated Gross Margin		
(in millions)	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

	SG&A Expenses		
(in millions)	2022	2021	Change
SG&A expenses	$ 4,557	$ 4,533	1 %

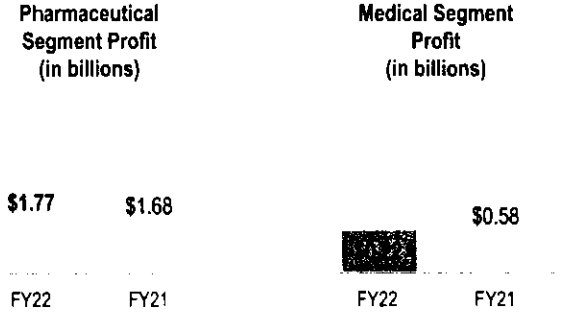
Fiscal 2022 Compared to Fiscal 2021

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

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): N/A

Physical Address: 460 Greenway Industrial Dr, Unit R

City: Fort Mill — State: SC — Zip: 29708

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

City: Dublin — State: OH — Zip: 43017

Telephone: 803-802-4789 — Website: www.cardinalhealth.com

Licensing Company Email: licensure@cardinalhealth.com

Section 2: Personal Information

First: Edward — Middle: — Last: Deluca

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

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

Mailing Address: [redacted] Faison Avenue

City: Fort Mill — State: SC — Zip: 29708

Telephone: [redacted] — Email: Edward.Deluca@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)	
West Virginia Univeristy		09/1979 - 06/1983	
Address	City	State	Zip
	Morgantown	WV	26506
Diploma/Degree obtained, if any			
Bachelor of Arts / business			

School Name		From - To (MM/YY – MM/YY)	
Brooke High School		09-1975 - 06/1978	
Address	City	State	Zip
29 Bruin Drive	Wellsburg	WV	26070
Diploma/Degree obtained, if any			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/11 - Present	[redacted] Faison Avenue	Fort Mill	SC	29708
07/03 - 10/11	[redacted] Vista Palermo	Lake Elsinore	CA	92532
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
Cardinal Health			07/21 - present
Business Address	**City**	**State**	**Zip**
460 Greenway Industrial Drive	Fort Mill	SC	29708
Phone	**Title**		**Number of Employed Hours**
803-802-6875	Site (plant) Manager		2,200
Description of Duties			
Manage purchase of finished goods & balance of finished goods Responsible for accuracy of inventory and production schedule			

Business Name			From - To (MM/YY – MM/YY)
Cardinal Health			10/11 - 06/21
Business Address	**City**	**State**	**Zip**
785 Fort Mill Highway	Fort Mill	SC	29707
Phone	**Title**		**Number of Employed Hours**
803-802-6875	Materials Manager		19,840
Description of Duties			
Lead all the Presource kitting and self manufacturing segment			

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

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

Edna DeLuca
Original Signature (electronic, copies or stamps not accepted)

7-26-22
Date

I, Edward Deluca, **certify that as the MDEG Administrator for**

Cardinal Health 200, LLC,

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

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

Edward Deluca
Print Name (First, Last)

Edward DeLuca
Original Signature (electronic, copies or stamps not accepted)

7-26-22
Date

Board Use Only	Date Received: 8-24-22

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 _____	■ 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: 1313 West Grant Blvd

City: Wabasha State: MN Zip: 55981

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

City: Dublin State: OH Zip: 43017

Telephone: 413-593-6400 Website: www.cardinalhealth.com

Name of Designated Representative (DR): James St. Peter

Licensing Company Email: licensure@cardinalhealth.com DR Email: james.stpeter@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:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

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

Provide explanation below: See Attached Letter

Original Signature (electronic, copies or stamps not accepted)

8/9/2022
Date

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

Name: Phoenix converting
Address: 1251 W. Ardmore Ave. City: Itasca State: IL Zip: 60143
Name: Daehan
Address: 2NA114 1255-13 Chongwang-Dong, Shihung-Shi, State: Kyonggi, Zip: Republic of Korea
Name: Transcontinental (Coveris)
Address: 700 Crestdale Road City: Matthews State: NC Zip: 28105
Name: Automated Packaging systems
Address: 25900 Solon Roadway City: Bedford Heights State: OH Zip: 44241

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: 413-593-7132 Email: licensure@cardinalhealth.com
Contact Person Name: LaToyia Martin

Date of SEC Registration: 8/4/1983 | SEC Registration Number: 0000721371 | 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

K Chamberlain

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

8/9/2022

Date

Board Use Only	Date Received: 8-29-22	Amount: 1000.00 CC

Question 3
Disclosure Response

CardinalHealth

07/31/2022

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
1313 West Grant Blvd
Wabasha, MN 55981

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

Home State License

DESCRIPTION OF WHY RESIDENT STATE LICENSE AND INSPECTION REPORT IS NOT AVAILABLE
WABASHA FACILITY

This distribution center is not licensed by the state licensing board because the facility only distributes prescription devices and over-the-counter devices, not drugs and MN does not require licensure for prescription devices. In addition, this distribution center does not engage in manufacturing or distribute controlled substances. Accordingly, it is not licensed by the FDA or DEA.

Cert. of Good Standing

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

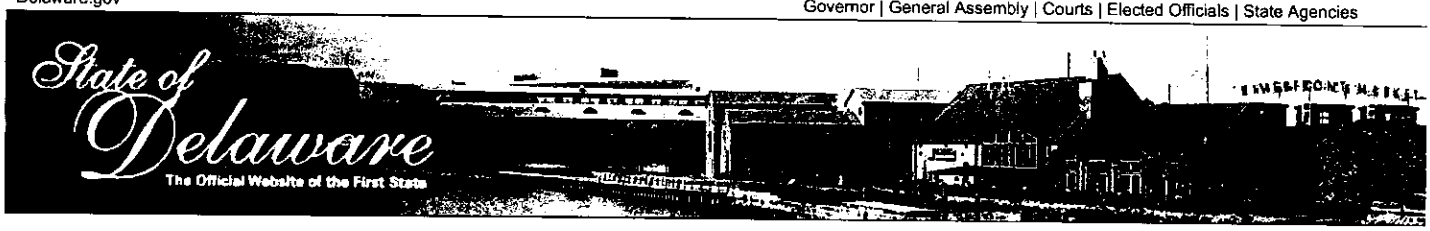
Authentication: 204226608

Date: 08-23-22

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

Delaware.gov

Governor | General Assembly | Courts | Elected Officials | State Agencies



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.

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Officer List

Officer Name	Title	Percentage of Ownership
Steven Blair C de Baca	EVP Quality and Regulatory Affairs	0%
Stephen Michael Mason	CEO, Medical Segment	0%
Keegan David Chamberlain	Director, Quality Management	0%
Julie Erin Webb	VP, Quality Management	0%
John Henry Martin Jr.	SVP, Tax	0

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Employee List

Wabasha Employee Summary
As of 8/9/2022

Name
Anderson, Connie J
Anderson, Julie J
Anderson, Kayla M
Baker, Ethen L
Bjurquist, Sharon J
Bronner, Troy A
Gilbertson, Sarah J
Glander, Wanda M
Heins, Paul H
Herold, Tracy L
Howe, Elizabeth E
Johnson, Kendra D
Johnson, Shayla A
Kaupa, Linda M
Kispert, Loren
Lamey, Jane E
Lauer, Bridget A
Madison, Carmen L
Mytten, Diane
Packer, Carol J
Pickering, Kimberly M
Pierce, Terrie A
Powers, James E
Powers, Jay R
Quade, Amy C
Rick, Ilona J
Robelia, Holly M
Roskos, Robert M
Schwirtz, Dale F
Schively, Pam
Scrabeck, Sherrie
Butler, Crystal L
Stoume, Robert (Bobby)
Gusa, Stacy
Marks, Charles

Wabasha Employee Summary
As of 8/9/2022

Name
Immermann, Britta
Immermann, Jordan
Latham, Michelle
Johnson, Brandie
Hanson, Tyler
Gusa, Andrew
Girard, Tania
Carpenter, Cailen
St. Peter, Abigail
Palmer, Aldona (Marie)
Wagner, Linda M

Breuer, Jeffrey M
Ender, Robin L
Raasch, Matthew
Rinholen, Heidi
Dunagan, Jay
Gosse, Tyson
St Peter, James W

Fahnel, Aaron J
Patzner, Joshua
Brouillard, Christine A
Wobbe, Kimberly A
Abbott, Rita M
Gensmer, Arlette C
Lager, Harry J
Schively, William R
Sloat, Lissa M
Thorn, Cyndy
Vollmer, Paula R
Whitwam, Monica M

Shareholders

Top 4 Owners of Cardinal Health Inc

Stockholder	Stake
The Vanguard Group, Inc.	11.88%
SSgA Funds Management, Inc.	5.95%
BlackRock Fund Advisors	5.14%
T. Rowe Price Associates, Inc. (I...	4.47%

Proof of Insurance

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			RGD943716717	06/30/2022	06/30/2023	EACH OCCURRENCE	$5,000,000
	CLAIMS-MADE [X] OCCUR			AOS, PR			DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
	X Liquor Liability Included						MED EXP (Any one person)	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$5,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						GENERAL AGGREGATE	$5,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	Excluded
							Liquor Liability Lim	Included
C	AUTOMOBILE LIABILITY			RAD943716817	06/30/2022	06/30/2023	COMBINED SINGLE LIMIT (Ea accident)	$5,000,000
	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)	
A	X UMBRELLA LIAB X OCCUR			US00092147LI22A	06/30/2022	06/30/2023	EACH OCCURRENCE	$5,000,000
	EXCESS LIAB CLAIMS-MADE			SIR applies per policy terms & conditions			AGGREGATE	$5,000,000
	DED X RETENTION						Products/Completed O	Excluded
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			RWD943512517	06/30/2022	06/30/2023	X PER STATUTE OTH-ER	
A	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] N/A			(AOS)			E.L. EACH ACCIDENT	$5,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			RWR943512617 (WI)	06/30/2022	06/30/2023	E.L. DISEASE-EA EMPLOYEE	$5,000,000
							E.L. DISEASE-POLICY LIMIT	$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	NAMED INSURED
Aon Risk Services Northeast, Inc.	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

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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

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Evidence of Coverage

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

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

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

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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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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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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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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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SEC Report

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, 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: 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, 2020, was the following: $15,693,865,917.

The number of the registrant's common shares, without par value, outstanding as of July 31, 2021, was the following: 290,441,408.

Documents Incorporated by Reference:

Portions of the registrant's Definitive Proxy Statement to be filed for its 2021 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 2021 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 subsidiaries, unless the context requires otherwise. Our fiscal year ends on June 30. References to fiscal 2022, 2021, 2020, 2019, 2018 and 2017 are to the fiscal years ended June 30, 2022, 2021, 2020, 2019, 2018 and 2017, respectively. Except as otherwise specified, information in this report is provided as of June 30, 2021.

Non-GAAP Financial Measures

In this report, including in the "Fiscal 2021 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 2021 and fiscal 2020 items and year-to-year comparisons between fiscal 2021 and fiscal 2020. Fiscal 2019 items and discussions of year-to-year comparisons between fiscal 2020 and fiscal 2019 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, 2020 (the "Fiscal 2020 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 2021 Overview

Revenue

Revenue for fiscal 2021 was $162.5 billion, a 6 percent increase from the prior year, primarily due to sales growth from pharmaceutical distribution and specialty solutions customers.

GAAP and Non-GAAP Operating Earnings/(Loss)

(in millions)	2021	2020	Change
GAAP operating earnings/(loss)	**$ 472**	**$ (4,098)**	**N.M.**
Surgical gown recall costs/(income)	**(28)**	85	
State opioid assessment related to prior fiscal years	**38**	3	
Restructuring and employee severance	**114**	122	
Amortization and other acquisition-related costs	**451**	524	
Impairments and (gain)/loss on disposal of assets	**79**	7	
Litigation (recoveries)/charges, net	**1,129**	5,741	
Non-GAAP operating earnings	**$ 2,255**	$ 2,384	**(5)%**

The sum of the components and certain computetions may reflect rounding adjustments.

We had GAAP operating earnings of $472 million and a GAAP operating loss of $4.1 billion during fiscal 2021 and 2020, respectively, which includes pre-tax charges of $1.17 billion and $5.63 billion, respectively, recognized 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 2021 and Trends section in this MD&A and Note 7 of the "Notes to Consolidated Financial Statements."

GAAP and Non-GAAP operating earnings during fiscal 2021 were adversely impacted by COVID-19, which includes an inventory reserve recorded to reduce the carrying value of certain Medical segment personal protective equipment, primarily certain categories of gloves, to net realizable value. 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. See Significant Developments in Fiscal 2021 and Trends section in this MD&A for additional information. Volume declines in our Pharmaceutical segment generics program, which includes the impact of COVID-19, also had an adverse impact. These factors were partially offset by the beneficial impact of enterprise-wide cost-savings measures, including global manufacturing efficiencies in the Medical segment, and higher contribution from branded pharmaceutical sales mix.

GAAP and Non-GAAP Diluted EPS

($ per share)	2021 [2]	2020 [2] [3]	Change
GAAP diluted EPS [1]	**$ 2.08**	**$ (12.61)**	**N.M.**
Surgical gown recall costs/(income)	**(0.07)**	0.22	
State opioid assessment related to prior fiscal years	**0.10**	0.01	
Restructuring and employee severance	**0.29**	0.31	
Amortization and other acquisition-related costs	**1.13**	1.34	
Impairments and (gain)/loss on disposal of assets	**0.21**	0.02	
Litigation (recoveries)/charges, net [4]	**1.78**	17.84	
Loss on early extinguishment of debt	**0.04**	0.04	
(Gain)/loss on sale of equity interest in naviHealth	**0.01**	(1.68)	
Transitional tax benefit, net	**—**	(0.01)	
Non-GAAP diluted EPS [1]	**$ 5.57**	$ 5.45	**2 %**

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, except for transitional tax benefit, net. 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 2020, 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 293 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 2020 non-GAAP diluted EPS is calculated using a weighted average of 295 million common shares, which includes potentially dilutive shares.

(4) 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-insuranca 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.

The charges we recognized in fiscal 2021 and 2020 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) and $(17.54) per share after-tax impact on GAAP diluted EPS, respectively.

During fiscal 2021, GAAP and non-GAAP diluted EPS were positively impacted by $1.44 and $0.12 per share, respectively, due to a tax benefit from the net operating loss carryback primarily related to a self-insurance pre-tax loss, as further described in Significant Developments in Fiscal 2021 and Trends section in this MD&A and Note 7 of the "Notes to Consolidated Financial Statements."

GAAP diluted EPS during fiscal 2020 was favorably impacted by a $1.68 per share gain from the sale of the remainder of our equity interest in naviHealth described further in Note 2 of the "Notes to Consolidated Financial Statements."

Cash and Equivalents

Our cash and equivalents balance was $3.4 billion at June 30, 2021 compared to $2.8 billion at June 30, 2020. The increase in cash during fiscal 2021 was due to net cash provided by operating activities of $2.4 billion, offset by cash deployed of $573 million for dividends, $570 million for debt repayments, $400 million for capital expenditures, and $200 million for share repurchases.

Significant Developments in Fiscal 2021 and Trends

COVID-19

The COVID-19 pandemic ("COVID-19") continues to affect the U.S. and global economies, and as previously disclosed, the pandemic began to materially affect our businesses during the third quarter of fiscal 2020. The length and severity of the pandemic and its impacts on our businesses and results of operations are uncertain.

COVID-19 had a negative impact on our consolidated operating earnings/(loss) in fiscal 2021 and fiscal 2020. We estimate that the impact on fiscal 2021 operating earnings was approximately $200 million greater than on fiscal 2020 operating earnings, and we estimate that the impact on fiscal 2020 operating earnings/(loss) was approximately $100 million.

Pharmaceutical segment profit has been negatively impacted by COVID-19 largely due to volume declines in our generics program and Nuclear and Precision Health Solutions. While fiscal 2021 volumes within our generics program were lower than levels prior to COVID-19, the impact on Pharmaceutical segment profit improved on a year-over-year basis during the fourth quarter of fiscal 2021. Similarly, in comparison to prior year, the impact of COVID-19 on Nuclear and Precision Health Solutions was positive for Pharmaceutical segment profit during the fourth quarter of fiscal 2021.

Our Medical segment experienced dramatically increased demand for certain personal protective equipment due to COVID-19. 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. The peak of this heightened demand was during the second and third quarters of fiscal 2021. This increased demand resulted in higher sales volume for certain products, increased costs to manufacture and source these products and higher inventory levels to meet customer commitments. As a result, we sought out additional sources for these products and to mitigate the impact of these cost increases, we have raised our selling prices for the affected products. During the fourth quarter of fiscal 2021, selling prices and customer demand for certain PPE decreased as compared to the peak, and we expect this decline to continue into fiscal 2022. This resulted in inventory cost above net realizable value, requiring an inventory reserve of $197 million, primarily related to certain categories of gloves, which adversely impacted Medical segment profit. Our estimates for customer demand and selling prices are inherently uncertain and if customer demand or selling prices decline in the future beyond our current assumptions, additional inventory reserves may be required that would adversely impact Medical segment profit. See Critical Accounting Policies and Sensitive Accounting Estimates section in this MD&A for additional information.

During fiscal 2021, COVID-19 benefited Medical segment profit in some ways as well. Higher volumes in our laboratory business and cost savings positively impacted Medical segment profit. Additionally, despite declining customer demand and selling prices in some categories of PPE as described above, Medical segment profit was benefited by pricing actions intended to mitigate the impact of cost increases in certain other PPE categories. In addition, while lower demand for surgical products resulting from reduced elective procedures had an adverse impact on Medical segment profit during the first nine months of fiscal 2021, demand improved during the fourth quarter of fiscal 2021 and was a positive contributor to year-over-year segment profit.

We currently anticipate that the negative impact of the COVID-19 pandemic on operating earnings will be less in fiscal 2022 than it was in fiscal 2021, which includes the inventory reserve of $197 million described above. As a result, in comparison to prior year, we expect the COVID-19 impact for fiscal 2022 will be positive. However, we cannot estimate the length or severity of the COVID-19 pandemic or of the related U.S. or global economic consequences on our businesses and results of operations, including whether and when historic economic and operating conditions will resume, or its impact on our business, financial position, results of operations or cash flow. Its impact may be greater or less than we anticipate.

Opioid Lawsuits

In July 2021, we announced that we and two other national distributors have negotiated a proposed settlement agreement (the "Proposed Settlement Agreement") and settlement process that, if all conditions are satisfied (including Boards of Directors' approval), would result in the settlement of the vast majority of opioid lawsuits filed by state and local governmental entities.

West Virginia subdivisions and Native American tribes are not a part of this settlement process and we have been involved in separate negotiations with these groups. The settlement process does not contemplate participation by any non-governmental or non-political entities or individuals. In connection with the negotiations of the Proposed Settlement Agreement, we and the two other national distributors entered into a settlement with the State of New York and its participating subdivisions. If the Proposed Settlement Agreement becomes effective, New York and its participating subdivisions will become a part of it.

The Proposed Settlement Agreement is subject to contingencies and will not become effective unless and until the Boards of Directors of the three distributors each make separate independent determinations that (1) following a sign-on period, a sufficient number of states have agreed to the Proposed Settlement Agreement (the "Settling States"); and, subsequently, (2) following a notice period, that a sufficient number of states and political subdivisions, including those that have not sued, have agreed to the Agreement (or otherwise had their claims foreclosed) to proceed to effectiveness. Prior to the second determination, the Settling States will also have an opportunity to make a determination as to whether a sufficient number of political subdivisions have agreed to the Proposed Settlement Agreement (or otherwise had their claims foreclosed) to proceed with the Proposed Settlement Agreement. This process is currently contemplated to end in February 2022, although it may be extended by agreement. It is possible that a sufficient number of states and subdivisions will not agree to the Proposed Settlement Agreement or that other required contingencies will not be satisfied.

If these conditions are satisfied, the Proposed Settlement Agreement would become effective 60 days after the distributors determine that there is sufficient participation among political subdivisions. During this 60-day period, the Settling States and the distributors would cooperate to obtain consent judgments in each participating state embodying the terms of the Settlement.

The Proposed Settlement Agreement includes a cash component, pursuant to which the Company would pay up to $6.37 billion, the majority of which would be paid over 18 years. The exact payment amount will depend on several factors, including the participation rate of states and political subdivisions, the extent to which states take action to foreclose opioid lawsuits by political subdivisions (e.g., laws barring opioid lawsuits by political subdivisions), and the extent to which political subdivisions in Settling States file additional opioid lawsuits against the Company after the Proposed Settlement Agreement becomes effective.

The Proposed Settlement Agreement also includes injunctive relief terms relating to settling distributors' controlled substance anti-diversion programs, including with respect to: (1) governance; (2) independence and training of the personnel operating our controlled substances monitoring program; (3) due diligence for new and existing customers; (4) ordering limits for certain products; and (5) suspicious order monitoring. A monitor will be selected to oversee compliance with these provisions for a period of five years. In addition, we and the two other national distributors will engage a third-party vendor to act as a clearinghouse for data aggregation and reporting; distributors will fund the clearinghouse for ten years.

Additionally, a trial before a judge in West Virginia in the Cabell County and City of Huntington cases concluded in July 2021 and the judge has not yet issued a decision. In addition, a trial in the case brought by the Ohio Attorney General is scheduled to begin in September 2021 and a trial in the case brought by the Washington Attorney General is scheduled to begin in November 2021. The Ohio Attorney General has issued a press release indicating support for the Proposed Settlement Agreement; however, the Washington Attorney General has issued a press release stating that Washington will not agree to the Proposed Settlement Agreement.

In connection with the opioid lawsuits and settlement negotiations, we have recorded total pre-tax charges of $1.17 billion and $5.63 billion in litigation charges/(recoveries), net in the years ended June 30, 2021 and 2020, respectively. In total, we have $6.73 billion accrued at June 30, 2021, of which $405 million is included in other accrued liabilities, as we expect to make our first annual settlement payment into escrow on or before September 30, 2021, and the remainder is included in deferred income taxes and other liabilities in the consolidated balance sheets. 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.

Tax Effect of Opioid Litigation Charges

The net tax benefits associated with the opioid litigation charges are $228 million and $488 million for fiscal 2021 and 2020, respectively. 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 and $469 million, respectively. The fiscal 2021 net tax benefit and unrecognized tax benefits were primarily due to our assessment of the specific terms of the Proposed 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. See Note 8 of the "Notes to Consolidated Financial Statements" for additional information.

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.

We have filed for a U.S. federal income tax refund of $974 million as a result of the net operating loss carryback under the CARES Act, which we expect to receive within 12 months, and accordingly have recorded a current asset on our consolidated balance sheet at June 30, 2021. We also increased our non-current deferred tax liability by approximately $700 million during fiscal 2021 related to this matter.

We have recorded these amounts based on management's judgment and our current understanding of tax law; however, it is possible that the tax authorities could challenge these tax benefits or that the tax law could change. The actual amount or timing of the tax benefit may differ from these expectations. See Note 8 of the "Notes to Consolidated Financial Statements" for additional information.

Cordis Divestiture

On March 12, 2021, we announced that we signed a definitive agreement to sell our Cordis business to Hellman & Friedman for proceeds of $927 million in cash, subject to customary purchase price adjustments, and we retained certain working capital accounts and product liability for lawsuits and claims related to inferior vena cava ("IVC") filters in the U.S. and Canada as described in Note 7 of the "Notes to Consolidated Financial Statements." The transaction closed on August 2, 2021, and we received proceeds of $927 million, net of cash transferred. 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.

During fiscal 2021, we recognized a $60 million pre-tax write-down of the net assets held for sale in impairment and (gain)/loss on disposal of assets in the consolidated statement of earnings/(loss). We recorded a net tax expense of $9 million associated with the impact of the write-down and the required tax adjustments related to held for sale accounting.

In connection with the divestiture, during fiscal 2021 we recognized costs of $28 million associated with exit or disposal activities. We expect to record up to $100 million of additional costs associated with these activities, primarily during fiscal 2022. These costs are recorded in restructuring and employee severance in our consolidated statements of earnings/(loss). We expect these charges to consist of approximately $83 million of professional, project management and other service fees to support the divestiture; $19 million of employee-related costs; and additional expenses from facility exits and other restructuring activities.

We expect the divestiture of the Cordis business will decrease annual Medical segment revenue by approximately $800 million and adversely impact Medical segment profit by approximately $80 million. The divestiture of our 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.

Pharmaceutical Segment

The performance of our Pharmaceutical segment generics program adversely impacted the year-over-year comparison of Pharmaceutical segment profit in fiscal 2021 due to volume declines in our generics program, including the impact of COVID-19. 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"). In August 2021, we amended our agreement with CVS Health to extend the term of the Red Oak Sourcing agreement through June 2029. 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 remain uncertain as does their impact on Pharmaceutical segment profit and consolidated operating earnings in fiscal 2022.

Medical Segment

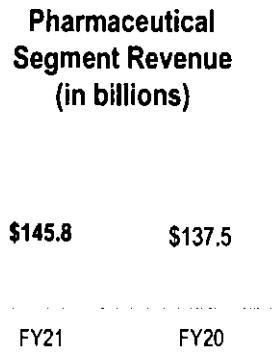
In the fourth quarter of fiscal 2021, our Medical segment experienced increased supply chain costs, primarily related to transportation, labor and commodities. While we are taking actions to mitigate the impact of these and other sourcing cost increases primarily through cost-savings measures, including global manufacturing efficiencies, we expect these increased costs to adversely impact Medical segment profit in fiscal 2022.

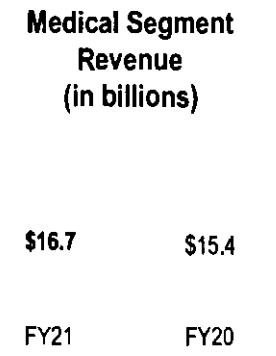
Information Technology Investments

Our Pharmaceutical segment is in a multi-year project to implement a replacement of certain finance and operating systems. Within the Medical segment, Cardinal Health at-Home Solutions is also investing in a system transformation. We expect that these investments will result in increased project-related expenses and depreciation related to capital expenditures, which will negatively impact operating earnings and segment profit in fiscal 2022 and beyond.

Results of Operations

Revenue





	Revenue		
(in millions)	2021	2020	Change
Pharmaceutical	$ 145,796	$ 137,495	6 %
Medical	16,687	15,444	8 %
Total segment revenue	162,483	152,939	6 %
Corporate	(16)	(17)	N.M.
Total revenue	$ 162,487	$ 152,922	6 %

Fiscal 2021 Compared to Fiscal 2020

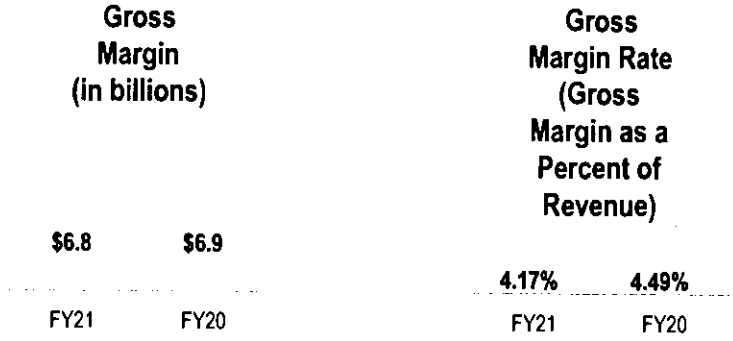
Pharmaceutical Segment
Fiscal 2021 Pharmaceutical segment revenue grew by $8.3 billion primarily due to sales growth from pharmaceutical distribution and specialty solutions customers, which together increased revenue by $8.1 billion.

Medical Segment
Fiscal 2021 Medical segment revenue increased primarily within products and distribution, which increased revenue by $1.1 billion, primarily due to a net benefit from COVID-19, including the positive impact of PPE and higher volumes in our laboratory business.

Cost of Products Sold

Cost of products sold for fiscal 2021 increased $9.6 billion (7 percent) due to the factors affecting the changes in revenue and gross margin.

Gross Margin



(in millions)	Consolidated Gross Margin 2021	2020	Change
Gross margin	$ 6,778	$ 6,868	(1)%

Fiscal 2021 Compared to Fiscal 2020

Fiscal 2021 consolidated gross margin decreased primarily due to the adverse impact of COVID-19, which includes an inventory reserve recorded to reduce the carrying value of certain Medical segment PPE, primarily certain categories of gloves, to net realizable value, partially offset by higher volumes in our laboratory business. For additional information regarding inventory reserves, see Significant Developments in Fiscal 2021 and Trends section in this MD&A. Volume declines in our Pharmaceutical segment generics program, which includes the impact of COVID-19, also had an adverse impact. These factors were partially offset by higher contribution from branded pharmaceutical sales mix and the beneficial comparison of the current year insurance recoveries with the prior-year charge in connection with a voluntary recall for certain surgical gowns and a voluntary recall and field actions for surgical procedure packs containing affected gowns (together, the "Recalls").

Gross margin rate declined during fiscal 2021 mainly due to changes in pharmaceutical distribution product sales mix and an inventory reserve recorded to reduce the carrying value of certain Medical segment PPE to net realizable value. While branded pharmaceutical sales contributed positively to gross margin dollars during fiscal 2021, they had a dilutive impact on our overall gross margin rate.

Distribution, Selling, General and Administrative ("SG&A") Expenses

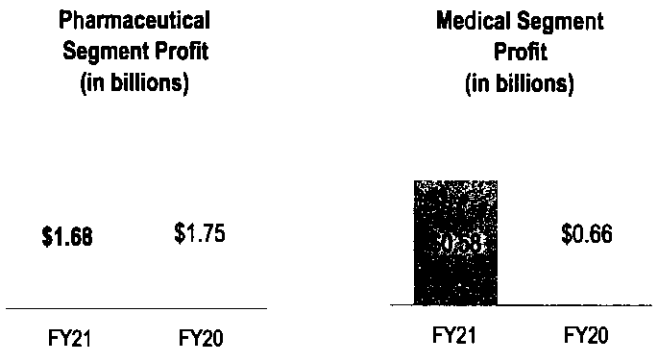
	SG&A Expenses		
(in millions)	2021	2020	Change
SG&A expenses	$ 4,533	$ 4,572	(1)%

Fiscal 2021 Compared to Fiscal 2020

Fiscal 2021 SG&A expenses decreased primarily due to the beneficial impact of enterprise-wide cost-savings measures. The year-over-year comparison was also favorably impacted by the $37 million charge in connection with the Recalls recognized during fiscal 2020. These factors were partially offset by information technology investments and the $41 million assessment on prescription opioid medications that were sold or distributed in New York state in calendar years 2017 and 2018. 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.



	Segment Profit and Operating Earnings		
(in millions)	2021	2020	Change
Pharmaceutical	$ 1,684	$ 1,753	(4)%
Medical	577	663	(13)%
Total segment profit	2,261	2,416	(6)%
Corporate	(1,789)	(6,514)	N.M.
Total consolidated operating earnings/(loss)	$ 472	$ (4,098)	N.M.

Fiscal 2021 Compared to Fiscal 2020

Pharmaceutical Segment Profit

Fiscal 2021 Pharmaceutical segment profit was adversely impacted due to volume declines in our generics program, including the impact of COVID-19, partially offset by higher contribution from branded pharmaceutical sales mix.

Pharmaceutical segment financial results do not include the $1.17 billion and $5.63 billion charges associated with the opioid litigation during fiscal 2021 and 2020, respectively. See Significant Developments in Fiscal 2021 and Trends section in this MD&A and Note 7 of the "Notes to Consolidated Financial Statements" for additional information. In addition, Pharmaceutical segment financial results do not include the $41 million assessment on prescription opioid medications that were sold or distributed in New York state in calendar years 2017 and 2018. See Note 7 of the "Notes to Consolidated Financial Statements" for additional information on the New York Opioid Stewardship Act.

Medical Segment Profit

Fiscal 2021 Medical segment profit decreased largely due to the adverse impact of COVID-19, which primarily includes an inventory reserve recorded to reduce the carrying value of certain PPE, primarily certain categories of gloves, to net realizable value, partially offset by higher volumes in our laboratory business. In addition, enterprise-wide cost-savings measures, including global manufacturing efficiencies, had a positive impact on Medical segment profit.

Corporate

The changes in Corporate during fiscal 2021 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)	2021	2020
Restructuring and employee severance	$ 114	$ 122
Amortization and other acquisition-related costs	451	524
Impairments and (gain)/loss on disposal of assets, net	79	7
Litigation (recoveries)/charges, net	1,129	5,741

Restructuring and Employee Severance

In fiscal 2021, restructuring costs were primarily related to the implementation of certain enterprise-wide cost-savings measures and the divestiture of our Cordis business. In fiscal 2020, restructuring costs were primarily related to the implementation of certain enterprise-wide cost-savings measures.

Amortization and Other Acquisition-Related Costs

Amortization of acquisition-related intangible assets was $428 million and $512 million for fiscal 2021 and 2020, respectively.

Impairments and (Gain)/Loss on Disposal of Assets, Net

During fiscal 2021, we recognized a $60 million pre-tax write-down of the assets held for sale from the divestiture of our Cordis business. See the Significant Developments in Fiscal 2021 and Trends section in this MD&A and Note 2 of the "Notes to Consolidated Financial Statements" for additional information.

Litigation (Recoveries)/Charges, Net

During fiscal 2021 and 2020, we recognized pre-tax charges of $1.17 billion and $5.63 billion, respectively, associated with certain opioid matters. See Significant Developments in Fiscal 2021 and Trends section in this MD&A and Note 7 of the "Notes to Consolidated Financial Statements" for additional information.

During fiscal 2021 and 2020, we recognized $56 million and $103 million, respectively, of estimated losses and legal defense costs associated with the IVC filter product liability claims.

During fiscal 2021 and 2020, we recognized income of $112 million and $16 million, respectively, for recoveries in class action antitrust lawsuits in which we were a class member.

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)	2021	2020	Change
Other (income)/expense, net	$ (47)	$ (1)	N.M.
Interest expense, net	180	238	(24)%
Loss on early extinguishment of debt	14	16	N.M.
(Gain)/Loss on sale of equity interest in naviHealth	2	(579)	N.M.

Other (Income)/Expense, Net

During fiscal 2021, other (income)/expense, net was favorable compared to the prior-year period primarily due to an increase 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," gains on investments in non-marketable equity securities, and fluctuations in foreign exchange rates.

Interest Expense, Net

Fiscal 2021 interest expense decreased from fiscal 2020 primarily due to lower debt outstanding and lower short-term interest rates.

Loss On Early Extinguishment Of Debt

During fiscal 2021 and 2020, we recognized losses of $14 million and $16 million, respectively, in connection with the redemption and early debt repurchases as described further in Note 6 of the "Notes to Consolidated Financial Statements."

(Gain)/Loss on Sale of Equity Interest in naviHealth

During fiscal 2020, we recognized a pre-tax gain of $579 million from the sale of our equity interest in a partnership that owned naviHealth, as described further in Note 2 of the "Notes to Consolidated Financial Statements."

Provision for Income Taxes

Fluctuations in the effective tax rates are primarily due to the impact of opioid litigation in fiscal 2021 and 2020, 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):

	2021 [1]	2020 [1]
Provision at Federal statutory rate	21.0 %	21.0 %
State and local income taxes, net of federal benefit	3.2	2.5
Tax effect of foreign operations	0.7	—
Nondeductible/nontaxable items [2]	1.6	0.2
Cordis Disposition	7.0	—
Withholding Taxes [2]	9.0	(0.3)
Change in Valuation Allowances	(1.4)	1.5
US Taxes on International Income [2][3]	(6.7)	0.2
Impact of Resolutions with IRS and other related matters [2]	(13.6)	(0.4)
Opioid litigation	17.7	(23.2)
Loss Carryback Claims	(129.9)	—
Other [2]	1.7	0.6
Effective income tax rate	**(89.7)%**	**2.1 %**

(1) The table represents the following: fiscal 2021 is pretax income with tax benefit and fiscal 2020 is pretax loss 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 2021

During fiscal 2021 and 2020, the effective tax rate was (89.7) percent and 2.1 percent, respectively. 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. Included in both 2021 and 2020 were net tax benefits related to the treatment of the tax impacts of the fiscal 2021 and 2020 opioid litigation charges.

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.

We have filed for a U.S. federal income tax refund of $974 million as a result of the net operating loss carryback under the CARES Act, which we expect to receive within 12 months, and accordingly have recorded a current asset on our consolidated balance sheet at June 30, 2021. 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 are $228 million and $488 million for fiscal 2021 and 2020, respectively. 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 and $469 million, respectively. The fiscal 2021 net tax benefit and unrecognized tax benefits were primarily due to our assessment of the specific terms of the Proposed 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. During fiscal 2021, we resolved all open issues with respect to the Company's activity within fiscal years 2008 through 2014 with the U.S. Internal Revenue Service ("IRS"). This resolution resulted in an adjustment to our provision for income taxes, including an impact to reserves for later years. New challenges related to future audits may adversely affect our effective tax rate or tax payments.

MDEG Admin
Form

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) _____

Physical Address 1313 West Grant Blvd

City Wabasha State MN Zip 55981

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

City Dublin State OH Zip 43017

Telephone 413-593-6400 Website www.cardinalhealth.com

Licensing Company Email licensure@cardinalhealth.com

Section 2: Personal Information

First James Middle Wesley Last St. Peter

Alias(es, nicknames, name changes, etc.) Not Applicable

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

Mailing Address [redacted] Cardinal Place

City Dublin State OH Zip 43017

Telephone [redacted] Email james.stpeter@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.)		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)	
University of Minnesota - Duluth		9/87 - 4/92	
Address	City	State	Zip
1049 University DR	Duluth	MN	55812
Diploma/Degree obtained, if any			
BS Industrial Engineering			

School Name		From - To (MM/YY – MM/YY)	
Cretin High School		9/84 - 4/87	
Address	City	State	Zip
550 S Albert St	St. Paul	MN	55116
Diploma/Degree obtained, if any			
General 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
11/19 - Present	[redacted]290th Ave.	Maiden Rock	WI	54750
07/07 - 11/19	[redacted]197th Street	Sleepy Eye	MN	56085
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Cardinal Health 200, LLC			12/18 - Present	
Business Address		City	State	Zip
1313 West Grant Blvd		Wabasha	MN	55981
Phone	Title		Number of Employed Hours	
651-565-0154	Plant Manager		7,280 (approx)	
Description of Duties				
Responsible for end to end from receiving raw materials through shipping domestically.				

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

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

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

James C

Original Signature (electronic, copies or stamps not accepted)

8-15-22

Date

I, James St. Peter, **certify that as the MDEG Administrator for**

Cardinal Health 200, LLC,

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

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

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

James St. Peter
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8-15-22
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)		**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 02222	☐ 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: LIFE-ASSIST, INCORPORATED

Physical Address: 11277 Sunrise Park Drive

City: Rancho Cordova State: CA Zip: 95742

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 800-824-6016 Website: www.life-assist.com

Name of Designated Representative (DR): Daniel Greybill

Licensing Company Email: compliance@life-assist.com DR Email: dan.greybill@life-assist.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: Emergency First Responder practitioners

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 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** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) N/A	✓			
• **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.

Bryan J. Holliday
Print Name of Authorized Person Submitting Application

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

5/31/22
Date

Board Use Only	Date Received: 8-1-22	Amount: 1000	Check # 241105

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

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

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

Provide explanation below:

N/A - did not mark "yes" to any questions in section 2

Original Signature (electronic, copies or stamps not accepted)

7/28/2022
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: _____

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: California

Parent Company (if any): _____

Corporation/Organization Name: LIFE-ASSIST, INCORPORATED

Mailing Address: 11277 Sunrise Park Dr.

City: Rancho Cordova State: CA Zip: 95742

Telephone: 800-824-6016 Email: compliance@life-assist.com

Contact Person Name: Stephanie Morgan

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: _____

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

LIFE-ASSIST, INCORPORATED

Facility Name

Daniel Robert Greybill

Print Name of Authorized Person Submitting Application

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

7/28/2022

Date

Board Use Only	Date Received: 8-1-22	Amount:

I, Daniel R. Greybill, **certify that as the MDEG Administrator for** LIFE-ASSIST, INCORPORATED,

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

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

Daniel Greybill
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/28/2022
Date

Board Use Only	Date Received:

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Wholesale Drug Permit

LICENSE NO. WLS 8111

ISSUE DATE JULY 06, 2022

LIFE-ASSIST, INCORPORATED
11277 SUNRISE PARK DR
RANCHO CORDOVA CA 95742

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

CORPORATION
DANIEL ROBERT GREYBILL — 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, 2023

RECEIPT NUMBER 00724068

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.

'06/22
'06/22

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

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

NABP ACCREDITED

DRUG DISTRIBUTOR

Life-Assist, Inc

located at

11277 Sunrise Park Drive, Rancho Cordova, CA, 95742

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

12/02/2021 to 12/01/2024
Period of Accreditation

682

Life-Assist
Helping Heroes Save Lives

CONFIDENTIAL List of Officers, Directors, Shareholders

Corporation Name: LIFE-ASSIST, INCORPORATED
Mailing Address: 11277 Sunrise Park Drive, Rancho Cordova, CA 95742
Phone Numbers: 800-824-6016 & 916-635-3822
State of Incorporation: California
Date of Incorporation: September 30, 1977
Federal Tax ID: 94-2440500

California Facility:
11277 Sunrise Park Dr
Rancho Cordova, CA 95742

Kansas Facility:
10816 Strang Line Road
Lenexa, KS 66215

Corporate Officers:
Title: President & CEO
Name: Bryan Holliday 0%

Title: Secretary/Treasurer & CFO
Name: Linda Bergaus 0%

Title: Vice President
Name: Cherie Prior 0%

Board of Directors:
Ramona Davis
Linda Bergaus
Cherie Prior

Shareholders after ESOP is finalized:
Life-Assist, Inc. Employee Stock Ownership Trust **100%---THERE ARE NO SHAREHOLDERS YET**

Transaction is in process – Anticipated Change of Ownership Date: July 6, 2022

Secretary of State
Certificate of Status

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

Entity Name:	LIFE-ASSIST, INCORPORATED
Entity No.:	0827483
Registration Date:	09/30/1977
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

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

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

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

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 21, 2022.

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

Certificate No.: 014110817

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

California Secretary of State

Business Programs Division
1500 11th Street, Sacramento, CA 95814

Request Type: Certified Copies
Entity Name: LIFE-ASSIST, INCORPORATED
Formed In: CALIFORNIA
Entity No.: 0827483
Entity Type: Stock Corporation - CA - General

Issuance Date: 04/14/2022
Copies Requested: 1
Receipt No.: 001485425
Certificate No.: 002614014

Document Listing

Reference #	Date Filed	Filing Description	Number of Pages
B0609-8255	04/14/2022	Statement of Information	2

** **** ****** ******** End of list ******** ****** **** **

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, do hereby certify on the Issuance Date, the attached document(s) referenced above are true and correct copies and were filed in this office on the date(s) indicated above.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California on April 14, 2022.

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

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

BA20220049626

STATE OF CALIFORNIA
Office of the Secretary of State
STATEMENT OF INFORMATION
CORPORATION

California Secretary of State
1500 11th Street
Sacramento, California 95814
(916) 653-3516

For Office Use Only

-FILED-

File No.: BA20220049626

Date Filed: 4/14/2022

Entity Details

Corporation Name	LIFE-ASSIST, INCORPORATED
Entity No.	0827483
Formed In	CALIFORNIA

Street Address of Principal Office of Corporation

Principal Address	11277 SUNRISE PARK DR RANCHO CORDOVA, CA 95742

Mailing Address of Corporation

Mailing Address	11277 SUNRISE PARK DR RANCHO CORDOVA, CA 95742
Attention	

Street Address of California Office of Corporation

Street Address of California Office	11277 SUNRISE PARK DR RANCHO CORDOVA, CA 95742

Officers

Officer Name	Officer Address	Position(s)
Bryan Holliday	11277 SUNRISE PARK DR RANCHO CORDOVA, CA 95742	Chief Executive Officer
Linda Bergaus	11277 SUNRISE PARK DRIVE RANCHO CORDOVA, CA 95742	Chief Financial Officer, Secretary

Additional Officers

Officer Name	Officer Address	Position	Stated Position
Cherie Prior	11277 SUNRISE PARK DRIVE RANCHO CORDOVA, CA 95742	Vice President	

Directors

Director Name	Director Address
Ramona Davis	11277 SUNRISE PARK DR RNCHO CORDOVA, CA 95742
Linda Bergaus	11277 SUNRISE PARK DR RANCHO CORDOVA, CA 95742-6528
Cherie Prior	11277 SUNRISE PARK DRIVE RANCHO CORDOVA, CA 95742

The number of vacancies on Board of Directors is: 2

Agent for Service of Process

California Registered Corporate Agent (1505)	INCORP SERVICES, INC. Registered Corporate 1505 Agent

Type of Business

Type of Business	DISTRIBUTOR OF EMS SUPPLIES TO FIRST RESPONDERS

Email Notifications

Certificate Verification No.: 002614014 Date: 04/14/2022

B0609-8255 04/14/2022 3:57 PM Received by California Secretary of State

B0609-8256 04/14/2022 3:57 PM Received by California Secretary of State

Opt-in Email Notifications	Yes, I opt-in to receive entity notifications via email.

Labor Judgment

No Officer or Director of this Corporation has an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code.

Electronic Signature

☒ By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign.

Linda Bergaus	*04/14/2022*
Signature	Date

Certificate Verification No.: 002614014 Date: 04/14/2022

LIFEA-1 OP ID: TB

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/29/2021

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 916-773-4560
Foothill Valley Insurance
13 Sierragate Plaza Ste.A
Roseville, CA 95678
Tyla A Belton

CONTACT NAME: Tyla A Belton
PHONE (A/C, No, Ext): 916-773-4560 FAX (A/C, No): 916-773-4583
E-MAIL ADDRESS: tyla.b@foothillvalley.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Admiral Insurance Company	24856
INSURER B : Berkshire Hathaway Homestate	20044
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Life Assist, Inc.
11277 Sunrise Park Drive
Rancho Cordova, CA 95742

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			CA00000250021	01/01/2022	01/01/2023	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	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS			CA00000250021	01/01/2022	01/01/2023	BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 4,000,000
	X EXCESS LIAB CLAIMS-MADE			GX00000189704	01/01/2022	01/01/2023	AGGREGATE	$ 4,000,000
	DED X RETENTION $ 0							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH)	N/A		LIWC319947	01/01/2022	01/01/2023	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

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

RE: For Information Purposes Only

CERTIFICATE HOLDER FORIN-1

For Information Purposes Only

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Tyla A Belton

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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 (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Life-Assist, Inc.

Physical Address: 11277 Sunrise Park Drive

City: Rancho Cordova State: CA Zip: 95742

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 800-824-6016 Website: life-assist.com

Licensing Company Email: compliance@life-assist.com

Section 2: Personal Information

First: Daniel Middle: Robert Last: Greybill

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

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

Mailing Address: [redacted] Alamar Way

City: Elk Grove State: CA Zip: 95758

Telephone: [redacted] Email: dan.greybill@life-assist.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 DG

Section 5: List your high school and college experience 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, Sacramento		01/17 - 05/21	
Address	City	State	Zip
6000 J Street	Sacramento	CA	95819
Diploma/Degree obtained, if any			
Bachelor of Science, Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Sierra College		01/15 - 12/16	
Address	City	State	Zip
5100 Sierra College Blvd	Rocklin	CA	95677
Diploma/Degree obtained, if any			
Associate of Arts, Business Administration			

School Name		From - To (MM/YY – MM/YY)	
American River College		08/08 - 12/12	
Address	City	State	Zip
4700 College Oak Dr	Sacramento	CA	95841
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Folsom Lake College		08/05 - 05/08	
Address	City	State	Zip
10 College Pkwy	Folsom	CA	95630
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Ponderosa High School		08/01 - 05/05	
Address	City	State	Zip
3661 Ponderosa Road	Shingle Springs	CA	95682
Diploma/Degree obtained, if any			
High School Diploma			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/16 - Present	[redacted]lamar Way	Elk Grove	CA	95758
03/13 - 10/16	[redacted]Creekside Dr #3015	Folsom	CA	95630
05/93 - 03/13	[redacted]Cambridge Ct	Cameron Park	CA	95682
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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: Life-Assist, Inc.				From - To (MM/YY – MM/YY): 08/11 - 02/22
Business Address: 11277 Sunrise Park Drive		City: Rancho Cordova	State: CA	Zip: 95742
Phone: 916-949-7521	Title: Director of Operations			Number of Employed Hours: 20,000
Description of Duties: Oversight of all warehousing, procurement, and quality assurance operations.				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

Section 8: 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*: 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)

5/25/2022
Date

Applicant's initials

I, Daniel Greybill, **certify that as the designated representative for**

LIfe-Assist, 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

Greybill, Daniel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/25/2022

Date

Applicant's initials DG

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

Daniel Greybill

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/25/22

~~5/22~~ DG

Date

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

State of CALIFORNIA, ss. County of SACRAMENTO

I, Daniel Greybill, 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

5/25/22

Date

Subscribed and Sworn to before me this 25 day of MAY, 2022.

Notary Public Signature

MELVIN MARIO
COMM. # 2350760
NOTARY PUBLIC ●CALIFORNIA
SACRAMENTO COUNTY
Comm. Exp. JULY 6, 2025

(Seal)

Applicant's initials DG

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 LIFE-ASSIST, INCORPORATED MDEG License # (if applicable) WH02222

Physical Address 11277 Sunrise Park Drive

City Rancho Cordova State CA Zip 95742

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 800-824-6016 Website www.life-assist.com

Licensing Company Email compliance@life-assist.com

Section 2: Personal Information

First Daniel Middle Robert Last Greybill

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

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

Mailing Address [redacted] Alamar Way

City Elk Grove State CA Zip 95758

Telephone [redacted] Email dan.greybill@life-assist.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, Sacramento		01/17 - 05/21	
Address	City	State	Zip
6000 J Street	Sacramento	CA	95819
Diploma/Degree obtained, if any			
Bachelor of Science, Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Sierra College		01/15 - 12/16	
Address	City	State	Zip
5100 Sierra College Blvd	Rocklin	CA	95677
Diploma/Degree obtained, if any			
Associate of Arts, Business Administration			

School Name		From - To (MM/YY – MM/YY)	
American River College		08/08 - 12/12	
Address	City	State	Zip
4700 College Oak Dr	Sacramento	CA	95841
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Folsom Lake College		08/05 - 05/08	
Address	City	State	Zip
10 College Pkwy	Folsom	CA	95630
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Ponderosa High School		08/01 - 05/05	
Address	City	State	Zip
3661 Ponderosa Road	Shingle Springs	CA	95682
Diploma/Degree obtained, if any			
High School Diploma			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/16 - present	[redacted] Alamar Way	Elk Grove	CA	95758
03/13 - 10/16	[redacted] Creekside Dr #3015	Folsom	CA	95630
05/93 - 03/13	[redacted] Cambridge Ct	Cameron Park	CA	95682
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
LIFE-ASSIST, INCORPORATED			08/11 - present	
Business Address		**City**	**State**	**Zip**
11277 Sunrise Park Drive		Rancho Cordova	CA	95742
Phone	**Title**		**Number of Employed Hours**	
916-949-7521	Director of Operations		over 20,000	
Description of Duties				
Oversight of all warehousing, procurement, and quality assurance operations.				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

Date of Event/Arrest	Disposition Date	State	City	County
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 - answered no to all questions in section 8

Original Signature (electronic, copies or stamps not accepted)

7/28/2022
Date

River City Bank

CONFIRMATION OF RENEWAL

February 3, 2020

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

Re LIFE-ASSIST INCORPORATED

Letter of Credit:	#16-0348
Date:	June 13, 2016
Beneficiary:	Nevada State Board of Pharmacy
Applicant/Licensee:	Life-Assist, Inc.
River City Bank Ref:	5084506333-6336

Dear Sir or Madame,

Please accept this as confirmation that the current expiry date of Irrevocable Standby Letter of Credit #16-0348 is June 30, 2020. Without 60 days prior notice, this Letter of Credit automatically renews, annually on the 30th of June.

Please contact me if you have any questions or comments regarding this notice.

Best regards,

Jennifer Ballard Digitally signed by Jennifer Ballard Date: 2020.02.06 13:11:29 -08'00'

Jennifer Ballard
SVP – Loan Operations Manager
916-567-2736

INVOICE - ELECTRONIC FORM

Borrower:
Life-Assist, Incorporated
11277 Sunrise Park Drive
Rancho Cordova, CA 95752

And

10816 Strang Line Road
Lenexa, KS 66215

Beneficiary:
Nevada State Board of Pharmacy
98 Damonte Ranch Pkwy #206
Reno, NV 89521

Date: August 23, 2022

The following Letter of Credit has been renewed for a one year period and is subject to a renewal fee:

LC No. 5084506333-6336; Nevada State Board of Pharmacy; face amount of $100,000.00; renewal fee $1,000.00

Total Due to Lender: $1,000.00

Authorization to Debit Fees. Borrower hereby authorizes Lender to debit Borrower's checking account no. **811089932** in payment of all amounts due to Lender as set forth above.

BORROWER:

LIFE-ASSIST, INCORPORATED

By: _____
Bryan Holliday, CEO and President of Life-Assist, Incorporated

By: Linda Bergaus
Linda M. Bergaus, CFO and Secretary of Life-Assist, Incorporated

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River City Bank

River City Bank, a California corporation ("Issuing Bank")
2485 Natomas Park Drive, Suite 100
Sacramento, CA 95833

Nevada State Board of Pharmacy ("Beneficiary")
431 W. Plumb Lane
Reno, NV 89509
(775) 850-1440

Expiration Date: June 30, 2017 ("Expiration Date")

June 13, 2016

IRREVOCABLE STANDBY LETTER OF CREDIT #16-0348

1. At the request and on the instructions of Life-Assist, Inc. ("Applicant/Licensee") at 11277 Sunrise Park Drive, Rancho Cordova, CA 95742, we hereby establish in favor of Beneficiary, the Nevada State Board of Pharmacy, this Irrevocable Standby Letter of Credit ("Credit") in the principal sum of One Hundred Thousand and 00/100 Dollars ($100,000.00).

2. This Letter of Credit is and has been established for the benefit of Beneficiary pursuant to the terms of NRS 639.515 pertaining to the initial or renewal application filed by the Applicant/Licensee.

3. This Credit is intended by the parties to serve as a security device for the performance by Applicant/Licensee of its obligations under applicable Nevada law regarding Applicant/Licensee's operation as a pharmaceutical wholesaler.

4. Pursuant to NRS 639.515(4), upon the imposition of any fines or costs by Beneficiary against the Applicant/Licensee, the Beneficiary shall be entitled to draw upon this Credit by presentation of a duly executed Certificate of Drawing ("Draft") in substantially the same form as Attachment A attached hereto.

5. The Draft shall be accompanied by this Letter of Credit including all amendments, for surrender; provided, however, that if less than the balance of the Letter of Credit is drawn, this Letter of Credit need not be surrendered and shall continue in full force and effect with respect to the unused balance of this Letter of Credit unless and until we issue to you a replacement Letter of Credit for such unused balance, the terms of which replacement Letter of Credit shall be identical to those set forth in this Letter of Credit. Issuing Bank is not required to inquire as to the accuracy of the matters recited in the Draft or as to the authority of the person signing the Draft and may take the act of signing as conclusive evidence of such accuracy and his or her authority to do so.

6. Each Draft must bear upon its face the clause "Drawn under Letter of Credit No. 16-0348, dated May 6, 2016, of River City Bank.

7. Upon presentation of the Draft as above provided, payment shall be made to the Beneficiary, to an account designated by the Beneficiary, in immediately available funds, at such place as the Beneficiary shall specify.

8. Funds may be drawn in one or more drawings not to exceed the principal sum.

9. All drawings under this Credit shall be paid with Issuing Bank funds. Each drawing honored by us hereunder shall reduce, pro tanto, the available principal balance. By paying to the Beneficiary an amount demanded in accordance herewith, Issuing Bank makes no representations as to the correctness of the amount demanded.

10. This Letter of Credit shall expire on the Expiration Date and will be automatically extended for an additional period of one year from the present or each future expiration date unless Issuing Bank has notified you in writing delivered via U.S. registered or certified mail, return receipt requested, to your address stated above, or to such other address as you shall have furnished to us for such purpose, not less than sixty (60) days before such Expiration Date, that we elect not to renew this Letter of Credit. Upon your receipt of such notification, you may present your Draft on us prior to the then applicable Expiration Date for the unused balance of the Letter of Credit, which shall be accompanied by your signed written statement that you received notification of our election not to extend.

11. On or prior to the Expiration Date, this Credit will be cancelled in whole or in part upon receipt by us of a Certificate of Cancellation which shall be in the form of Attachment B, attached hereto, completed and signed by the designated officer of Beneficiary.

12. Communications with respect to this Credit shall be in writing and addressed to us at the address above and shall specifically refer to the Credit by the number above.

13. This Credit may not be transferred or assigned, either in whole or in part.

14) except so far as otherwise expressly stated herein, this Letter of Credit is subject to the International Standby Practices (ISP98 published by the International Chamber of Commerce).

15. We hereby agree with you that drafts drawn under and in compliance with the terms of this Letter of Credit will be duly honored if presented 2485 Natomas Park Drive, Riverside, CA 95833 on or before 3:00 PM Pacific Standard Time on June 30, 2017, or such later Expiration Date to which this Letter of Credit is extended pursuant to the terms hereof.

Sincerely,

RIVER CITY BANK

By: _____
Name: Alice Harris
Title: SVP/Loan Center Manager

INVOICE - ELECTRONIC FORM

Borrower:

Life-Assist, Incorporated
10816 Strang Line Road
Lenexa, KS 66215
(916) 717-6186

And

11277 Sunrise Park Drive
Rancho Cordova, CA 95752
(916) 635-3822

Date: May 11, 2020

The following Letter of Credit has been renewed for a one year period and is subject to a renewal fee:

LC No. 5084506333-6336; Nevada State Board of Pharmacy; face amount of $100,000.00; renewal fee $[redacted]

Total Due to Lender: $[redacted]

Authorization to Debit Fees. Borrower hereby authorizes Lender to debit Borrower's checking account no. **811089932** in payment of all amounts due to Lender as set forth above.

BORROWER:

LIFE-ASSIST, INCORPORATED

By:_____
Ramona M. Davis, President of Life-Assist, Incorporated

LaserPro, Ver. 20.1.25.001 Copr. Finastra USA Corporation 1997, 2020. All Rights Reserved. - CA c:\CFIWIN\CFN\PLIG80.FC TR-13560 PR-45

Company name	Full name	State/province
Life Assist Inc	Aamodt, Sheila E	California
Life Assist Inc	Akers, Cherise A	California
Life Assist Inc	Allerhand, Bonnie P	California
Life Assist Inc	Anderson, Walt C	California
Life Assist Inc	Archer, Brett R	California
Life Assist Inc	Avanova, Erika	California
Life Assist Inc	Baral, Sierra	California
Life Assist Inc	Baron, Pamela A	California
Life Assist Inc	Bergaus, Linda M	California
Life Assist Inc	Beshears, Malaki X	California
Life Assist Inc	Biernacki, Michelle N	California
Life Assist Inc	Bochaton, Joyce	California
Life Assist Inc	Buys, Lauren N	California
Life Assist Inc	Camp, Chelsea A	California
Life Assist Inc	Campbell, Staci J	California
Life Assist Inc	Cooper, Lauren M	California
Life Assist Inc	Cooperhart, Joscelyn	California
Life Assist Inc	Covey Jr, Stephen C	California
Life Assist Inc	Crepeault, Rachel M	California
Life Assist Inc	Curiel Garcia, Pedro	California
Life Assist Inc	Dahal, Amit	California
Life Assist Inc	Davis, Ramona M	California
Life Assist Inc	Delgado, Jose E	California
Life Assist Inc	Dugan III, John R	California
Life Assist Inc	Fadeeva, Olga A	California
Life Assist Inc	Farrar, Corey A	California
Life Assist Inc	Fote, Anne-Marie	California
Life Assist Inc	Frenn, Ryan M	California
Life Assist Inc	Garcia-Valencia, Rebecca K	California
Life Assist Inc	Greybill, Daniel R	California
Life Assist Inc	Griffin, Shelby M	California
Life Assist Inc	Hargitt, Jeffrey N	California
Life Assist Inc	Heaton, Colby A	California
Life Assist Inc	Higgins Jr, Roy E	California
Life Assist Inc	Hillebrand, Vanessa L	California
Life Assist Inc	Holliday, Bryan J	California
Life Assist Inc	Holliday, Gregory M	California
Life Assist Inc	Honor, Michelle	California
Life Assist Inc	Jacobson, Teresa L	California
Life Assist Inc	Jacoby, Katherine	California
Life Assist Inc	Kemp, Courtney N	California
Life Assist Inc	Kimble, Sara M	California
Life Assist Inc	Kizer, Steven M	California
Life Assist Inc	Krick, Alison K	California
Life Assist Inc	Lane Jr, James	California
Life Assist Inc	Lao, Hak L	California

Life Assist Inc	Lao, NkaujHnub K	California
Life Assist Inc	Lee, Michelle V	California
Life Assist Inc	Levy, Todd C	California
Life Assist Inc	Lewis, Ashley N	California
Life Assist Inc	Loveless, Clifford J	California
Life Assist Inc	Malone, Brien D	California
Life Assist Inc	Marsh, Austin E	California
Life Assist Inc	Marsh, Chad E	California
Life Assist Inc	Massoni, Diane M	California
Life Assist Inc	Mattison, Sylvia C	California
Life Assist Inc	McCune, Mikkel L	California
Life Assist Inc	Melton, Michael R	California
Life Assist Inc	Mills, Katrina L	California
Life Assist Inc	Morgan, Stephanie A	California
Life Assist Inc	Nelson, Christopher T	California
Life Assist Inc	Perez, Luis E	California
Life Assist Inc	Phifer, Holly H	California
Life Assist Inc	Prior, Cherie D	California
Life Assist Inc	Ramirez, Gerald A	California
Life Assist Inc	Ramirez, Scott W	California
Life Assist Inc	Ross, Jaime L	California
Life Assist Inc	Saeteurn, Meuy	California
Life Assist Inc	Saldana, Jacob R	California
Life Assist Inc	Salman, Muntathar A	California
Life Assist Inc	Sanchez, Jill E	California
Life Assist Inc	Savala, Alexis G	California
Life Assist Inc	Scholz, Stacey M	California
Life Assist Inc	Selby, Andrew J	California
Life Assist Inc	Self, Elliot M	California
Life Assist Inc	Shultz, Michael F	California
Life Assist Inc	Silveira, Kortnie B	California
Life Assist Inc	Sircar, Tanushree	California
Life Assist Inc	Smeenk, Jeffrey J	California
Life Assist Inc	Spears, Danika R	California
Life Assist Inc	Steele, Sheri D	California
Life Assist Inc	Szalay, Diana B	California
Life Assist Inc	Tangellapally, Hema	California
Life Assist Inc	Taylor, Dennis R	California
Life Assist Inc	Taylor, Theodore M	California
Life Assist Inc	Thomas, Dustin P	California
Life Assist Inc	Uhland, Forrest R	California
Life Assist Inc	Valencia, Emily N	California
Life Assist Inc	Villanueva, Eduardo G	California
Life Assist Inc	Waugh, Christine	California
Life Assist Inc	Werder, Stacy M	California
Life Assist Inc	Williams, Forest G	California
Life Assist Inc	Woodworth, Carrie E	California

Life Assist Inc	Ybarra, Elijah A	California
Life Assist Inc	Young, Ann Marie	California
Life Assist Inc	Harris, Samuel Q	Kansas
Life Assist Inc	Holleman, Brielle N	Kansas
Life Assist Inc	Lage, Michael J	Kansas
Life Assist Inc	Lane Jr., Lonzo R	Kansas
Life Assist Inc	Massey, Dominique K	Kansas
Life Assist Inc	Mollentine, Sean M	Kansas
Life Assist Inc	Peters, Ryan C	Kansas
Life Assist Inc	Samsel, Sterling A	Kansas

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: Acer Therapeutics Inc.

Physical Address: One Gateway Center, Ste. 356, 300 Washington St.

City: Newton State: MA Zip: 02458

Mailing Address (if different from physical address): One Gateway Center, Ste. 356, 300 Washington St.

City: Newton State: MA Zip: 02458

Telephone: (844) 902-6100 Website: www.acertx.com

Name of Designated Representative (DR): William Devincenzi

Licensing Company Email: statelicensing@acertx.com DR Email: bdevincenzi@acertx.com

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

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		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: 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): N/A

Corporation Name: Acer Therapeutics Inc.

Mailing Address: One Gateway Center, Ste. 351, 300 Washington St.

City: Newton State: MA Zip: 02458

Telephone: (425) 785-2750 Email: statelicensing@acertx.com

Contact Person Name: Darren Allender

Date of SEC Registration: | SEC Registration Number: 0001069308 | Stock Exchange Symbol: ACER

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 **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.

Donald Joseph

Print Name of Authorized Person Submitting Application

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

5/23/22

Date

Board Use Only	Date Received: 8.17.22	Amount: 1000.00 CK-16493 8/26/22

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
MA0000214	01/21/2022	01/21/2023	Virtual Drug Manufacturers

ISSUED TO

ACER THERAPEUTICS INC.
ONE GATEWAY CENTER, SUITE 356
300 WASHINGTON STREET
NEWTON, MA 02458
ATTN: DONALD JOSEPH CHIEF LEGAL OFFICER

Margret R Cooke

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

RENEWAL

844093

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000214	01/21/2022	01/21/2023	Virtual Drug Manufacturers

ISSUED TO

ACER THERAPEUTICS INC.
ONE GATEWAY CENTER, SUITE 356
300 WASHINGTON STREET
NEWTON, MA 02458
ATTN: DONALD JOSEPH CHIEF LEGAL OFFICER

Margret R Cooke

RENEWAL

Massachusetts Department of Public Health
Bureau of Health Professions Licensure
Drug Control Program
250 Washington Street, Boston, MA 02108
Tel: 617-973-0949 Fax: 617-753-8233

The List of licensed Virtual Drug Manufacturers in Massachusetts

Company name	Doing Business As	Address	City	State	Zip	MCSR No.	Issue Date	Expire Date
ACER THERAPEUTICS INC.	ACER THERAPEUTICS INC.	ONE GATEWAY CENTER, SUITE 356	NEWTON	MA	02458	MA0000214	1/21/2022	1/21/2023
ADAGIO THERAPEUTICS, INC.	ADAGIO THERAPEUTICS, INC.	1601 TRAPELO ROAD	WALTHAM	MA	02451	MA0000822	4/26/2022	4/26/2023
AEGLEA BIOTHERAPEUTICS INC	AEGLEA BIOTHERAPEUTICS INC	87 A MILL STREET	SPRINGFIELD	MA	01108	MA0000896	9/17/2021	9/17/2022
AGENUS INC.	AGENUS INC.	3 FORBES ROAD	LEXINGTON	MA	02421	MA0000745	12/14/2021	12/14/2022
AGIOS PHARMACEUTICALS, INC.	AGIOS PHARMACEUTICALS, INC.	88 SIDNEY STREET	CAMBRIDGE	MA	02139	MA0000290	3/27/2022	3/27/2023
AKEBIA THERAPEUTICS, INC.	AKEBIA THERAPEUTICS, INC.	245 FIRST STREET	CAMBRIDGE	MA	02142	MA0000721	11/2/2021	11/2/2022
ALBIREO PHARMA, INC.	ALBIREO PHARMA, INC.	53 STATE STREET	BOSTON	MA	02109	MA0000670	5/27/2022	5/27/2023
ALNYLAM PHARMACEUTICALS, INC.	ALNYLAM PHARMACEUTICALS, INC.	675 WEST KENDALL STREET	CAMBRIDGE	MA	02142	MA0000478	9/18/2021	9/18/2022
AMAG PHARMACEUTICALS, INC.	AMAG PHARMACEUTICALS, INC.	1100 WINTER STREET	WALTHAM	MA	02451	MA0000303	3/27/2022	3/27/2023
AMRYT PHARMACEUTICALS INC.	AMRYT PHARMACEUTICALS INC.	160 FEDERAL STREET	BOSTON	MA	02110	MA0000810	4/26/2022	4/26/2023
AMYLYX PHARMACEUTICALS, INC.	AMYLYX PHARMACEUTICALS, INC.	43 THORNDIKE STREET	CAMBRIDGE	MA	02141	MA0000606	3/30/2022	3/30/2023
APELLIS PHARMACEUTICALS INC.	APELLIS PHARMACEUTICALS INC.	100 FIFTH AVENUE	WALTHAM	MA	02451	MA0000644	4/28/2022	4/28/2023
ARDELYX, INC.	ARDELYX, INC.	400 FIFTH AVENUE	WALTHAM	MA	02451	MA0000795	2/11/2022	2/11/2023
ARGENX, US INC.	ARGENX US, INC.	33 ARCH STREET	BOSTON	MA	02110	MA0000579	12/30/2021	12/30/2022
ATEA PHARMACEUTICALS, INC.	ATEA PHARMACEUTICALS, INC.	125 SUMMER STREET	BOSTON	MA	02110	MA0000860	7/28/2021	7/28/2022
AVEDRO, INC. DBA GLAUKOS	AVEDRO, INC	201 JONES ROAD	WALTHAM	MA	02451	MA0000719	6/2/2022	6/2/2023
AVEO PHARMACEUTICALS, INC.	AVEO PHARMACEUTICALS, INC.	30 WINTER STREET	BOSTON	MA	02108	MA0000632	4/28/2022	4/28/2023
BEIGENE USA, INC.	BEIGENE USA, INC.	55 CAMBRIDGE PARKWAY	CAMBRIDGE	MA	02142	MA0000339	4/16/2022	4/16/2023
BIODELIVERY SCIENCES INTERNATIONAL, INC.	BIODELIVERY SCIENCES INTERNATIONAL, INC.	100 TECHNOLOGY CENTER DRIVE	STOUGHTON	MA	02072	MA0001026	5/4/2022	5/4/2023
BIOFRONTERA INC.	BIOFRONTERA INC.	120 PRESIDENTIAL WAY	WOBURN	MA	01801	MA0000430	5/13/2022	5/13/2023
BIOVERATIV U.S. LLC	BIOVERATIV U.S. LLC	225 SECOND AVENUE	WALTHAM	MA	02451	MA0000226	2/12/2022	2/12/2023
BLUEBIRD BIO, INC.	BLUEBIRD BIO, INC.	455 GRAND UNION BOULEVARD	SOMERVILLE	MA	02145	MA0001014	5/2/2022	5/2/2023
BLUEPRINT MACHINES CORPORATION	BLUEPRINT MEDICINES CORPORATION	45 SIDNEY STREET	CAMBRIDGE	MA	02139	MA0000187	1/30/2022	1/30/2023
CARDINAL HEALTH	MILLENNIUM PHARMACEUTICALS, INC.	40 LANDSDOWNE STREET	CAMBRIDGE	MA	02193	MA0000048	2/27/2022	2/27/2023
CEQUR CORPORATION	CEQUR CORPORATION	65 BOSTON POST ROAD WEST	MARLBOROUGH	MA	01752	MA0000733	11/2/2020	11/2/2021
CERONA THERAPEUTICS, INC.	CERONA THERAPEUTICS, INC.	65 WILLIAM STREET	WELLESLEY	MA	02481	MA0000858	6/9/2022	6/21/2023
CHIASMA, INC.	CHIASMA, INC.	140 KENDRICK STREET	NEEDHAM	MA	02451	MA0000620	5/18/2021	5/18/2022
COLLEGIUM PHARMACEUTAL, INC.	COLLEGIUM PHARMACEUTICAL, INC.	100 TECHNOLOGY CENTER DRIVE	STOUGHTON	MA	02072	MA0000163	11/13/2021	11/13/2022
DARE BIOSCIENCES, INC.	DARE BIOSCIENCES, INC.	128 SPRING STREET, SUITE 310	LEXINGTON	MA	02421	MA0000884	8/18/2022	8/18/2023
DECIPHERA PHARMACEUTICALS LLC	DECIPHERA PHARMACEUTICALS LLC	200 SMITH STREET	WALTHAM	MA	02451	MA0000505	10/21/2021	10/21/2022
DYAX CORP.	DYAX CORP.	300 SHIRE WAY	LEXINGTON	MA	02421	MA0000428	12/27/2021	12/27/2022
ENZYVANT THERAPEUTICS, INC.	ENZYVANT THERAPEUTICS, INC.	55 CAMBRIDGE PARKWAY	CAMBRIDGE	MA	02142	MA0000492	9/25/2021	9/25/2022
EPIZYME, INC.	EPIZYME, INC	50 HAMPSHIRE STREET	CAMBRIDGE	MA	02139	MA0001040	7/7/2022	7/7/2023
EPIZYME, INC.	EPIZYME, INC.	400 TECHNOLOGY SQUARE	CAMBRIDGE	MA	02139	MA0000238	2/12/2022	2/12/2023
EUSA PHARMA (US) LLC	EUSA PHARMA (US) LLC	15 WAYSIDE ROAD	BURLINGTON	MA	01803	MA0000442	4/23/2022	4/23/2023

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

July 13, 2022

RE: Verification of Massachusetts Controlled Substances Registration (MCSR)

To Whom This May Concern,

Please be advised that **Acer Therapeutics, INC (MA0000214)**, located at **One Gateway Center Suite 356, Newton, MA 02458**has an active MCSR as a Virtual Drug Manufacturer is in good standing. The current registration has an issue date of **01/21/2022**and expires on **0121/2023**

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.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACER THERAPEUTICS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF JANUARY, 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

6886077 8300

SR# 20220065573

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

Authentication: 202345920

Date: 01-07-22

acertherapeutics

DESCRIPTION OF OPERATIONS

Acer Therapeutics Inc. ("Acer") is a publicly-traded virtual manufacturer of pharmaceutical products. Acer acquires, develops and commercializes therapies for serious rare diseases with significant unmet medical needs. The U.S. Food and Drug Administration (FDA) has accepted for filing the New Drug Application (NDA) for ACER-001 (sodium phenylbutyrate) for the treatment of patients with Urea Cycle Disorders (UCDs).

THIRD-PARTY LOGISTICS

Acer's products are manufactured by a contract manufacturer and distributed to customers by their third-party logistics provider ("3PL"), Integrated Commercialization Solutions, LLC ("ICS"). Acer utilizes the following ICS location for distribution and of product:

Integrated Commercialization Solutions, LLC (ICS)
420 International Blvd., Suite 500
Brooks, KY 40109

CONTRACT MANUFACTURER

Acer uses the following contract manufacturers to produce product:

Glatt Air Techniques, Inc.
20 Spear Road Ramsey, NJ 07446
FDA Establishment Identifier - 2243808
Susan Saffar
201-825-6318

Sharp Packaging Services, Inc.
2400 Baglyos Circle
Bethlehem, PA 18020
FDA Establishment Identifier – 3003673570
Amber Zaleski
484-635-3863

PRODUCTS

As a virtual manufacturer, Acer does not manufacture, distribute or store product. At no time does any contract manufacturer own Acer's product, contract with Acer's customers, invoice or sell Acer products. Acer products are not controlled substances. Accordingly, Acer is not required to maintain DEA registration.

Labeler Code: 72542

From: edrls@fda.hhs.gov
Subject: Labeler Code Request Approved
Date: August 30, 2018 at 10:08:22 AM EDT
To: pam@williamsonbiopharma.com
Reply-To: edrls@fda.hhs.gov

eDRLS - Electronic Drug Registration & Listing System

Current Date: 30-AUG-2018
Labeler DUNS: 079311509
Labeler Name: Acer Therapeutics Inc.
Labeler Code: 72542

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).

verified
5/26/22



OWNERSHIP

Acer Therapeutics Inc. ("Acer") is virtual manufacturer of pharmaceutical products. Acer is a publicly-traded entity (Nasdaq: ACER) incorporated in the state of Delaware.

COMPANY INFORMATION

Acer Therapeutics Inc.
One Gateway Center, Ste. 356, 300 Washington St., Newton, MA 02458
Phone: (844) 902-6100
Tax ID: 32-0426967

CORPORATE OFFICERS

Donald Joseph, Chief Legal Officer
Business Address: One Gateway Center, Ste. 356, 300 Washington St., Newton, MA 02458
Phone: (844) 902-6100

Donald C. Schelling, Chief Executive Officer
Business Address: One Gateway Center, Ste. 356, 300 Washington St., Newton, MA 02458
Phone: (844) 902-6100

Harry S. Palmin, Chief Financial Officer
Business Address: One Gateway Center, Ste. 356, 300 Washington St., Newton, MA 02458
Phone: (844) 902-6100

Matthew Seibt, Chief Commercial Officer
Business Address: One Gateway Center, Ste. 356, 300 Washington St., Newton, MA 02458
Phone: (844) 902-6100

John Klopp, Chief Technical Officer
Business Address: One Gateway Center, Ste. 356, 300 Washington St., Newton, MA 02458
Phone: (844) 902-6100

Jefferson Davis, Chief Business Officer
Business Address: One Gateway Center, Ste. 356, 300 Washington St., Newton, MA 02458
Phone: (844) 902-6100

DESIGNATED REPRESENTATIVE

William Devincenzi, Vice President, Quality
Business Address: One Gateway Center, Ste. 356, 300 Washington St., Newton, MA 02458
Phone: (844) 902-6100

Employee Directory

Powered by monday.com

Acer Employees

Name	Business Title	Business Email	Function
Darren Allender	Sr. Director, Commercial Ops	dallender@acertx.com	Commercial
Joseph Auci	VP, Market Access & Reimbursement	jauci@acertx.com	Commercial
Stacey Bain	VP Clinical Operations	sbain@acertx.com	Clinical
Renee Carroll	Vice President Regulatory Affairs	rcarroll@acertx.com	Regulatory
Alka Chawla	VP, Medical Director	achawla@acertx.com	Clinical
Jefferson Davis	Chief Business Officer (CBO)	jdavis@acertx.com	Corporate Development
Jim DeNike	Exec. Dir., Investor Relations and Corp. Commun.	jdenike@acertx.com	Operations
Bill DeVincenzi	Vice President Quality	bdevincenzi@acertx.com	Quality
Katrina Dougherty	Sr. Paralegal & Dir. Contracts	kdougherty@acertx.com	Legal
Tanya Hayden	Chief Operating Officer (COO)	thayden@acertx.com	Program & Alliance Management
Jeffrey Edwards	VP, Clinical Sciences	jedwards@acertx.com	Clinical
Heather Grot	Clinical Project Manager	hgrot@acertx.com	Clinical
Kranthi Gorlamari	Sr Manager Manufacturing	kgorlamari@acertx.com	CMC
Don Joseph	Chief Legal Officer	djoseph@acertx.com	Legal
John Hilton	VP, Marketing	jphilton@acertx.com	Commercial
Terrie Kellmeyer	VP Clinical Development	tkellmeyer@acertx.com	Clinical
Elena Ioannidis	Assoc. Director, Accounting	eioannidis@acertx.com	Finance
Jessica Kaplan	Associate Director, Supply Chain & Planning	jkaplan@acertx.com	CMC
Jason Kneeland	VP, Finance, Controller	jkneeland@acertx.com	Finance
John Klopp	Chief Technical Officer (CTO)	jklopp@acertx.com	CMC
Debbie McMichael	Director, Quality Control	dmcmichael@acertx.com	CMC
Harry Palmin	Chief Financial Officer (CFO)	hpalmin@acertx.com	Finance
Susan O'Neill	Director, SOX & SEC Reporting	soneill@acertx.com	Finance
Bernie Paul	Chief People Officer	bpaul@acertx.com	Human Resources
Yvette Peters	Executive Director, Medical Writing	ypeters@acertx.com	Clinical
Adrian Quartel	Chief Medical Officer	aquartel@acertx.com	Clinical
Chris Schelling	Chief Executive Officer & Founder	cschelling@acertx.com	CEO
Kevin Sears	Sr. Director, Marketing	ksears@acertx.com	Commercial
Matt Seibt	Chief Commercial Officer (CCO)	Mseibt@acertx.com	Commercial
Eric Shaw-Moss	Director, IT Administration and Support Services	eshawmoss@acertx.com	Operations
Marina Snitkovskaya	Assoc. Director, Accounting	msnitkovskaya@acertx.com	Finance
Crystal Spinks	Director, Regulatory Affairs	cspinks@acertx.com	Regulatory
Kevin Taylor	Director, Financial Reporting	ktaylor@acertx.com	Finance
Kim Tharaldsen	Executive Director, Patient Advocacy	ktharaldsen@acertx.com	Med Affairs
Eileen Urcelay	Sr. Director Thought Leader Programming, Marketing	eurcelay@acertx.com	Commercial
Eric Van Vactor	Senior Director, Manufacturing	evanvactor@acertx.com	CMC
Lakshmi Narasimha Naveen Yamana	Director, Regulatory Operations	nyamana@acertx.com	Regulatory
Patty Sibley	Senior Director, Medical Science Liaison	psibley@acertx.com	Med Affairs
Michele Horvath Spear	Director, Quality Assurance	mhorvath@acertx.com	Quality
Suzi Spayd	Senior Director, Patient Access	sspayd@acertx.com	Commercial
Jerry Main	Head of Field Promotions	jmain@acertx.com	Commercial
Cherie Blaylock	Director, Program Management	cblaylock@acertx.com	Program & Alliance Management
Jay Barron	Sr. Director, Intellectual Property	jbarron@acertx.com	Legal

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 28, 2022

ACER THERAPEUTICS INC.
(Exact name of registrant as specified in its charter)

Delaware	**001-33004**	**32-0426967**
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

One Gateway Center, Suite 356 **300 Washington Street** **Newton, Massachusetts**	**02458**
(Address of principal executive offices)	(Zip Code)

Registrant's telephone number, including area code: **(844) 902-6100**

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	Name of Each Exchange on Which Registered
Common Stock, $0.0001 par value per share	**ACER**	**The Nasdaq Stock Market LLC**

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 8.01. Other Events

On July 28, 2022, Acer Therapeutics Inc. issued press releases entitled "Acer Therapeutics and Relief Therapeutics Announce FDA Acceptance for Review of NDA Resubmission for ACER-001 for Treatment of UCDs" and "Acer Therapeutics and Relief Therapeutics Announce ACER-001 IND Submission for the Treatment of Maple Syrup Urine Disease," copies of which are attached as Exhibit 99.1 and Exhibit 99.2 hereto and are incorporated herein by reference.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Press release issued by Acer Therapeutics Inc. dated July 28, 2022, entitled "Acer Therapeutics and Relief Therapeutics Announce FDA Acceptance for Review of NDA Resubmission for ACER-001 for Treatment of UCDs."
99.2	Press release issued by Acer Therapeutics Inc. dated July 28, 2022, entitled "Acer Therapeutics and Relief Therapeutics Announce ACER-001 IND Submission for the Treatment of Maple Syrup Urine Disease."
104	Cover page interactive data file (embedded within 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.

Dated: July 28, 2022

ACER THERAPEUTICS INC.

By: /s/ Harry S. Palmin
Harry S. Palmin
Chief Financial Officer

WILLIAM DEVINCENZI, M.B.A.

[redacted]

SUMMARY

- Thirty years of experience in clinical and commercial Quality directing compliance to US and ROW Good Manufacturing Practice [GMP], Good Laboratory Practice [GLP], Good Clinical Practice [GCP], and Good Distribution Practice [GDP].
- Accomplished background in the development and commercialization of small molecule pharmaceuticals, including immediate and modified release oral solid dosage forms, oral solutions, topicals, steriles, parenterals, and drug-device combination products.

EDUCATION

- Bachelor of Science, Genetics, University of California, Davis, CA - 1992
- Master of Business Administration, San Jose State University, CA - 1999

EXPERIENCE

VICE PRESIDENT, QUALITY, Acer Therapeutics, Inc., Newton, MA, Mar-2021 to present

- Accountable for the execution and administration of the GXP Quality System pertaining to GMP, GLP and GCP and relevant ICH, US and EU regulations.
- Review and update quality manuals, SOPs, policies and processes regularly to ensure all quality standards are in compliance with FDA/EMA/PMDA/ICH and other applicable competent authority regulations and requirements.
- Responsible for third party compliance including supplier qualification and oversight, external audits, quality agreement negotiation, validation, approval of specifications, master batch records, change controls, deviations, validation protocols, analytical test results, packaging and labelling documentation, quality investigations and performing batch disposition.
- Administer, develop, and maintain the employee GXP training program.
- Lead the participation, preparation, execution and response to regulatory inspectors worldwide, both at the company and at clinical trial sites, and regulatory submission review.

SR DIRECTOR/HEAD of QA, Zogenix, Inc., Emeryville, CA, Jun-2016 to Mar-2021

- Led global Quality team through phase III clinical trials, FDA approval, and positive EMA CHMP opinion for FINTEPLA® (fenfluramine) oral solution for the treatment of Dravet syndrome.
- Directed inspection readiness and preparation activities supporting NDA, MAA, and J-NDA. Hosted EMA sponsor inspection and supported FDA and EMA clinical site inspections.
- Responsible for quality oversight of clinical development and commercialization activities and ensuring operations complied with US and EU GMP, GLP, GCP, GVP, and GDP.
- Managed a high performing Quality team responsible for quality systems, supplier qualification and oversight, product release, study compliance, and regulatory inspections.
- Implemented new electronic document management and learning management systems.
- Supported establishment of regional entities and hiring of personnel, developed country specific SOP, and obtained licensure (WDA) for importation into EU, Japan, and other locales.

WILLIAM DEVINCENZI, M.B.A.
[redacted]

SENIOR CONSULTANT, Mar-2016 to May-2016

- Pharmatech Associates, Hayward, CA, provided Warning Letter remediation guidance to a client in India that manufactured generic small molecule oral solid dosage forms.
- Diana Goldman Consulting, Los Altos, CA, provided general GXP consulting services to several SF Bay Area development and commercial stage pharmaceutical clients.

SR DIRECTOR/HEAD of QA, Sunesis Pharmaceuticals, S. San Francisco, CA, May-2011 to Mar-2016

- Led quality through phase III clinical trials and inspection readiness program for Qinprezo® (Vosaroxin Injection), an anticancer quinolone derivative used to treat Acute Myeloid Leukemia (applications were withdrawn due to insufficient efficacy data).
- Responsible for the quality oversight of globally outsourced drug development and manufacturing that supported international clinical studies.
- Performed and directed audits of CRO, clinical sites, and TMF to ensure clinical trials were conducted in accordance with applicable study protocols, agreements and TORO, US and ROW GCP, and ICH guidelines. Reviewed and provided input to clinical documentation (e.g. protocols, pharmacy manuals, investigator brochures, clinical study reports, TORO, etc.).
- Released drug substance, drug product, and clinical trial material, coordinated the QP certification of Investigational Medicinal Products, developed SOP and provided GXP training, and negotiated quality technical agreements with suppliers.

SENIOR CONSULTANT, Pharmatech Associates, Inc., Hayward, CA, Feb-2010 to May-2011

- Acting Director of Quality for Kaléo (formerly Intellijject), supported successful Pre-Approval Inspections that enabled FDA approval of AUVI-Q® (epinephrine injection, USP), a drug-device combination product for anaphylaxis.
- Developed and implemented QSR/GMP compliant Quality System, performed SOP and GMP training, released drug product, and conducted audits of supply chain.

PRINCIPAL CONSULTANT, William DeVincenzi Consulting, Los Altos, CA (Nov-2009 to Feb-2010)

- Founder of pharmaceutical and combination product consulting service

DIRECTOR, QA, Hana Biosciences, Inc., South San Francisco, CA, Mar-2007 to Oct-2009

- Supported development of Marqibo® (vincristine sulfate liposomes injection) used to treat adults with Philadelphia chromosome–negative acute lymphoblastic leukemia (ALL) and Menadione Topical Lotion used to treat EFGR inhibitor induced rash.
- Prepared for and hosted a successful FDA inspection (follow up to a withdrawn NDA).
- Responsible for the quality oversight of multi-country outsourced manufacturing with cold chain requirements. Ensured operations complied with US and ROW GMP.
- Released clinical trial material and coordinated the QP certification of Investigational Medicinal Products for international clinical studies. Developed/approved SOP, performed supply chain audits, conducted GMP training, and negotiated quality technical agreements.

WILLIAM DEVINCENZI, M.B.A.
[redacted]

DIRECTOR, QUALITY, CoTherix, Inc., Brisbane, CA, Nov-2005 to Mar-2007

- Head of Quality for a commercial pharmaceutical company marketing Ventavis® (iloprost), a drug-device combination inhaled therapy for treatment of pulmonary arterial hypertension.
- Supported development of an iloprost dry powder inhalation formulation/device.
- Responsible for the release of drug products, performed audits of the global outsourced supply chain, handled product complaints, produced annual product reviews, conducted GMP training, and set up and validated the QMS Master Control.
- Represented Quality Assurance during FDA, California FDB, and due diligence inspections.

DIRECTOR, QUALITY ASSURANCE, Depomed, Inc., Menlo Park, Feb-1999 to Nov-2005

- Supported development of Glumetza™ (metformin hydrochloride), a treatment for Type II diabetes (licensed and commercialized by Biovail Corp) and led successful FDA pre-approval inspection leading to approval of Proquin™ XR, a once-daily, extended-release formulation of ciprofloxacin hydrochloride for treatment of uncomplicated urinary tract infection
- Developed and implemented original Quality System, conducted GMP training, released internally manufactured and outsourced drug products, handled product complaints, managed stability studies, and negotiated Quality Agreements.
- Performed audits of CRO and clinical sites to ensure domestic and international clinical trials were conducted in accordance with study protocols, agreements, GCP, and ICH guidelines.

SENIOR QUALITY ASSURANCE AUDITOR, Systemix, Inc., Palo Alto, Jun-1996 to Feb-1999

- Responsible for release of clinical stage therapies for breast cancer and HIV, based on purified and gene-modified stem cells. Performed internal audits of mAb manufacturing and stem cell purification operations utilizing flow cytometry, QC labs, and audits of service providers.

QA DOCUMENTATION SUPERVISOR, Dey Laboratories, LLC, Napa, CA, May-1993 to Jun-1996

- Responsible for the release of multiple small molecule commercial inhalation solutions and parenterals for pulmonary indications. Administered document and change control functions, handled product complaints, and generated annual product reviews.

QUALITY CONTROL MICROBIOLOGY TECHNICIAN, Dey Laboratories, LLC, Jul-1992 to May-1993

- Evaluated facility environmental monitoring and media fill results. Identified isolates by morphology and biochemical analysis. Reviewed batch records. Conducted lab investigations.

ACTIVITIES / CREDENTIALS

American Society for Quality

- Member, Board of Directors, Golden Gate Section (1998 – 2003)
- Chairman of the Board, Golden Gate Section (2001-2002)
- ASQ Certified Quality Auditor (1995), ASQ Certified Quality Manager (1999)

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: Assertio Distribution, LLC

Physical Address: 100 South Saunders Road, Suite 300, Room No. 4

City: Lake Forest State: IL Zip: 60045

Mailing Address (if different from physical address): 100 South Saunders Road

City: Lake Forest State: IL Zip: 60045

Telephone: 224-419-7106 Website: https://www.assertiotx.com/

Name of Designated Representative (DR): Vasilios Iskos

Licensing Company Email: asrtdistlicensing@assertiotx.com DR Email: biskos@assertiotx.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 Distributors, Specialty Pharmacies		☒ Others: Virtual Wholesaler

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

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 - 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): Assertio Holdings, Inc.

Corporation Name: Assertio Distribution, LLC

Mailing Address: 100 South Saunders Road

City: Lake Forest State: IL Zip: 60045

Telephone: (224) 441-6546 Email: jhipelius@assertiotx.com

Contact Person Name: Daniel Peisert

Date of SEC Registration: 11/5/1997 | SEC Registration Number: 0001808665 | Stock Exchange Symbol: ASRT

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11 AUG. 2022
Date

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		x
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. 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.

Assertio Distribution, LLC

Facility Name

Daniel Peisert

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: 8.18.22	Amount: 1000.00 CK - 16663

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
004.004983

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

ASSERTIO DISTRIBUTION LLC
DANIEL PEISERT
100 S SAUNDERS RD STE 300 RM 04
LAKE FOREST, IL 60045-2502

MARIO TRETO, JR.
ACTING SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

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

16071852

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: 4390190

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
ASSERTIO DISTRIBUTION LLC	Lake Forest, IL 60045	•

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004004983	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	10/28/2021	10/28/2021	12/31/2022	N

Generated on: 8/15/2022 10:09:00 AM

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASSERTIO DISTRIBUTION, 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 FIRST DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASSERTIO DISTRIBUTION, LLC" WAS FORMED ON THE THIRTEENTH DAY OF MARCH, A.D. 2020.

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

Jeffrey W. Bullock, Secretary of State

7899570 8300

SR# 20220819091

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

Authentication: 202793315

Date: 03-01-22

ASSERTIO

Description of Operations

Assertio Distribution, LLC is a Virtual Wholesaler located in Lake Forest, Illinois. Assertio Distribution, LLC is 100% owned by Assertio Holdings, Inc. who is a Publicly Traded company on the NASDAQ stock exchange under the symbol ASRT. Assertio Distribution, LLC will be distributing non-controlled and controlled prescription drug products to Wholesalers, Specialty Pharmacies, Physicians, and Repackagers by their Third-Party Logistics Providers, ICS and Cardinal, who are each licensed to ship pharmaceutical products into your state.

Third Party Logistic information:
For distribution into the commercial supply channels, ICS and Cardinal act as Assertio Distribution, LLC's Third Party Logistics (3PL) providers to manage the storage and distribution of Assertio Distribution, LLC's products to Wholesalers, Specialty Pharmacies, Physicians, and Repackagers throughout the United States. ICS 's addresses are:

ICS
420 International Blvd., Suite 500, Brooks, KY 40109

Trisha Johnson, 469.636.9047

ICS
1195 Trademark Drive, #102-B, Reno, NV 89521
Trisha Johnson, 469.636.9047

Cardinal, SPS
15 Ingram Blvd. LaVergne, TN 37086
Camill Morgan, 615-287-0462

Cardinal, SPS
501 Mason Road, Suite 200, LaVergne, TN 37086
Camill Morgan, 615-287-0462

Assertio Distribution, LLC will purchase pharmaceuticals directly from a manufacturer but have the product shipped from their 3PL's, ICS and Cardinal. The manufacturer will invoice Assertio Distribution, LLC for the product and the 3PL's will hold the product. ICS and Cardinal will then ship to and invoice the pharmacies, wholesalers, physicians and repackagers that order the product. Assertio Distribution, LLC will not take possession of the product, and the inventory will be maintained at ICS and Cardinal contracted 3PL locations listed above.

Assertio Distribution, LLC's hours of operation are 8:00 am – 5:00pm Monday through Friday.

Ownership Information

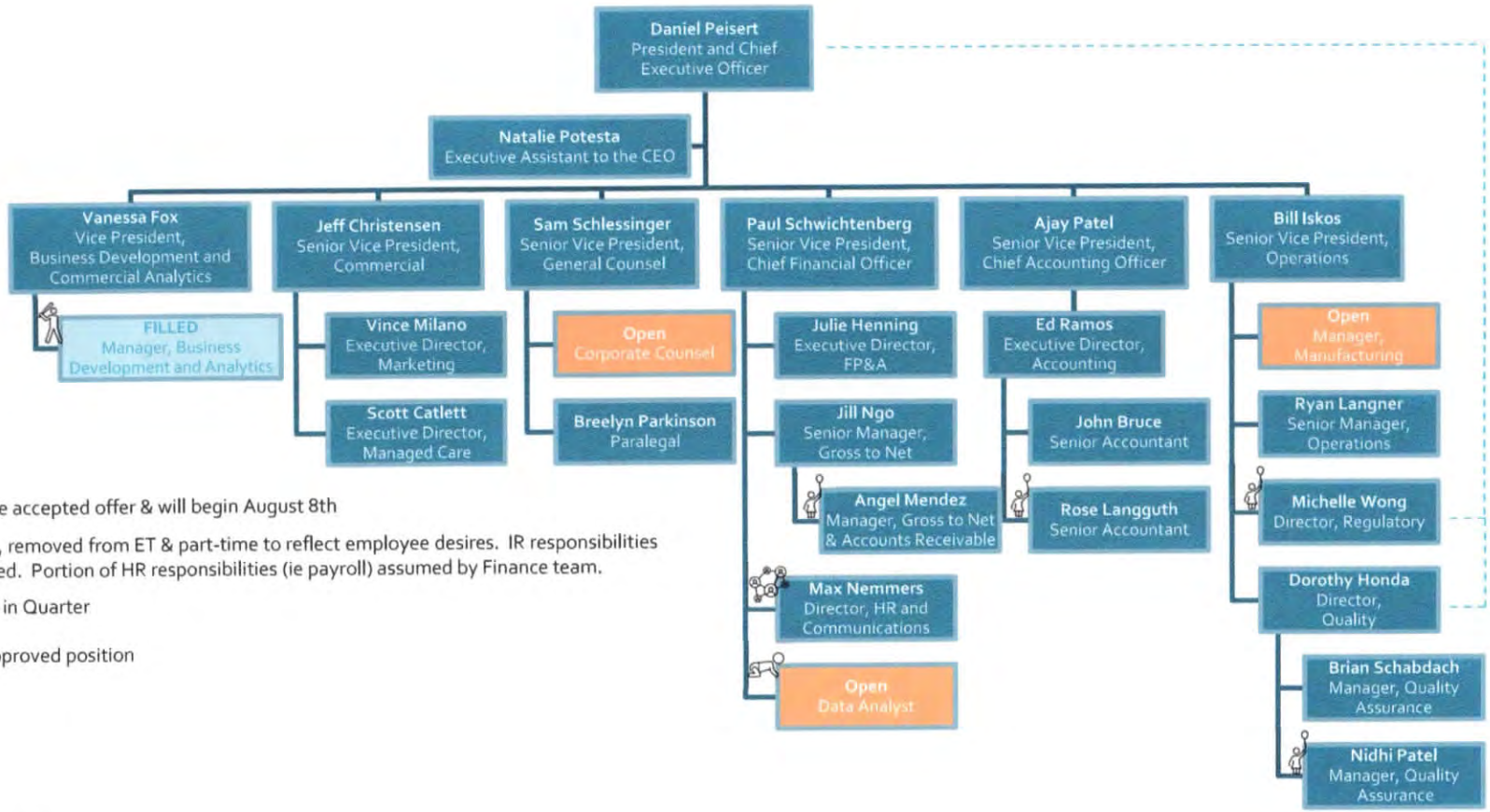
Assertio Distribution, LLC. is 100% owned by Assertio Holdings, Inc. which is publicly traded on the NASDAQ (ASRT).

Assertio Distribution, LLC:
100 South Saunders Road, Suite 300, Room 4, Lake Forest, IL 60045
(224) 419-7106
Tax ID: 85-0759600
Delaware Corporation # 7899570, 3/13/2020

Officer and Designated Rep

Daniel Peisert, CEO and President
Business Address: 100 South Saunders Road, Lake Forest, IL 60045
Business Phone: (224) 419-7106
Email: dpeisert@assertiotx.com

Organization Chart



Candidate accepted offer & will begin August 8th

New role, removed from ET & part-time to reflect employee desires. IR responsibilities outsourced. Portion of HR responsibilities (ie payroll) assumed by Finance team.

New hire in Quarter

Newly approved position

ASSERTIO

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RC0229965	05-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	04-07-2022

CARDINAL HEALTH
DBA SPECIALTY PHARMACEUTICAL SERVICES
15 INGRAM BLVD
LA VERGNE, TN 370863630

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

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DBA SPECIALTY PHARMACEUTICAL SERVICES
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Form DEA-223 (9/2016)

ASSERTIO

Drug Catalog

NDC Code	Proprietary Name	Nonproprietary Name	Strength	Dosage Form	Package Description
13913-008-12	Zipsor	diclofenac potassium	25mg	Capsules	120/Bottle
13913-008-94	Zipsor	Diclofenac potassium	25mg	Capsules	1 Blister Pack with 4 Capsules
13913-012-03	Cambia	diclofenac potassium	50mg	Oral Solution	Individual Packet
13913-012-02	Cambia	Diclofenac potassium	50mg	Oral Solution	Individual Packet in single cartons/5 cartons per tray
69344-101-01	Indocin	Indomethacin	25mg/5ml	Oral Suspension	237ml bottle
69344-102-33	Indocin Suppository	Indomethacin	50mg	Suppository	30 count box
69344-144-43	Sprix® Nasal Spray	ketorolac tromethamine	15.75 mg/1	Spray	Metered Spray
69344-205-23	Vivlodex®	meloxicam	5mg	Capsule	30 count Bottle
69344-206-23	Vivlodex®	meloxicam	10mg	Capsule	30 count bottle
69344-203-29	Zorvolex®	diclofenac	18mg	Capsule	90 count bottle
69344-204-29	Zorvolex®	diclofenac	35mg	Capsule	90 count bottle
42211-206-41	Vivlodex®	meloxicam	10mg	Capsule	Sample 1 Capsule
69344-204-63	Zorvolex®	diclofenac	35mg	Capsule	Sample 3 Capsules
69344-113-11	OXAYDO	OXYCODONE HYDROCHLORIDE	5mg	Tablet	100 count bottle
69344-213-11	OXAYDO	OXYCODONE HYDROCHLORIDE	7.5mg	Tablet	100 count bottle

Verified M.H 6/26/2017

V Q 13 SEP 2021

Bill H. Iskos

[redacted] N. Ridgeway Avenue
Chicago, IL. 60659
[redacted]

CAREER SUMMARY:

An innovative, results-driven manufacturing operations executive with over 25 years of diverse experience in pharmaceutical process R&D, commercial manufacturing, supply chain & logistics, and quality assurance of pharmaceutical products (potent, orphan, biologic, & generic classes). Expertise in process design, development, scale-up, validation, technology transfer, packaging, life cycle management, and M&A activities. Proven ability to strategically develop and lead highly successful global technical operations groups in internal, outsourced (CMO/CDMO), and in/out licensed models.

PROFESSIONAL EXPERIENCE:

ASSERTIO THERAPEUTICS, Lake Forest, IL. **(Jun 2018 – Present)**
Senior Vice President, Operations ***(Aug 2021 – Present)***
Vice President, Operations ***(Jun 2018 – Aug 2020)***

Lead the Manufacturing, Quality Assurance, Supply Chain and Logistics functions in the oversight of contract development, manufacturing, packaging, and testing organizations supplying Assertio Therapeutics clinical and commercial drug products serving global sales and out-licensed markets. Lead the Regulatory and Pharmacovigilance functions in compliance, FDA document submissions, labeling, and complaint/adverse event handling

- Execute all operational and quality M&A diligence activities; resulted in the merger of Assertio with Zyla, and divestitures of the Gralise ($127M) and Nucynta ($375M) brands
- Implement production and inventory controls to maximize cash balance while ensuring demand fulfilment with mitigation of stock outage risks; Negotiate initial and updated contracts to ensure API and product supply longevity and favorable pricing caps
- Revamp all Policies/SOP's, vendor audit programs, quality agreements, CAPA system, investigation system, and management reviews to restore regulatory compliance
- Implement Trackwise as the validated quality, document management, and training system for all GxP functionalities
- Manage CapEx of $9M in equipment assets and $8M in tech transfer costs for Nucynta leading to successful divestiture

HORIZON PHARMA, Lake Forest, IL. **(Dec. 2009 – May 2018)**
Vice President, Product Development, Technology, & Clinical Supply ***(May 2017 – May 2018)***
Vice President, Manufacturing Operations ***(Sept. 2013 – May 2017)***

Led the global product development & technology organization (staff of up to 15) in the oversight of contract development, manufacturing and packaging organizations supplying Horizon Pharma clinical and commercial drug products serving global markets

- Oversaw sourcing, contracting, development, tech transfer, supply, and logistics aspects for the Horizon Pharma development and commercial product pipeline consistently meeting demands
- Performed M&A diligence evaluations for product in-licensing and company level opportunities; Successfully integrated 5 company acquisitions encompassing 7 commercial and 2 development phase product lines
- Established and managed >$50MM organizational budget supporting $2+ billion annual gross sales driving company growth and fulfilling corporate performance objectives
- Created global systems and procedures for evaluating process performance, troubleshooting, and to drive process improvement via KPI and manufacturing metrics collection, trending, and analysis

Senior Director, Manufacturing Operations ***(Jun. 2011-Aug. 2013)***

Directed manufacturing programs and personnel for Horizon commercial drug product manufacturing integrating new products, suppliers, and CMO's to support global sales demands

- Supported regulatory submissions including: IND, NDA, MAA, PAS, CBE, annual reports
- Evaluated and secured backup CMO's/suppliers for key products (PENNSAID, DUEXIS); Oversaw tech transfers to EU based CMO (RAVICTI), and validated EU API sources
- Negotiated supply and service agreements to create a risk averse supply chain with respect to sourcing of key ingredients, intermediates, and/or finished products

Director, Manufacturing ***(Aug. 2010-Jun. 2011)***

Directed the manufacturing programs for Horizon commercial drug product manufacturing and established secondary CMO with adequate capacity and added packaging configuration options

- Integrated RAYOS time released tablets as an acquisition boosting annual sales ~$20MM
- Recommended and implemented new product configurations (bottles and blisters) in support of sales and marketing initiatives to drive revenues
- Successfully transferred DUEXIS manufacturing to Canadian CMO; Supported PAS filing

Manager, Manufacturing ***(Dec. 2009-Jul. 2010)***

Directly managed manufacturing and supply chain programs of multiple contract manufacturing organizations in the development, validation, and commercialization of Horizon products

- Successfully validated and supported launch of company's first commercial product DEUXIS
- Supported IND and NDA submissions; co-authored CMC sections
- Executed engineering trials, forced degradation, API compatibility, and stability studies
- Managed manufacturing documentation including: R&D reports, production and packaging batch records, comparability reports, qualification protocols (IQ/OQ/PQ)

FERRO PFANSTIEHL, Waukegan, IL. **(Jun. 2006 – Nov. 2009)**

Plant Manager / Manufacturing Manager

Managed site wide production of potent pharmaceuticals, fine chemicals, low endotoxin excipients, and food ingredients as a direct and toll manufacturer

- Directed a staff of 40+ production operators, process and validation engineers responsible for operating four individual 24/7 production units achieving a 98% on time order fulfillment
- Provided leadership of the process and cleaning validation programs across all product lines
- Improved quality compliance against regulatory and corporate standards through internal audit execution, redesign of site-wide training program, CAPA resolutions, and SOP updates

ABBOTT LABS, North Chicago, IL. **(May 2005 – May 2006)**

Team Leader, Global Pharmaceutical Operations - Fermentation

Led the project team supporting manufacturing, supply chain management, and capacity increase activities of a fermentation derived immune system suppressant (Cyclosporin)

- Established production targets in line with sales forecasts, and ensured deliveries were achieved with supplies meeting established specifications and compliance standards
- Applied lean manufacturing/six sigma principles to identify improvement opportunities toward effectively reducing overall manufacturing costs by 35%
- Prepared and executed validation documents to support regulatory filings of process changes

FERRO PFANSTIEHL, Waukegan, IL. **(Mar. 2004 – Apr. 2005)**
Engineering Specialist, Potent Drug Manufacturing

Managed third party manufacturing (TPM) project activities serving clients with custom needs for potent R&D and commercial drug compounds

- Prepared and executed process and cleaning validation documents providing for FDA registration as a commercial supplier of Clofarabine, annual net profit of $2.5 million
- Served as the key client interface for technical and contractual matters including proposals, forecasting, FDA/EU filings, process research, safety, specifications, and procurement
- Wrote and executed equipment qualification packages supporting production needs

PFIZER / PHARMACIA, Skokie, IL. (acquired Searle Pharmaceuticals) **(Oct. 1999 – Jan. 2004)**
Engineering Manager, Global Chemical Production & Process Development

Developed and led the pilot plant engineering group in the design, scale up, and technology implementation for the pharmaceutical R&D and commercial optimization process pipeline

- Established a dedicated plant engineering group capable of maintaining the plant production capacity, safety, API delivery timelines, and costs using only 25% of the original headcount
- Managed plant production schedules to effectively balance manpower and equipment resources across multiple chemical, CIP cleaning, capital equipment, and maintenance projects
- Streamlined production preparation process (documentation and review) cycle by 40% through strategic planning of critical chain activities and through creating collaborative partnerships
- Aligned operating procedures and production work practices across three pilot plant sites with cGMP and ICH Q7A standards; Created guidelines for transferring projects between plant sites

SEARLE PHARMACEUTICALS / MONSANTO, Skokie, IL. **(Nov. 1993 – Sept. 1999)**
Lead Process Development Engineer, Global Chemical Sciences ***(Oct. 1996 – Sept. 1999)***

Co-managed project and technology transfer to manufacturing sites in Georgia and Puerto Rico, of a new drug targeted for use in the treatment of cancer and cardiovascular thrombosis

- Supervised and lead the engineering team in the development and transfer of technology to allow for initiation of demonstration batches within 8 months of project inception
- Drove plant start-up aspects including: process configuration, plant layout and structural design, P&ID development, equipment design, sourcing, installation, and qualification

Process Development Engineer, Global Chemical Sciences ***(Nov. 1993 – Sept. 1996)***

Performed the engineering process design, development, implementation, and optimization of new products targeted for HIV and arthritis therapy, in addition to agricultural herbicides/fungicides

- Prepared all plant processing documentation including: batch records, material balances, HAZOP/PHA, data analyses, and technical reports supporting IND/NDA filings
- Validated and commissioned centrifuge, agitated filter/dryer, and pin mill systems, and created custom equipment configurations for use of hazardous materials and hydrogenation reactions

EDUCATION:

Bachelor of Science Degree in Chemical Engineering, May 1993; University of Illinois at Chicago

SKILLS:

Foreign Languages: Fluent in Greek, Studying Spanish
Computer Software: MS Office Suite, Sharepoint, Veeva, Trackwise, Slimstat, SAP, D365
Analytical Techniques: HPLC, GC, IR, ICP, MS, RC1, ARC, DSC, RSS

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: Assertio Distribution, LLC

Physical Address: 100 South Saunders Road, Suite 300, Room No. 4

City: Lake Forest State: IL Zip: 60045

Mailing Address (if different from physical address): 100 South Saunders Road

City: Lake Forest State: IL Zip: 60045

Telephone: 224-419-7106 Website: https://www.assertiotx.com/

Licensing Company Email: asrtdistlicensing@assertiotx.com

Section 2: Personal Information

First: Vasilios Middle: Harry Last: Iskos

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

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

Mailing Address: 100 South Saunders Road, Suite 300, Room Number 4

City: Lake Forest State: IL Zip: 60045

Telephone: [redacted] Email: biskos@assertiotx.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 VHQ

Section 5: List your high school and college experience 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		08/89 - 05/93	
Address	City	State	Zip
1200 W Harrison Street	Chicago	IL	60607
Diploma/Degree obtained, if any			
Bachelor of Science Degree in Chemical Engineering			

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

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/06 - Present	[redacted] Farwell Avenue	Skokie	IL	60077
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
Assertio Distribution LLC			08/21 - Present
Business Address	**City**	**State**	**Zip**
100 South Saunders Road, Suite 300, Room 4	Lake Forest	IL	60045
Phone	**Title**	**Number of Employed Hours**	
(224) 419-7106	Senior Vice President, Operations	480+	
Description of Duties			
See Attached Resume			

Business Name			From - To (MM/YY – MM/YY)
Assertio Therapeutics, Inc.			06/18 - 08/21
Business Address	**City**	**State**	**Zip**
100 South Saunders Road, Suite 300	Lake Forest	IL	60045
Phone	**Title**	**Number of Employed Hours**	
(224) 419-7106	Vice President, Operations	4160+	
Description of Duties			
See Attached Resume			

Business Name			From - To (MM/YY – MM/YY)
Horizon Pharma			05/17 - 05/18
Business Address	**City**	**State**	**Zip**
150 Saunders Road	Lake Forest	IL	60045
Phone	**Title**	**Number of Employed Hours**	
(224) 383-3000	VP, Product Development, Technology, & Clinical Supply	1920+	
Description of Duties			
See Attached Resume			

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11 AUG 2022
Date

Applicant's initials VMP

I, Vasilios Iskos, **certify that as the designated representative for**

Assertio Distribution, 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

Vasilios Iskos

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11 AUG 2022

Date

Applicant's initials VIL

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

Vasilios Iskos
Print Name (First, Last)

Vasilios Iskos
Original Signature (electronic, copies or stamps not accepted)

11 AUG 2022
Date

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

State of _____, ss. County of _____

I, VASILIOS ISKOS, 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.

Vasilios Iskos
Original Signature

11 AUG 2022
Date

Subscribed and Sworn to before me this 11 day of August 2022

Katherine A Bruce
Notary Public Signature

OFFICIAL SEAL
Katherine A Bruce
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 2/26/24

Applicant's initials VIP

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. 285068642

Application/License No. _____

Assertio Distribution, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 100 S. Saunders Rd., Lake Forest, IL 60045 (Address of Applicant/Principal), as PRINCIPAL, and The Ohio Casualty Insurance Company (Surety Company), a corporation organized under the laws of the state of NH (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street , Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of 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 17, 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 17th day of May, 2022.

APPLICANT/PRINCIPAL
Assertio Distribution, LLC

By: _____
Authorized Representative

SURETY COMPANY
The Ohio Casualty Insurance Company

By: Haley A. Anderson
Surety Company's Representative

Haley A. Anderson, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

_____
Witness John P. Harney

_____
Witness Josefina Rojo

Countersigned by:

_____
Nevada Resident Agent

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual. SURETY

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8206616-285118

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Cassandra L. Stone; Haley A. Anderson; Jacquelyn M. Norstrom; John P. Harney; Josefina Rojo; Pramrod Venkatesh; Steven L. Wulff

all of the city of Chicago state of IL each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 27th day of October, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 27th day of October, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 17th day of May, 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.

State of Illinois
County of Cook

On this 17th day of May 2022, before me personally appeared Haley A. Anderson, known to me to be the Attorney-in-fact of The Ohio Casualty Insurance Company, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid county, the day and year in this certificate first above written.

OFFICIAL SEAL
M LABNO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:09/11/23

M Labno
(Notary Public)

(Seal)

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)
August 25, 2022 (August 22, 2022)

ASSERTIO HOLDINGS, INC.

(Exact name of registrant as specified in its charter)

Delaware	001-39294	85-0598378
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

100 South Sanders Rd., Suite 300,
Lake Forest, IL 60045
(Address of principal executive offices, including zip code)

(224) 419-7106
(Registrant's telephone number, including area code)

Not Applicable
(Former name or former address, if changed since last report)

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, $0.0001 par value	ASRT	The Nasdaq Stock Market LLC

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))

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. ☐

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 10-Q

☒ QUARTERLY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

FOR THE QUARTERLY PERIOD ENDED 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 001-39294

ASSERTIO HOLDINGS, INC.
(EXACT NAME OF REGISTRANT AS SPECIFIED IN ITS CHARTER)

Delaware	85-0598378
(STATE OR OTHER JURISDICTION OF INCORPORATION OR ORGANIZATION)	(I.R.S. EMPLOYER IDENTIFICATION NUMBER)

depo

100 South Saunders Road, Suite 300
Lake Forest, Illinois 60045
(ADDRESS OF PRINCIPAL EXECUTIVE OFFICES; ZIP CODE)

(224) 419-7106
(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, $0.0001 par value	ASRT	Nasdaq Stock 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 such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☐	Accelerated filer ☒
Non-accelerated filer ☐	Smaller reporting company ☒
Emerging growth company ☐	

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The number of issued and outstanding shares of the registrant's Common Stock, $0.0001 par value, as of August 1, 2022 was 48,178,245.

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 (05/12/2022)

4

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: 1 Butterfield Trail

City: El Paso State: Tx Zip: 79906

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

City: Dublin State: OH Zip: 43017

Telephone: 915-629-6977 Website: www.cardinalhealth.com

Name of Designated Representative (DR): Ernesto Uranga

Licensing Company Email: licensure@cardinalhealth.com DR Email: Ernesto.Uranga@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:

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 attached letter

Original Signature (electronic, copies or stamps not accepted)

8/23/22
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
Address: 1450 S WAUKEGAN RD City: WAUKEGAN State: IL Zip: 60085

Name: CARDINAL HEALTH - CUAUHTEMOC
Address: AVE RIO STA CLARA LOTES 12 Y 13 S/ City: Chihuahua State: MX Zip: 31543

Name: CARDINAL HEALTH 248 NPWT
Address: 14201 NW 60TH AVE City: MIAMI LAKES State: FL Zip: 33014

Name: PHOENIX INNOVATIVE MANUFACTURERS
Address: EL 209 SHIL MAHAPE ROAD ELECTRI City: Maharashtra State: India Zip: 400705

Section 4: Publicly Traded Corporation

State of Incorporation: Ohio
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: 614-757-3000 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	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.

Cardinal Health 200, LLC

Facility Name

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

K Chamberlain

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

8/23/22

Date

Board Use Only	Date Received: 8.24.22	Amount: 1000.00 CK-10832146

9/1/22

CardinalHealth

August 17, 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 – El Paso, TX

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

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

CARDINAL HEALTH 200 LLC
7000 CARDINAL PL OCLC ATTN KEEGAN CHAMBERLAIN
DUBLIN OH 43017

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

CARDINAL HEALTH 200 LLC DBA
CARDINAL HEALTH 200 INC
ONE BUTTERFIELD TRL
EL PASO, TX 79906

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

WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS

License # 0031194
Expires: December 31, 2022

NON-TRANSFERABLE

Commissioner

513814

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

CARDINAL HEALTH 200 LLC
7000 CARDINAL PL ORA FACILITY LICENSING
DUBLIN OH 43017

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

CARDINAL HEALTH 200 LLC DBA
CARDINAL HEALTH 200 INC
ONE BUTTERFIELD TRL
EL PASO, TX 79906-4901

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

DEVICE MANUFACTURER

Commissioner

510860

License # 0031194
Expires: December 31, 2022

NON-TRANSFERABLE

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

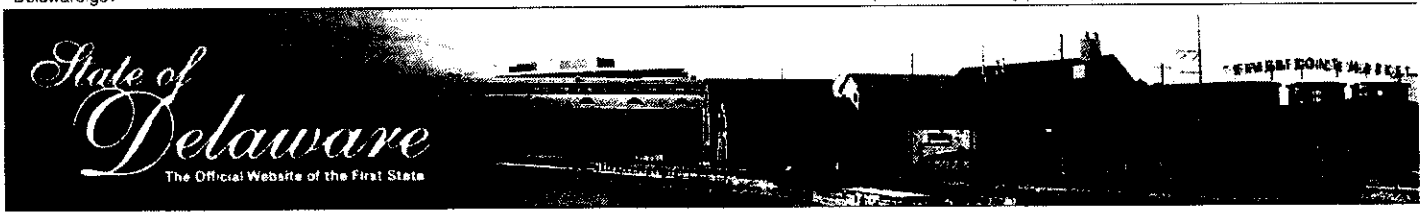
2610958 8300

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.

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
CARDINAL HEALTH 200, LLC
1 Butterfield Trail Blvd
EL PASO, TX 79906
Registration Number: 1623223
FEI Number*: 1623223
Status: Active
Date Of Registration Status: 2022

Owner/Operator:
Cardinal Health 200, LLC[6]
3651 Birchwood Drive
Waukegan, IL US 60085
Owner/Operator Number: 9028292[7]

Official Correspondent:
Stacey A Henning
Cardinal Health
3651 Birchwood Drive
Waukegan, IL 60085
Phone: 1-312-2702081

Verified MH 5/31/22

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9028292&OwnerOperator
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Page Last Updated: 01/17/2022

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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

For Government For Press

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U.S. Department of **Health & Human Services**

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7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9028292&OwnerOperator

Stockholder	Stake
The Vanguard Group, Inc.	11.96%
SSgA Funds Management, Inc.	8.00%
T. Rowe Price Associates, Inc.	5.47%
BlackRock Fund Advisors	5.17%

CardinalHealth

1 Butterfield Trail
El Paso, Texas 79906

Officer Name	Title
Steven Blair C de Baca	EVP Quality and Regulatory Affairs
Stephen Michael Mason	CEO, Medical Segment
Keegan David Chamberlain	Director, Quality Management
Julie Erin Webb	VP, Quality Management
John Henry Martin Jr.	SVP, Tax

The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

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 #:

ACORD

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	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 #:

ACORD

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	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

Evidence of Coverage

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

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

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

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

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

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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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): N/A

Physical Address: 1 Butterfield Trail

City: El Paso — State: TX — Zip: 79906

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

City: Dublin — State: OH — Zip: 43017

Telephone: 915-779-3681 — Website: www.cardinalhealth.com

Licensing Company Email: licensure@cardinalhealth.com

Section 2: Personal Information

First: Ernesto — Middle: — Last: Uranga Aragon

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

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

Mailing Address: [redacted] Shadow Willow

City: El Paso — State: TX — Zip: 79922

Telephone: [redacted] — Email: Ernesto.Uranga@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)	
Instituto Tecnologico de Chihuahua		8/81-06/85	
Address	**City**	**State**	**Zip**
Av. Tecnologico 2909	Chihuahua	Chih	31200
Diploma/Degree obtained, if any			
Bachelor Degree in Industrial Engineering			

School Name		From - To (MM/YY – MM/YY)	
Instituto Tecnologico de Chihuahua			
Address	**City**	**State**	**Zip**
Av. Tecnologico 2909	Chihuahua	Chih	31200
Diploma/Degree obtained, if any			
High School diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/09-today	[redacted]Shadow Willow	El Paso	TX	79922
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Cardinal Health			10/01-today	
Business Address		**City**	**State**	**Zip**
1 Butterfield Tr		El Paso	TX	79906
Phone	**Title**		**Number of Employed Hours**	
915775923	Director of Operations		40,000	
Description of Duties				
Manage the Operation of a Replenishment Center for Medical Devices distributing to Cardinal Health Distribution Centers and other distributors with 140 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 # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		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)

8/1/2022

Date

I, Ernesto Uranga Aragon, **certify that as the MDEG Administrator for**

Cardinal Health 200, LLC,

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

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

Ernesto Uranga Aragon
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/1/2022
Date

Board Use Only	Date Received: 8.24.22

Employee List

Name	Job Title
Mario Alfaro	Assoc II, Warehouse Ops
Marcelino Morales Jr.	Ld Assoc, Warehouse Ops
Jesus Navarro	Ld Tech, Quality Control
Benjamin Rey	Assoc II, Warehouse Ops
Juan Camarillo	Assoc II, Warehouse Ops
Meliton Serrano	Assoc I, Warehouse Ops
Luis Chavez	Assoc II, Warehouse Ops
Gerardo Ruiz	Assoc II, Warehouse Ops
Felipe Bermudez	Mgr, Operations Mngmt
Cesar Felix	Sr Tech, Facilities Management
Daniel Martinez	Ld Coord, Inv Managemnt
Felix Orquiz	Assoc II, Warehouse Ops
Norberto Velazquez (On Leave)	Assoc II, Warehouse Ops
Enrique Lerma	Assoc II, Warehouse Ops
Hector Rios	Tech II, Facilities Management
Victor Mendoza	Ld Tech, Ops Maintenance
Jaime Portillo	Ld Coord, Inv Managemnt
Chuy Morales	Assoc II, Warehouse Ops
Octavio Gonzalez	Sr Coord , Inventory Mgmt
Manny Luna	Assoc II, Warehouse Ops
John Portillo	Supv, Warehouse Operations
Lorenzo Garcia	Assoc II, Warehouse Ops
Andres Olvera	Sr Tech, Prd St-up & Mnt
Oscar Dominguez	Assoc II, Warehouse Ops
Lorenzo Carrasco	Assoc II, Warehouse Ops
Mike Ponce	Assoc II, Warehouse Ops
Bernie Ortiz	Sr Tech, Facilities Management
Sergio Zapata	Sr Coord, Sply Chain Inv/Purch
Adrian Delgado	Coord, Inventory Mgt
Luis Gomez	Operator II, Prdctn Ops
Jaime Azcarate	Assoc II, Warehouse Ops
Mike Gamez	Assoc II, Warehouse Ops
Ben Meza	Supv, Inventory Mgmt
Guillermina Quintana	Assoc I, Warehouse Ops
Rita Medina	Sr Coord , Inventory Mgmt
Angel Garcia	Assoc II, Warehouse Ops
Ricardo Davila	Assoc II, Warehouse Ops
Tury Carmona	Assoc II, Warehouse Ops
Carlos Garcia	Ld Coord, Inv Managemnt
Gerardo Moreno	Coord, Inventory Mgt
Angel Sanchez	Assoc II, Warehouse Ops

Raul Hernandez	Assoc II, Warehouse Ops
Armando Morales	Assoc II, Warehouse Ops
Francisco Enriquez	Assoc II, Warehouse Ops
Julian Pacheco	Assoc II, Warehouse Ops
Ernesto Moreno	Coord, Inventory Mgt
Juan Lazalde	Analyst, Transportation
Rafael Vargas	Sr Coord , Inventory Mgmt
Rodolfo Terrazas	Assoc II, Warehouse Ops
Lydia Miranda	Ld Assoc, Warehouse Ops
Yvonne Flores	Asst I, Administration
Ana Guzman	Assoc II, Warehouse Ops
Andrea Ocana	Coord, Inventory Mgt
Lorena Rodriguez	Coord, Office Services
Monica Lerma	Sr Coord, Sply Chain Inv/Purch
Efrain Garcia	Assoc II, Warehouse Ops
Jesus Apodaca	Assoc II, Warehouse Ops
Jorge Dominguez	Supv, Facilities Mgmt
Oscar Villarreal	Assoc II, Warehouse Ops
Andrea Rodriguez	Assoc I, Warehouse Ops
Javier Rivas	Assoc II, Warehouse Ops
Luis Arandia	Coord, Inventory Mgt
Jose Perez	Assoc II, Warehouse Ops
Jose Rubio	Coord, Inventory Mgt
Roberto Godinez	Assoc II, Warehouse Ops
Juan Ramos	Assoc II, Warehouse Ops
Myrna Cazares	Sr Coord, Sply Chain Inv/Purch
Eric Saenz	Sr Assoc, Warehouse Ops
Jose Hidrogo	Sr Tech, Facilities Management
Fausto Moreno	Assoc II, Warehouse Ops
Victor Guerra	Sr Coord , Inventory Mgmt
Felipe Lopez Ramirez	Assoc II, Warehouse Ops
Kerr Hernandez	Assoc II, Warehouse Ops
Higinio Medina	Assoc II, Warehouse Ops
Samuel Terrazas Quezada	Supv, Warehouse Operations
Alayn Rodriguez Marrero	Assoc II, Warehouse Ops
Estefania Carzoli Fernandez	Supv, Sply Chain Inv/Purchas
Jose Mota	Supv, Warehouse Operations
Eduardo Ibarra Lopez	Supv, Warehouse Operations
Raul Morales	Sr Coord, Sply Chain Inv/Purch
Corina Munoz	Assoc II, Warehouse Ops
Favian Gomez	Assoc II, Warehouse Ops
Luis Martinez	Assoc II, Warehouse Ops

Alma Portillo	Sr Coord, Sply Chain Inv/Purch
Juana Vasquez de Mendoza	Assoc I, Warehouse Ops
Patricia Sandoval	Assoc I, Warehouse Ops
Ruben Abascal Jr	Assoc II, Warehouse Ops
Martha Ornelas	Assoc II, Warehouse Ops
Martha Ronquillo	Assoc II, Warehouse Ops
Cesar Carrillo Lopez	Assoc II, Warehouse Ops
Armando Muniz	Assoc II, Warehouse Ops
Francisco Pena	Assoc II, Warehouse Ops
Jose Ribail	Sr Tech, Facilities Management
Jose Martinez	Sr Assoc, Warehouse Ops
Alberto Martinez	Assoc II, Warehouse Ops
Miguel Gandara Molina	Coord, Inventory Mgt
Katia Rios Lazo	Assoc II, Warehouse Ops
Jesus Mendoza	Assoc II, Warehouse Ops
Lizbet Fernandez	Assoc II, Warehouse Ops
Jeffrey Horch	Assoc II, Warehouse Ops
Raul Pizarro	Assoc II, Warehouse Ops
Veronica Cordero Perez	Assoc II, Warehouse Ops
Israel Salazar	Operator II, Prdctn Ops
Yesenia Lugo Saldivar	Sr Spec, Warehouse Operations
Diego Rodriguez	Supv, Warehouse Operations
Leonor Contreras	Assoc II, Warehouse Ops
Juan Ramirez	Assoc II, Warehouse Ops
Althemar Macias	Assoc II, Warehouse Ops

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.

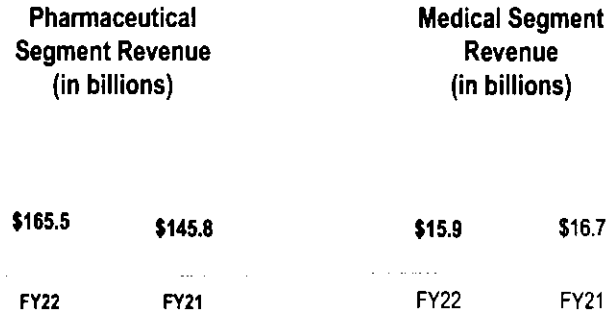
Cordis Divestiture

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

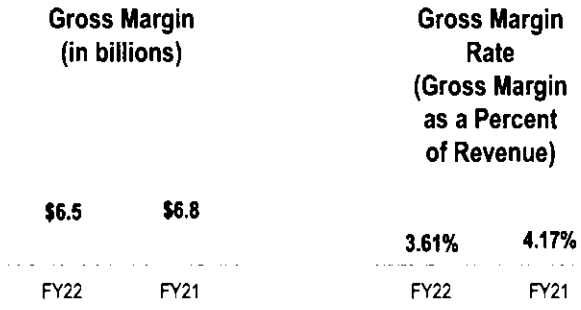
Pharmaceutical Segment
Fiscal 2022 Pharmaceutical segment revenue grew by $19.6 billion primarily due to sales growth from pharmaceutical distribution and specialty pharmaceutical customers, which largely consisted of branded pharmaceutical sales to existing and net new customers.

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



	Consolidated Gross Margin		
(in millions)	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

	SG&A Expenses		
(in millions)	2022	2021	Change
SG&A expenses	$ 4,557	$ 4,533	1 %

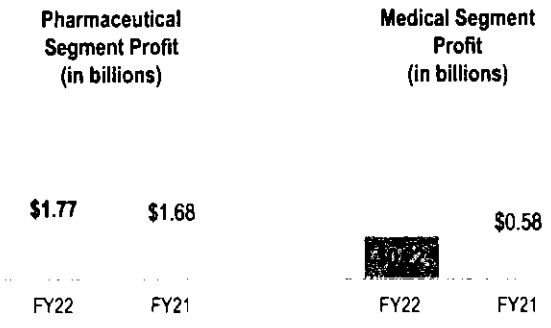
Fiscal 2022 Compared to Fiscal 2021

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)**	(1,769)	**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.

4T

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (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: 1320 Don Haskins

City: El Paso State: Tx Zip: 79936

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

City: Dublin State: OH Zip: 43017

Telephone: 915-629-6977 Website: www.cardinalhealth.com

Name of Designated Representative (DR): Ed Salas

Licensing Company Email: licensure@cardinalhealth.com DR Email: ed.salas@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:

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 attached letter

Original Signature (electronic, copies or stamps not accepted)

8/23/22
Date

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

Name: AERO MED MEDICAL INC
Address: 99 COMMERCE ST City: GLASTONBURY State: CT Zip: 06033
Name: ALLESET HEALTHCARE INC
Address: 4142 INDUSTRY WAY City: FLOWERY BRANCH State: GA Zip: 30542
Name: CARDINAL HEALTH
Address: 1450 S WAUKEGAN RD City: WAUKEGAN State: IL Zip: 60085
Name: VIECURA INC
Address: 30 MEETING ST STE 10 City: CUMBERLAND State: RI Zip: 02864

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: 614-757-3000 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.	Pharmacy Trades	Non-pharmacy Trades	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.

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)

8/23/22
Date

Board Use Only	Date Received: 8-24-22	Amount: 1000.00 CK-10832147

CardinalHealth

August 17, 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 – El Paso, TX

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

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

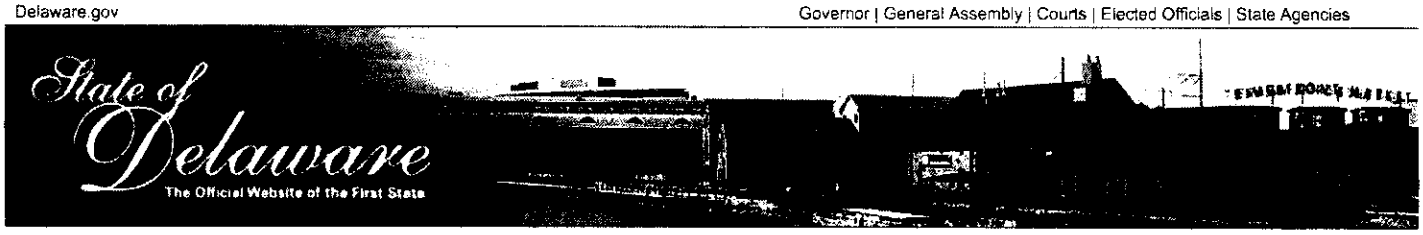
2610958 8300

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.

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

CARDINAL HEALTH 200 LLC
7000 CARDINAL PL ORA ATTN CYNTHIA RHODES
DUBLIN OH 43017

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

CARDINAL HEALTH 200 LLC DBA
CARDINAL HEALTH 200 LLC / PRESOURCE
1320 DON HASKINS
EL PASO, TX 79936

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

NONPRESCRIPTION DRUG MANUFACTURER

License # 0106286
Expires: June 30, 2023

NON-TRANSFERABLE

Commissioner

502202

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

CARDINAL HEALTH 200 LLC ATTN: CYNTHIA RHODES/ORA FACILITY LIC
7000 CARDINAL PL
DUBLIN OH 43017

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

CARDINAL HEALTH 200 LLC DBA
CARDINAL HEALTH 200 LLC PRESOURCE
1320 DON HASKINS
EL PASO, TX 79936

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

DEVICE MANUFACTURER

License # 0106286
Expires: June 30, 2023

NON-TRANSFERABLE

Commissioner

511516

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
Cardinal Health 200, LLC
1320 Don Haskins
Suite A
El Paso, TX 79936
Registration Number: 3007329020
FEI Number*: 3007329020
Status: Active
Date Of Registration Status: 2022

Owner/Operator:
Cardinal Health 200, LLC[6]
3651 Birchwood Drive
Waukegan, IL US 60085
Owner/Operator Number: 9028292[7]

Official Correspondent:
Stacey A Henning
Cardinal Health
3651 Birchwood Drive
Waukegan, IL 60085
Phone: 1-312-2702081

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Page Last Updated: 01/17/2022

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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)
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Stockholder	Stake
The Vanguard Group, Inc.	11.96%
SSgA Funds Management, Inc.	8.00%
T. Rowe Price Associates, Inc.	5.47%
BlackRock Fund Advisors	5.17%

CardinalHealth

1320 Don Haskins
El Paso, Texas 79936

Officer Name	Title
Steven Blair C de Baca	EVP Quality and Regulatory Affairs
Stephen Michael Mason	CEO, Medical Segment
Keegan David Chamberlain	Director, Quality Management
Julie Erin Webb	VP, Quality Management
John Henry Martin Jr.	SVP, Tax

The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
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 Aon Risk Services Northeast, Inc. Cincinnati OH Office 8044 Montgomery Road Suite 405 Cincinnati OH 45236-2919 USA	**CONTACT NAME:** **PHONE (A/C. No. Ext):** (866) 283-7122 **FAX (A/C. No.):** (800) 363-0105 **E-MAIL ADDRESS:**
INSURED Cardinal Health, Inc. (See Additional Page) 7000 Cardinal Place Dublin OH 43017 USA	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A:** XL Insurance America Inc 24554 **INSURER B:** XL Specialty Insurance Co 37885 **INSURER C:** Greenwich Insurance Company 22322 **INSURER D:** Indian Harbor Insurance Company 36940 **INSURER E:** **INSURER F:**

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 in			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

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	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

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ACORD

ADDITIONAL REMARKS SCHEDULE

Page _ of _

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
LOC #:

ACORD

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

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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Employee list

Name
Elianan Fuente
Mario Rodriguez
Alejandro Quinones
Alberto Nevarez Almanza
Alberto Corona Ramirez
Diego Mendoza
Reynalda Briones
Nick Montelongo
Pablo Velarde
Diana Miranada
Gairatt Bonesteel
Agustin Estrada
Sandra Minjarez
Jesus Segundo
Anthony Peraza
Francesca Maldonado
Alberto Romero
Alexis Mendoza
Laruni Lino
Antonio Espino
Claudia Martinez
Margarita Arciniega

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.

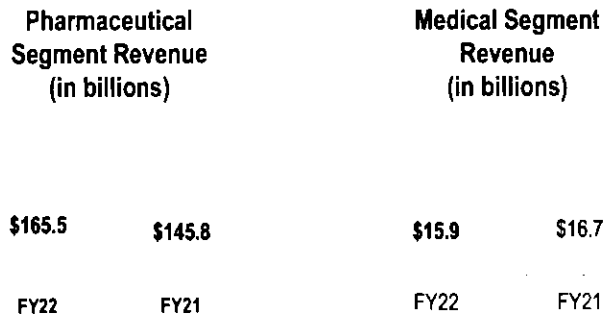
Cordis Divestiture

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

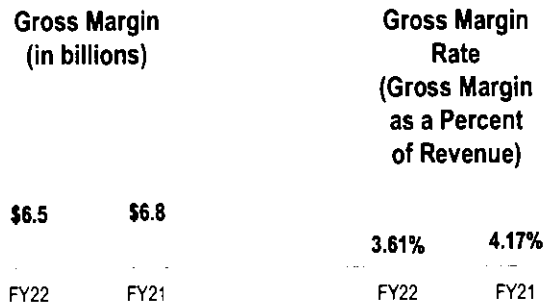
Pharmaceutical Segment
Fiscal 2022 Pharmaceutical segment revenue grew by $19.6 billion primarily due to sales growth from pharmaceutical distribution and specialty pharmaceutical customers, which largely consisted of branded pharmaceutical sales to existing and net new customers.

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 %

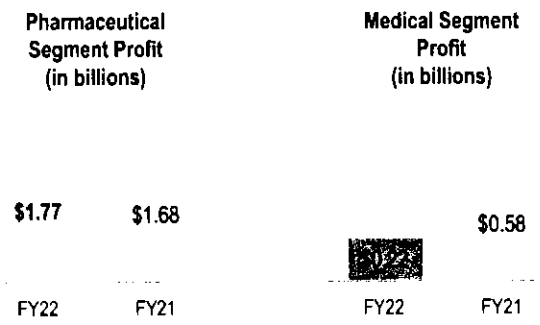
Fiscal 2022 Compared to Fiscal 2021

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

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) N/A

Physical Address 1320 Don Haskins

City El Paso State TX Zip 79936

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

City Dublin State OH Zip 43017

Telephone 915-629-6977 Website www.cardinalhealth.com

Licensing Company Email licensure@cardinalhealth.com

Section 2: Personal Information

First Eduardo Middle _____ Last Salas

Alias(es, nicknames, name changes, etc.) Ed Salas

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

Mailing Address [redacted] Emerald Falls

City El Paso State TX Zip 79928

Telephone 915-629-6977 x6002 Email ed.salas@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)	
University of Texas at El Paso		09/85 – 5/91	
Address	**City**	**State**	**Zip**
500 W. University Ave	El Paso	TX	79968
Diploma/Degree obtained, if any			
B.S. Engineering			
School Name		**From - To (MM/YY – MM/YY)**	
Ysleta High School		09/81 – 5/85	
Address	**City**	**State**	**Zip**
8600 Alameda	El Paso	TX	79907
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/2004 - 07/22	[redacted] Emerald Falls	El Paso	TX	79928
From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/2002 - 03/22	[redacted] Emerald Manor	El Paso	TX	79928
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name		From - To (MM/YY – MM/YY)
Cardinal Health		06/06 - 07/22
Business Address	**City**	**State / Zip**
1320 Don Haskins	El Paso	TX 79936
Phone	**Title**	**Number of Employed Hours**
915-629-6977	Manufacturing Manager	32,000
Description of Duties		
Responsible for day to day duties linked to manufacturing and Inventory Control Management.		

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <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:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

I, Ed Salas, **certify that as the MDEG Administrator for**

Cardinal Health 200, LLC,

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

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

Ed Salas
Print Name (First, Last)

E. Sal
Original Signature (electronic, copies or stamps not accepted)

7.26.2022
Date

Board Use Only	Date Received: 8.24.22

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: Seagen Inc.

Physical Address: 3450 Monte Villa Parkway

City: Bothell State: WA Zip: 98021

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.seagen.com

Name of Designated Representative (DR): Ryan Ken Takeya

Licensing Company Email: SGN@slsny.com DR Email: rtakeya@seagen.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: Biologics	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Manufacturers		☐ 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
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)

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: Sartorius North America HQ			
Address: 565 Johnson Avenue	City: Bohemia	State: NY	Zip: 11716
Name: VWR Headquarters			
Address: 100 Matsonford Road	City: Radnor	State: PA	Zip: 19087
Name: Cytiva Headquarters			
Address: 100 Results Way	City: Marlborough	State: MA	Zip: 01752
Name: PALL Headquarters			
Address: 25 Harbor Park Drive	City: Port Washington	State: NY	Zip: 11050

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): N/A

Corporation Name: Seagen 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: SGN@slsny.com

Contact Person Name: Christine Cannon

Date of SEC Registration: 02/28/2021 | SEC Registration Number: 333-50266 | Stock Exchange Symbol: SGEN

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: Labeler Code: 51144	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 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)	✓	✓	✓	✓
• *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 or Gases	✓	✓	✓	✓
• If providing *Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A - No Devices, Equipment or 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.

Seagen Inc.

Facility Name

Todd Simpson

Print Name of Authorized Person Submitting Application

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

Board Use Only	Date Received: 8-24-22	Amount: 1000.00 CK-368

Seagen Inc.

Corporate Address: 21823 30th Drive SE, Bothell, WA 98021 USA
FEIN: 91-1874389
www.seattlegenetics.com

Drug Labeler Code: 51144
Incorporation State: DE
Incorporation Date: 07/15/1997

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
MVP	3450 Monte Villa Parkway Bothell , WA 98021 County: Sonomish				No	(425) 527-4000	(425) 527-4001

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License	
Ryan Ken Takeya	[redacted] 53rd Ave West Lynnwood, WA 98036	Sr. Director, Manufacturing, Site Head	No	[redacted]			*All States*

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License	
Publicly Traded: SGEN								

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License	
Clay B. Siegall	[redacted] Woodway Park Rd Woodway, WA 98020	President, CEO	No	[redacted]			
Jean I. Liu	[redacted] 6th Avenue Kirkland, WA 98033	EVP, General Counsel & Secretary	No				
Todd Simpson	[redacted] SE Garden Court Snoqualmie, WA 98065	Chief Financial Officer	No				

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License	
CT Corp				

Company particulars

List of offices

Seagen

December 7, 2020

To Whom It May Concern:

The below list is the current officer listing for Seagen Inc.:

Clay B. Siegall, Ph.D.	President and Chief Executive Officer
Todd E. Simpson	Chief Financial Officer
Jean I. Liu	EVP, General Counsel & Secretary

There are no other officers to disclose at this time.

Sincerely,

Jean I Liu
EVP, General Counsel & Secretary

Organizational Chart

Seagen®

December 7, 2020

Seagen Inc. is a publicly traded company on Nasdaq

Symbol: SGEN

Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SEAGEN 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 TWENTIETH DAY OF JANUARY, 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

2774177 8300

SR# 20220015958

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

Authentication: 202447332

Date: 01-20-22

Home State (WA) Verification of License

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Olympia, Washington 98504

August 9, 2022

Utah Division of Occupational & Professional Licensing

Subject: Credential Verification

To Whom It May Concern:

This verifies the status of the Pharmaceutical Manufacturer License for **Seagen Inc.**

You may see blank sections because we do not have the information in our database or it is not applicable for this credential type. This information is valid from the date of this letter.

Credential Number:	PHMF.FX.60961629
Credential Type:	Pharmaceutical Manufacturer License
Current Credential Status:	ACTIVE
First Credential Date:	05/16/2019
Current Expiration Date:	09/30/2023
Last Renewal Date:	10/01/2022
Type of Manufacturer:	Drug Manufacturer
Disciplinary Action:	No

Please call 360-236-4700 if you have questions or check our Online Provider Credential Search at: https://fortress.wa.gov/doh/providercredentialsearch. Information on current profession-specific rules and laws is at www.doh.wa.gov/licensing/default.htm.

Lillybridge S.

Stacy C Lillybridge, Health Services Consultant 1

Washington State Department of Health

This organization

Seagen Inc.

is authorized by RCW 18.64 to have a

Pharmaceutical Manufacturer License

Operated by: **Seagen Inc.**

Located at: **3450 Monte Villa Pkwy**
Bothell, WA 98021-8906

Secretary

Status
ACTIVE

Effective Date
10/01/2022

Credential Number
PHMF.FX.60798613

Expiration Date
09/30/2023

Home State (WA) Permit

Employee Name
Anish Sudra
Stacy Clarke
Jeffrey Cooter
Chris Sarver
Kenneth Daugherty
Marina Vasvary
Denise Tanaka Fonseca
Gerard Ranches
Sadi Espinoza
DHannie Cogdeli
Jared Yarnish
Dinesh kumar Makarla
Jason Hiner
Tyler Brown
Stacy Tam
Ian Silva
Miguel Alvarez
Shelby Keeley
Matthew Lopez
Joshua Nealey
Brad Lichtblau
Christopher Croson
Jonathan Senasack
Ali Kahiye
Robert Pruszynski
Brian Bush
Laura Oltman
Bjorn Bjorkman
Harold Wenz
John Cetin
Nicole Buhl
Nicholas Markham
Steven Simpson
Christopher Tapper
Todd Wilkie
Donald Thompson
George Alarva
Jesse Otti
Cory Sauer
Maria Rodriguez
Karen Lynch
Matthew Wyszogrodzki
Robert Dedinsky
Ashley Miyano
Scott Hoover
Oscar Lopez
Lesley Darsnek
Tatsiana Kudrytskaya
Paul Phin
Jeffrey Woods
Christopher Schnoor
Randy Rhoades

Employee Name
Anthony Miller
Shen-Wei Shaw
Paul Driskill
Earl Campbell
Marie Collins
Kristoffer Callo
Brian Chang
Jessica Vaughan
Michael Bauman
Jose Mendiola
Timothy Michnick
Alice Greisch
Ryan Takeya
Lisa Musil
Sara LaCourse
Christopher Green
Laura Cimolino
Benjamin Balansay
Ami Davis
Magdalena Janson
Mara Rolsky
Justin Gerard
Phoebe Ampo
Daniel Matheson
Inne Leung
Marelis Acevedo
Mandeep Hassam
Antonia Heay Stewart
Jonathan Rudd
Megan Long
Katie Tran
Skyler Siebers
Roslyn Whitehill
Madeline Smith
Uyen Ngo
Hope Tranberg
Michael McGrath
Mitchell Goff
Michael Ledesma
James Daigneault
Wildelys Ramos Cintron
Trung Duong
Rachel George
Meagan Pilkerton
Candice Billups
Jesse Hankins
Jasper Remedio
Karen Truong
Tristan Twilligear
Ajla Kovac
Chikodinaka Ezeokeke
Michael Horner

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): November 23, 2021

Seagen Inc.
(Exact name of Registrant as specified in its charter)

Delaware	0-32405	91-1874389
(State or other jurisdiction of incorporation or organization)	(Commission File Number)	(I.R.S Employer Identification No.)

21823 30th Drive SE
Bothell, Washington 98021
(Address of principal executive offices, including zip code)

(425) 527-4000
(Registrant's telephone number, including area code)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General 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 class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $0.001	SGEN	The Nasdaq Stock Market LLC

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. ☐

SEC Registration + SERegistration # 10k filing

857

☐ 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: 0-32405

Seagen

SEAGEN INC.

(Exact name of registrant as specified in its charter)

Delaware	91-1874389
(State or other Jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)

21823 30th Drive SE, Bothell, WA 98021

(Address of principal executive offices, including zip code)

Registrant's telephone number, including area code: (425) 527-4000

Securities registered pursuant to Section 12(b) of the Act:

Title of class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $0.001	SGEN	The 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 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	☐	Emerging growth company	☐
Non-accelerated filer	☐	Smaller reporting 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 the voting and non-voting common equity held by non-affiliates of the registrant was approximately $21.1 billion as of the last business day of the registrant's most recently completed second fiscal quarter, based upon the closing sale price on The Nasdaq Global Select Market reported for such date. Excludes an aggregate of 49,451,384 shares of the registrant's Common Stock held as of such date by officers, directors and stockholders that the registrant has concluded are or were affiliates of the registrant. Exclusion of such shares should not be construed to indicate that the holder of any such shares possesses the power, direct or indirect, to direct or cause the direction of the management or policies of the registrant or that such person is controlled by or under common control with the registrant.

There were 181,164,446 shares of the registrant's Common Stock issued and outstanding as of February 9, 2021.

DOCUMENTS INCORPORATED BY REFERENCE

Part III incorporates information by reference from the registrant's definitive proxy statement to be filed with the Securities and Exchange Commission pursuant to Regulation 14A, not later than 120 days after the end of the fiscal year covered by this Annual Report on Form 10-K, in connection with the registrant's 2021 Annual Meeting of Stockholders.

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NV Bond -



The Hartford Hartford Plaza, Hartford, CT 06115

RIDER

Attached to and forming part of Bond # **57BSBIA4433**

on behalf of **Seagen Inc.**

in favor of the **State of Nevada and to the Nevada State Board of Pharmacy**

and in the amount of Twenty-Five Thousand and no/100 ($25,000.00) Dollars

It is understood and agreed that effective **January 27, 2021**,

The following service address is added to the bond:

3450 Monte Villa Parkway Bothell, WA 98021

All other conditions and terms remain as originally written.

Signed, Sealed, and Dated January 27, 2021.

Hartford Fire Insurance Company

By: _____
Joan DeLuca, Attorney-in-Fact

Seagen Inc.

By: _____

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

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

State of California)
County of Marin)

On Jan 27, 2021 before me, K. Holtemann, Notary Public
Date *Here Insert Name and Title of the Officer*

personally appeared Joan DeLuca
Name(s) of Signer(s)

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

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

WITNESS my hand and official seal.

K. HOLTEMANN
Notary Public - California
Marin County
Commission # 2261197
My Comm. Expires Oct 31, 2022

Signature K. Holt
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

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

Description of Attached Document

Title or Type of Document: Document Date:
Number of Pages: Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer(s)

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

©2014 National Notary Association • www.NationalNotary.org • 1-800-US NOTARY (1-800-876-6827) Item #5907

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: WOODRUFF SAWYER & COMPANY
Agency Code: 57-554795

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [X] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [X] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, *up to the amount of* Unlimited :

Nerissa S. Bartolome, Christina Burton, Alicia Dass, Joan DeLuca, Patrick R Diebel, Valerie Garcia, Kelly Holtemann, Thomas E. Hughes, Mark M. Munekawa, Zachary V. Overbay, Sara Ridge, Yvonne Roncagliolo, Charles R. Shoemaker, Peter Tam of SAN FRANCISCO, California

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } **ss.** Lake Mary

On this 13th day of February, 2020, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone

Jessica Noelle Ciccone
My Commission #FF029702
Expires June 20, 2021

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 January 27, 2021.

Signed and sealed in Lake Mary, Florida.

Keith Dozois

Keith D. Dozois, Assistant Vice President

4V

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (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: 110 Kendall Park Lane

City: Atlanta State: GA Zip: 30336

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

City: Dublin State: OH Zip: 43017

Telephone: 614-553-3420 Website: www.cardinalhealth.com

Name of Designated Representative (DR): Jeremy Currithers

Licensing Company Email: licensure@cardinalhealth.com DR Email: jeremy.currithers@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: Non-Prescription Drugs	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: Wholesale Distributor

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
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

Original Signature (electronic, copies or stamps not accepted)

8/17/22

Date

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. 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/.		✓	✓	✓

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: 2101 Waukegan Rd City: Waukegan State: IL Zip: 60085
Name: Nipro medical corporation
Address: 3150 NW 107th Ave City: Miami State: FL Zip: 33172
Name: Nurse Assist
Address: 3400 northern Cross City: Ft. Worth State: TX Zip: 76137
Name: 504 Millennium Med. Inc.
Address: 315 Shawnee N. Dr Ste. 100 City: Suwanee State: GA Zip: 30024

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Allegiance Corporation
Corporation Name: Cardinal Health, Inc.
Mailing Address: 7000 Cardinal Place
City: Dublin State: OH Zip: 43017
Telephone: 614-757-5000-KC 5/17 Email: licensure@cardinalhealth.com
Contact Person Name: LaToyia Martin

Date of SEC Registration: 08/04/1983 | SEC Registration Number: 0000721371 | Stock Exchange Symbol: CAH

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to 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: 8.22.22	Amount: 1000.00 CK - 10835339

9/1/22

CardinalHealth

August 17, 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 – Atlanta

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

NABP ACCREDITED

DRUG DISTRIBUTOR

Cardinal Health 200, LLC
dba Cardinal Health

located at

110 Kendall Park Ln, Atlanta, GA 30336

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

5/2/2020 - 5/1/2023
Period of Accreditation

698

STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH004444 Status: Active

Cardinal Health 200 LLC
110 Kendall Park Lane
Atlanta GA 30336-2928

Expires: 06/30/2023
Issued: 09/04/2018

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. PHWH004444 Status: Active
Cardinal Health 200 LLC
7000 Cardinal Place
Attn: QRA - Cynthia Rhodes
Dublin OH 43017

Expires: 06/30/2023
Issued: 09/04/2018
Real-time license verification is available at gadch.mylicense.com/verification

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

Delaware.gov

Governor | General Assembly | Courts | Elected Officials | State Agencies



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.

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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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.

ACORD®

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 in			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

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AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	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
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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

Evidence of Coverage

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

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

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

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ACORD

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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

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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ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
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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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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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POLICY NUMBER: See Certificate Number: 570094095707	
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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 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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Employee Basic Summary

Name
Angwabu, Alain S
Bailey, Tabatha
Barlow, Brandon R
Basnight, Shelton J
Bass, William S
Battle, Charlie E
Bautista Galindo, Cirina
Belcher, Charmaign
Bennett, Charles
Black, Quentin O
Black, Rodney S
Blackmon, Bridrick L
Blair, Kenneth M
Bloomfield, Donnie
Boyd, Derico D
Bracey, Melvin
Briggs, Frankie R
Brooks, Jay B
Brown, Jerome J
Brown, Najwa A
Browne, Edwandra A
Bryson, Shaun
Bullox, Katreena R
Burns, Ceddrick T
Butler, Secori J
Butts, Shajuan M
Cabrera, Kenia
Cain, Darrell K
Calle, Dominik B
Cambron, Cristian
Camp, April S
Carter, Sultan C
Cato, Kizzy L
Collins, Robert L
Coney, Bernard
Cooley, Osceian S
Cooper, Reginald J
Cotton, RhaShawn S
Cox, Chaka L
Crawford, Hadia M
Crockett, Maliha
Crummie, Troy L
Currithers, Jeremy V
Daniell, Jeremy D

Dassent, Jael T
Davenport, Steven
Davis, Ah'kiva C
Dennis, Linda K
Dillard, Eric S
Dosunmu, Olayiwola O
Dozier, Antonio
Eason, Gregory D
Eklou, Kokouvi D
Ewing, Gary I
Ezeala, Chukwudi F
Ferrer-Delgado, Pedro E
Fields, Calvin
Fields, Johnny E
Fleming, Tyhesha C
Flores, Kathy
Floyd, Zebulon O
Ford, Everett L
Freeman, Patrick E
Frye, Howard C
Gammage, Qunell C
Garrett, Craig D
Gates, Dexter J
Giles, Shon
Gilmore, Ryland C
Glaspie-Lee, Natasha L
Goodson, David M
Green, Aundray
Gresham, Jerrelle C
Gresham, NeCole E
Guerrero Martinez, Luis R
Hall, Frank
Hall, Frederick A
Hall, Michelle L
Henry, Demon A
Hightower, Brittney M
Hill, Michael J
Hogan, Kevin J
Howard, Ricky L
Hutcheson, Bobby L
Hylton, Mildred
Iriele, Stephanie N
Isbill, Jason
Johnson, Adrian J
Johnson, Hayden J
Johnson, William D
Jones, Carnell

Jones, Darrell
Jones, Eric D
Jones, Gary
Jones, Ginger N
Jones, Jasper N
Jones-Harkness, Arleen R
Jubilee, Shaquasha T
Kadous, Daniel
Kakule, Joel
Kelly, Jerome A
Kendrick, Alicia A
Kyeraa, Comfort
Leake, Michael E
Lester, Tananda R
Lovell, Franklin
Lovett, Curtis L
Lumpkin, Sheletheia M
Maple, Jarrett N
Marshall, Bria A
Mason, Kelton J
Matthews, Tatianna S
Mcarthur, Patricia
Mcauley, Mark K
McBride, Michael M
Mccoy, Rickey A
Mclemore, Derrick L
Memfis, Ayesha
Miller, Holly N
Mitchell, Jasmine N
Molock, Derrell A
Moore, Derrick
Moore, Myisha L
Moore, Stephanie M
Moore, Stephen W
Muse, Donald S
N'Doli, Joel
O'Bryant, William A
Onwudinjo, Placidus
Owens, Detravis R
Owusu, James
Parker, William S
Parks, Byrus A
Patrick, Sharrod M
Payne, Kyera D
Peters, Dion G
Phillips, Damien R
Pinckney, Ryan S

Pointer, Damon M
Pope, Chris
Pope, Gregory A
Price, James H
Prince, Marcus L
Prothro, Bryan R
Ray, Jerome S
Reeves, Char V
Rhynes, Joronda
Rogers, Lashiley R
Ross, Willie Mae M
Royal, Dushawn
Russell, Jarrod L
Sallaway, Eboni
Saunders, Lamont J
Saunders, Sasha R
Scott, Shaunese P
Shuford, Wayne J
Simpson, Tamiko
Sims, Christopher T
Sirebour, Frank
Smith, Rette V
Spear, Antonio G
Strategic, Earl
Strickland, Robert E
Stringer, Davonta M
Stumon, Tracy
Taylor, Earnest E
Teerasitikul, Naphatara
Thompson, Antwanetta L
Thornton, Cedric O
Turner, Kevin M
Turner, Lashonda N
Tyler, Whitney L
Valentine, Percy E
Vilaire, KenToya R
Villatoro, Emperatriz
Washington, Lisa D
Whatley Jr, Carson
Whitfield, Alanison P
Whitson, Michael C
Williams, Darius M
Williams, Demond A
Williams, Elyjah L
Williams, Larry N
Willis, John T
Wise, Calip

Wood, Joshua C
Woodyard, Yakeyta M
Wright, Anthony D
Wright, Eric J
Yao, Guy M

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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

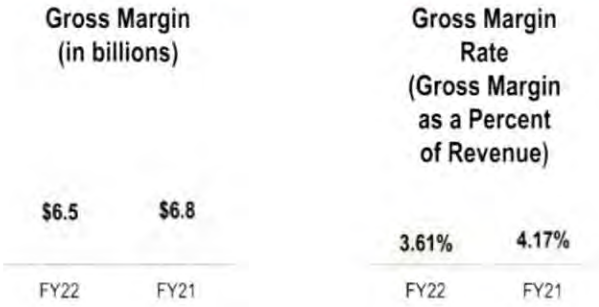
Pharmaceutical Segment
Fiscal 2022 Pharmaceutical segment revenue grew by $19.6 billion primarily due to sales growth from pharmaceutical distribution and specialty pharmaceutical customers, which largely consisted of branded pharmaceutical sales to existing and net new customers.

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.

CardinalHealth

Previous Administrator Application Submitted

July 12, 2022

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno, NV 89521

RE: Wholesale – Change in Administrator License # WH01402

To Whom It May Concern,

Effective immediately, the Administrator at the Cardinal Health facility located in Atlanta, GA has changed to Jeremy Currithers. The Medical Devices license number for the facility is **MP01587**.

Below is the contact information.

Jeremy Currithers, Director of Operations
110 Kendall Park Lane
Atlanta, GA 30336
404-344-7400
jeremy.currithers@cardinalhealth.com

Please contact me at licensure@cardinalhealth.com or (614)553-3420 if you have any questions or need further information. Thank you!

Sincerely,

LaToyia M. Martin
Manager, Quality Compliance
7200 Cardinal Place – QRA Facility Licensing
Dublin, OH 43017

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): MP01587

Physical Address: 110 Kendall Park Lane

City: Atlanta — State: Georgia — Zip: 30336

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

City: Dublin — State: OH — Zip: 43017

Telephone: 404-344-7400 — Website: www.cardinalhealth.com

Licensing Company Email: licensure@cardinalhealth.com

Section 2: Personal Information

First: Jeremy — Middle: Vaughn — Last: Currithers

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

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

Mailing Address: 7000 Cardinal Place - QRA Facility Licensing

City: Dublin — State: OH — Zip: 43017

Telephone: [redacted] — Email: jeremy.currithers@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)	
Franklin University - Ross College of Business		08/2016 - 10/2017	
Address	**City**	**State**	**Zip**
201 S Grant Ave.	Columbus	OH	43215
Diploma/Degree obtained, if any			
Master of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Florida Agriculture University, School of Allied Health		08/2008 - 08/2012	
Address	**City**	**State**	**Zip**
1601 S. Martin Luther King Jr Blvd.	Tallahassee	FL	32307
Diploma/Degree obtained, if any			
Bachelor of Science in Business Administration			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/21 - Present	[redacted] Magnum Street Sw Unit 212	Atlanta	GA	30313
06/18 - 12/21	[redacted] Oak Street SW Unit 3307	Atlanta	GA	30310
01/18 - 06/18	[redacted] Morosgo Dr. DE	Atlanta	GA	30324
06/16 - 01/18	[redacted] Barone Ave	Atlanta	GA	30329
06/14 - 06/16	[redacted] Dawson Blvd	Atlanta	GA	30340
06/13 - 06/14	[redacted] Station Center Blvd	Suwanee	GA	30024
08/12 - 06/13	[redacted] Royal Hills Cir	Winter Haven	FL	33881

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 200, LLC			06/17/2013 - Current	
Business Address		City	State	Zip
110 Kendall Park Lane		Atlanta	Georgia	30336
Phone	Title		Number of Employed Hours	
404-344-7400	Director of Operations		Greater than 1500 hours	
Description of Duties				
Director of Operations Fulfillment for Global Replenishment Ctr (Med Dev): Manage team of employees responsible for the general supv, safety, quality assurance, inventory control, transportation, and maintenance of all warehouse 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				

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)

7/11/2022
Date

I, Jeremy Currithers, **certify that as the MDEG Administrator for**

Cardinal Health 200, LLC,

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

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

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

Jeremy Currithers
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/11/2022
Date

Board Use Only	Date Received: 8-22-22

4W

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

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

Section 1: General Information

Facility Name: Cardinal Health 200, LLC

Physical Address: 13636 Lakefront Drive

City: Earth City State: MO Zip: 63045

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

City: Dublin State: OH Zip: 43017

Telephone: 314-291-6565 Website: www.cardinalhealth.com

Name of Designated Representative (DR): Edward Krings

Licensing Company Email: licensure@cardinalhealth.com DR Email: Edward.Krings@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: Patients		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below:

Please see attached letter

Original Signature (electronic, copies or stamps not accepted)

8/23/22
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: COVIDIEN
Address: 150 GLOVER AVE City: Norwalk State: CT Zip: 06850
Name: ETHICON ENDO-SURGERY INC
Address: 425 HOES LN City: Piscataway State: NJ Zip: 08854
Name: ETHICON INCORPORATED
Address: 425 HOES LN City: Piscataway State: NJ Zip: 08854
Name: NINGBO LUKE MEDICAL DEVICE CO LTD
Address: 178 GUJIAYAN QISHAN VILLAGE YAN City: Yuyao State: China Zip: 130

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: 614-757-3000 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:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to 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)

8/23/22

Date

Board Use Only	Date Received: 9-24-22	Amount: 1000.00 CK-10832148

9/1/22

Section B: 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 C: 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 B)				
• **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/.		✓	✓	✓

CardinalHealth

August 17, 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 – Earth City, MO

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

State of Missouri

Division of Professional Registration

Licensed Drug Distributor
Wholesale Drug Distributor

VALID THROUGH OCTOBER 31, 2023
ORIGINAL CERTIFICATE/LICENSE NO. 900973
CARDINAL HEALTH
CARDINAL HEALTH
EDWARD KRINGS, MIC
13636 LAKEFRONT DRIVE
EARTH CITY MO 63045
USA

CARDINAL HEALTH
CARDINAL HEALTH
EDWARD KRINGS, MIC
13636 LAKEFRONT DRIVE
EARTH CITY MO 63045
USA



State of Missouri

Missouri Department of Commerce and Insurance
Division of Professional Registration
Missouri Board of Pharmacy

Licensed Drug Distributor

Wholesale Drug Distributor

VALID THROUGH OCTOBER 31, 2023
ORIGINAL CERTIFICATE/LICENSE NO. 900973
Edward Krings
CARDINAL HEALTH
CARDINAL HEALTH
EDWARD KRINGS, MIC
13636 LAKEFRONT DRIVE
EARTH CITY MO 63045
USA

EXECUTIVE DIRECTOR

DIVISION DIRECTOR

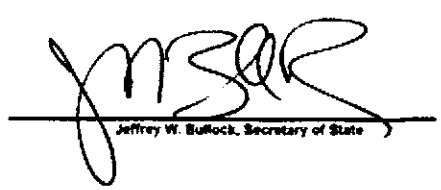
Delaware

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.





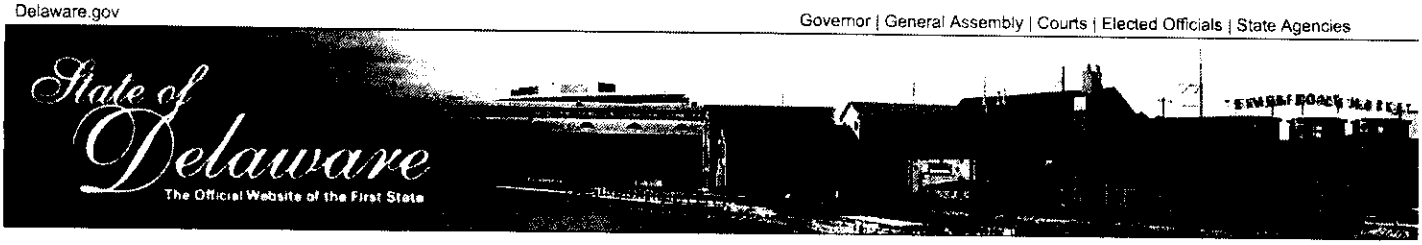
2610958 8300

5R# 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.

The National Association of Boards of Pharmacy®
hereby awards

Verified-Accredited Wholesale Distributors®
Accreditation
to

Cardinal Health 200, LLC
dba Cardinal Health

located at

13636 Lakefront Dr, Earth City, MO 63045

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catizone, Executive Director/Secretary

March 7, 2020 - March 6, 2023
Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | www.nabp.pharmacy

CardinalHealth

13636 Lakefront Drive
Earth City, Missouri 63045

Officer Name	Title
Steven Blair C de Baca	EVP Quality and Regulatory Affairs
Stephen Michael Mason	CEO, Medical Segment
Keegan David Chamberlain	Director, Quality Management
Julie Erin Webb	VP, Quality Management
John Henry Martin Jr.	SVP, Tax

The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

Stockholder	Stake
The Vanguard Group, Inc.	11.96%
SSgA Funds Management, Inc.	8.00%
T. Rowe Price Associates, Inc.	5.47%
BlackRock Fund Advisors	5.17%

Employee List.

	A	B	C	D	E	F	G	H	I	J
1										
2		Recv		QIC		NSC		Outbound		Outbound
3	Supervisor	Kierra Harrison	Supervisor	Phil Bayer	Supervisor	Phil Bayer	Supervisor	Nick West	Supervisor	Larry Seagraves
4	Lead	JaMarr Poke	Lead	Rebecca Scalise	Lead	Dan Vespa	Lead	OPEN	Lead	Frank Naes
5	Coord	Vince Linnenbom		Chris Siglock	Coord	Gurdeep Virk	Coord	Marc Schley	Lead	Danielle Guthrie
6		Edna Brown		Mary Johnson		Philip San	Coord	Aimable Mudakikwa		Joyce Saunders
7		Aaron Hansel		Eric Edison		Eric Wilson		Avery Patterson		Todd Beauchaine
8		Ashley Miller		Jeannine		Baljinder Rai		Refik Suljic		Willie Johnson, Jr.
9		Darren Gray Jr		Tasia Bratton		Sukhwinder		Ismet Abdic		Tuwon Jones
10		Michael Dryden		Jennifer Dunbar		Matthew Fels		Hardeep Singh		
11		John Watson				Tanya Phillips		Neeraj Sehjpal (FMLA)		
12		Derek Morrison				Nedra Jones		Surinder Singh		
13		Gunnar Swensen				Henry Sy		Michael Gartland		
14		Willie Hall						John Gartland		
15		Jerry Wildhaber	Site Leader	Ed Krings				Mehari Gebre		
16		Carl Jenkins	Site Coord	Janice Streckfuss				Mupenzi Gakwerere		
17		Michael Battle	Trainer/Secu	Dennis Belew				Josue Museveni		
18		Dean McDearmon	QIC	Phil Bayer				Amrik Shinger		
19		Sadat Williams	Recv	Kierra Harrison				Tresor Byabagabo		
20		Patricia White	Outbound	Larry Seagraves				Chance Binagana		
21		Cheryl Dilley	Outbound	Nick West				Benedict Mwaura		
22		Jeffrey Steen						Sengabire Ngoma		
23		Binh Tran						John Musinguzi		
24		Eric Michenfelder						Andy Hong		
25								Phuc Hoang		
26								Omer Habibovic		
27								Kevin Williams		
28								Sylvain Egue		
29								Sam Tran		
30								George Waweru		
31								Khin San		
32								Asim Havic		

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
Aon Risk Services Northeast, Inc.
Cincinnati OH Office
8044 Montgomery Road
Suite 405
Cincinnati OH 45236-2919 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 **FAX (A/C. No.):** (800) 363-0105
E-MAIL ADDRESS:

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

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

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 in			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? (Mandatory in NH) Y/N: N 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	NAMED INSURED
Aon Risk Services Northeast, Inc.	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

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

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
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

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

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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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.

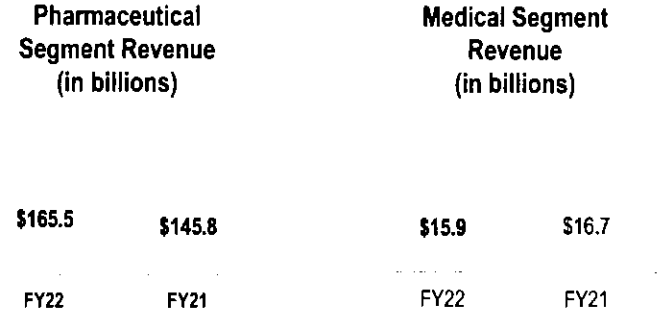
Cordis Divestiture

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

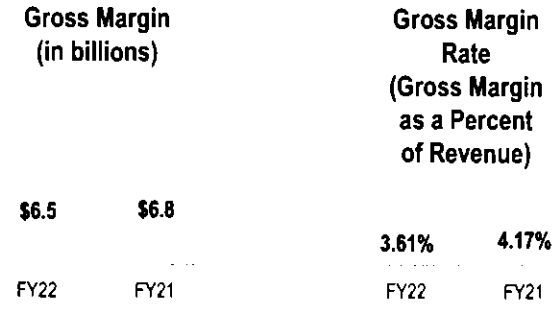
Pharmaceutical Segment
Fiscal 2022 Pharmaceutical segment revenue grew by $19.6 billion primarily due to sales growth from pharmaceutical distribution and specialty pharmaceutical customers, which largely consisted of branded pharmaceutical sales to existing and net new customers.

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 %

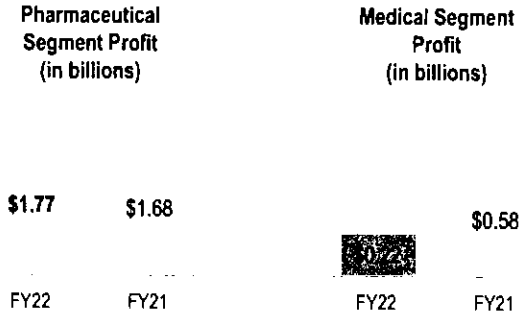
Fiscal 2022 Compared to Fiscal 2021

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

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): MP00520

Physical Address: 13636 Lakefront Drive

City: Earth City — State: MO — Zip: 63045

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

City: Dublin — State: OH — Zip: 43017

Telephone: 314-291-6565 — Website: www.cardinalhealth.com

Licensing Company Email: licensure@cardinalhealth.com

Section 2: Personal Information

First: Edward — Middle: J. — Last: Krings

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

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

Mailing Address: [redacted] Bridgeton Trails Dr.

City: Bridgeton — State: MO — Zip: 63044

Telephone: 314-291-6565 x3325 — Email: Edward.Krings@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)	
University of Missouri		2003-2009	
Address	City	State	Zip
1 University BLVD	St Louis	MO	63121
Diploma/Degree obtained, if any			
Bachelor of Fine Arts			

School Name		From - To (MM/YY – MM/YY)	
Florissant Valley Community College		1996-2003	
Address	City	State	Zip
3400 Pershall Rd.	St louis	MO	63135
Diploma/Degree obtained, if any			
Associates of Graphic Design			

School Name		From - To (MM/YY – MM/YY)	
Aquinas Mercy		1991-1995	
Address	City	State	Zip
845 Dunn Rd.	Florissant MO	63031	
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
02/13 - present	[redacted] Bridgeton Trails Drive	Bridgeton	MO	63044
02?12 - 02/13	[redacted] Dyer Ave	Overland	MO	63114
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Cardinal Healthcare			11/98 - present	
Business Address		**City**	**State**	**Zip**
13636 Lakefront Dr		Earth City	MO	63045
Phone	**Title**		**Number of Employed Hours**	
314-209-3325	Director of Operations		45,760	
Description of Duties				
Oversee day to day operations of receipt, QIC, and pick pack and ship. Assist in development of team and overall safety and compliance of building.				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

N/A

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

I, Edward Krings, **certify that as the MDEG Administrator for**

Cardinal Health 200, LLC,

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

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

Edward Krings
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8-10-22
Date

Board Use Only	Date Received: 8·24·22

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: Cardinal Health 200, LLC

Physical Address: 2310 Center Square Road

City: Swedesboro State: NJ Zip: 08085

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

City: Dublin State: OH Zip: 43017

Telephone: 915-629-6977 Website: www.cardinalhealth.com

Name of Designated Representative (DR): Christopher Morris

Licensing Company Email: licensure@cardinalhealth.com DR Email: Chris.Morris@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: Labs		■ Others: Distributor

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

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

Provide explanation below:

Please see attached letter

Original Signature (electronic, copies or stamps not accepted)

8/23/22
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: B BRAUN
Address: 901 MARCON BLVD City: ALLENTOWN State: PA Zip: 18109
Name: BAXTER HEALTHCARE CORPORATION
Address: 25212 W IL ROUTE 120 City: ROUND LAKE State: IL Zip: 60073
Name: GOLDEN MAX LLC
Address: 12701 DIRECTORS DR City: STAFFORD State: TX Zip: 77477
Name: HOSPIRA INC
Address: 275 N FIELD DR BLDG H4 City: LAKE FOREST State: IL Zip: 60045

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: 614-757-3000 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 B: 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 C: 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 B)				
• **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

K Chamberlain

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

8/23/22

Date

Board Use Only	Date Received: 8-24-22	Amount: 1000.00 CK-10832149 9/1/22

CardinalHealth

August 17, 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 – Swedesboro, NJ

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

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0746330

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:

100-120 RARITAN CTR. PKWY EDISON, NJ 08818-
2310 CENTER SQUARE DR SWEDESBORO,NJ 08085-
3950 VALLEY EAST INDUSTRIAL PKWY BIRMINGHAM, AL 35217-
1 BUTTERFIELD TRAIL EL PASO, TX 79906-
1320 DON HASKINS EL PASO, TX 79936-
460 GREENWAY INDUSTRIAL DR FORT MILL, SC 29707-
5260 NAIMAN PKWY SOLON, OH 44139-
3356 WALDEN AVE DEPEW, NY 14043-

Reg. No.
5002473

CARDINAL HEALTH 200 LLC
7000 CARDINAL PLACE, QRA
DUBLIN, OH 43017-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2023

Establishment Copy

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

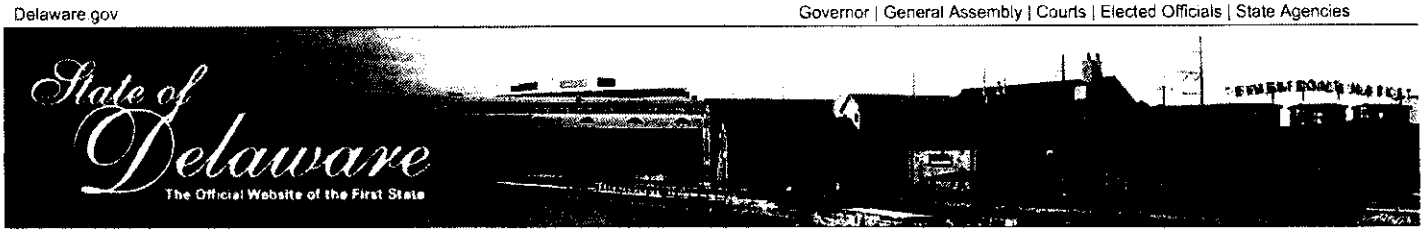
2610958 8300

SR# 20223336356

Authentication: 204226608

Date: 08-23-22

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



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

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The National Association of Boards of Pharmacy®

hereby awards

Verified-Accredited Wholesale Distributors®

Accreditation

to

Cardinal Health 200, LLC

dba Cardinal Health

located at

2310 Center Square Rd, Swedesboro, NJ 08085

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catizone, Executive Director/Secretary

December 29, 2019 - December 28, 2022

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | www.nabp.pharmacy

960

ACORD®

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 in			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? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N 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	NAMED INSURED
Aon Risk Services Northeast, Inc.	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

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 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
LOC #:

ADDITIONAL REMARKS SCHEDULE

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

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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CardinalHealth

2310 Center Square Road
Swedesboro, New Jersey 08085

Officer Name	Title
Steven Blair C de Baca	EVP Quality and Regulatory Affairs
Stephen Michael Mason	CEO, Medical Segment
Keegan David Chamberlain	Director, Quality Management
Julie Erin Webb	VP, Quality Management
John Henry Martin Jr.	SVP, Tax

The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

Stockholder	Stake
The Vanguard Group, Inc.	11.96%
SSgA Funds Management, Inc.	8.00%
T. Rowe Price Associates, Inc.	5.47%
BlackRock Fund Advisors	5.17%

Employee List

Myer, Anthony	Hartman, Thomas M	Freas, Leon	Natson, Janae	Willie, Lewis
Stopyra, April	Lipich Rick	Street, Tamijah	Drennon, Ebonne	Casiano, Waldemar
Chan, Jenna	Leake, Ray'Shona	Leake, Ray'Shona	Natson, Jarrell	Ameen, Joshua
McDevitt, Helen	Monaco, Thomas	Figeroa, Carlos	Leach, Nifeese	Riley, Paul
Corcoran, John	Murschell, Brian J	Parker, Vernon	Burrell, Noah	Davis, Aaliyah
Delbuono, Jakob	Rodden, Timothy A	Martinez, John	Mosley, Kevin	Thach, Samien
Maminski, Peter	Santell, Luis G	Celments, James	Martinez. Armando	Boczkowski, Lynnmarie
Bishop, Jerrell	Spellman, Barrin L	Connor, Cynthia J	Korattikara Thomas, Naveen	Rowe Jr., Thomas E
Williams, Doug	Vanmorter, Cassie L	Schmidt, Brennen	Marte Castillo, Malvin	Thompas, Tyre
Pacenza, Sheyenne	Vick, Yolanda C	Smith, Chelsea M	Mitchell, Dolphin	Leach, Jamar
Street, Kacirr	Spositi, Tyler	Staton, Sidney	Pierzynski, Stephen	Gross Maryann
Thomas, Matijah	Taylor, Chimere	Thomas, Watisha	Franklin, Jeffery	Thomas, Robert B
Curtis, Lisa	Olimpo, Joe	Harris, Mike	Natson, Jamiella	Louis-Jeune, Jeannara
Greenawalt, Jordan	Smith, Kareem	Sabillena, Arvin	Cottrell, Jayonna	Allen, Edward
Ruggio, Ashton	Dipaolo, Giavanni	Kofi-Reaves, Tierra	Ignatenko, Maksim	Dema, Donna

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) N/A

Physical Address 2310 Center Square Road

City Swedesboro State NJ Zip 08085

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

City Dublin State OH Zip 43017

Telephone 856-467-3375 Website www.cardinalhealth.com

Licensing Company Email licensure@cardinalhealth.com

Section 2: Personal Information

First Christopher Middle Gibson Last Morris

Alias(es, nicknames, name changes, etc.) Chris Morris

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

Mailing Address [redacted] New Castle Ln

City Swedesboro State NJ Zip 08085

Telephone [redacted] Email Chris.Morris@cardinalhealth.com

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

Section 3: Military Service (NRS 426.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while 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: Material Misrepresentation (NRS 426.120, 680A.200)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the 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)	
Kingsway Regional Highschool		09/88-06/1	
Address: 201 Kings Hwy	City: Woolwich	State: NJ	Zip: 08085
Diploma/Degree obtained, if any: HS diploma			

School Name		From - To (MM/YY – MM/YY)	
Rowan College		9/91-05/12	
Address: 1400 Tanyard Rd	City: Sewell	State: NJ	Zip: 08085
Diploma/Degree obtained, if any: AA Arts&Sciences			

School Name		From - To (MM/YY – MM/YY)	
Address	City	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
01/17-present	[redacted] New Castle Lane	Swedesboro	NJ	08085
08/96-01/17	[redacted] Merle Lane	Swedesboro	NJ	08085
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has at least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler, beginning with the most current, list your hours of employment related to the above. [NAC 639.644]

Business Name		From - To (MM/YY – MM/YY)	
Cardinal Health		03/94-present	
Business Address	**City**	**State**	**Zip**
2310 Center Square Rd	Swedesboro	NJ	08085
Phone	**Title**	**Number of Employed Hours**	
856-542-2166	Director of Operations	60,320	
Description of Duties			
Responsible for general management, employees, facility, Quality&Regulatory, EH&S, P&L			

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

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

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

7/27/2022
Date

I, Chris Morris, **certify that as the MDEG Administrator for**

Cardinal Health 200, LLC,

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

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

Chris Morris
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/27/2022
Date

Board Use Only	Date Received: 8-24-22

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.

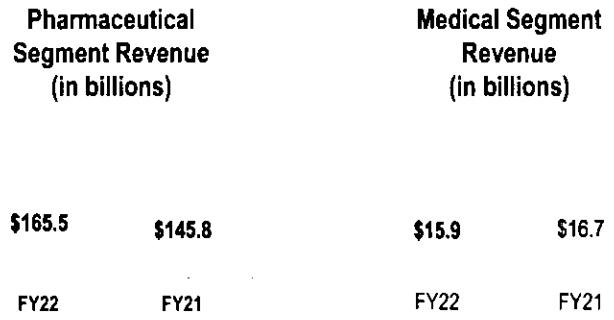
Cordis Divestiture

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

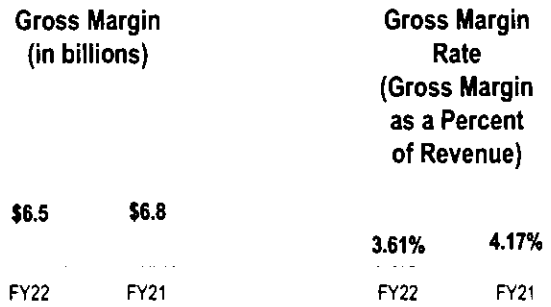
Pharmaceutical Segment
Fiscal 2022 Pharmaceutical segment revenue grew by $19.6 billion primarily due to sales growth from pharmaceutical distribution and specialty pharmaceutical customers, which largely consisted of branded pharmaceutical sales to existing and net new customers.

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 %

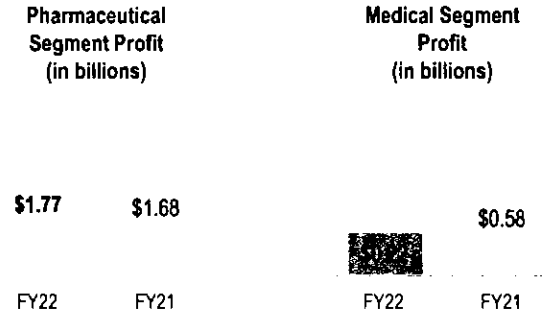
Fiscal 2022 Compared to Fiscal 2021

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.

4Y

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		☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☒ 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)

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: BOUND TREE MEDICAL, LLC

Physical Address: 2911 S GREAT SW PARKWAY, SUITE 200

City: GRAND PRAIRIE State: TX Zip: 75052

Mailing Address (if different from physical address): 5000 TUTTLE CROSSING BLVD

City: DUBLIN State: OH Zip: 43016

Telephone: 817-649-0400 Website: WWW.BOUNDTREE.COM

Name of Designated Representative (DR): CARRIE REEL

Licensing Company Email: REGULATORY@SARNOVA.CO DR Email: REGULATORY@SARNOVA.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: SEE ATTACHED VENDOR 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

State of Incorporation: OH

Parent Company (if any): BEMS HOLDINGS, LLC

Corporation Name: BOUND TREE MEDICAL, LLC

Mailing Address: 5000 TUTTLE CROSSING BLVD

City: DUBLIN State: OH Zip: 43016

Telephone: 614-760-5000 Email: REGULATORY@SARNOVA.COM

Contact Person Name: JILL VENNEKOTTER

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.

DARRELL HUGHES. SECRETARY

Print Name of Authorized Person Submitting Application

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

5/3/22

Date

Board Use Only	Date Received: _____	Amount: _____

BEMS Holdings, LLC

(100% Owner of Bound Tree Medical, LLC)

P.O. Box 8023
Dublin, OH 43016

State of Organization: DE Date of Organization: 5/1/2008 EIN: 26-2550042
File No. 4541921

Officers	
NAME	**TITLE**
Jeffrey M. Prestel	President
Shawn Saylor	Treasurer
Darrell Hughes	Secretary

Bound Tree Medical, LLC

(Owned 100% by BEMS Holdings, LLC)

5000 Tuttle Crossing Blvd, Dublin, OH 43016

State of Incorporation: OH Date of Incorporation: 11/17/2000 EIN: 31-1739487
Charter No. 1192360

Officers	
NAME	**TITLE**
Jeffrey M. Prestel	CEO
Rob Meriweather *	President
Shawn Saylor	Treasurer
Darrell Hughes	Secretary

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

BOUND TREE MEDICAL LLC
5000 TUTTLE CROSSING BLVD
DUBLIN OH 43016

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

BOUND TREE MEDICAL LLC
2911 S GREAT SW PKWY STE 200
GRAND PRAIRIE, TX 75052

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

DEVICE DISTRIBUTOR

License # 1002746
Expires: December 14, 2022

NON-TRANSFERABLE

Commissioner

511028

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 BOUND TREE MEDICAL, LLC, an Ohio Limited Liability Company, Registration Number 1192360, was organized in the State of Ohio on November 17, 2000, is currently in FULL FORCE AND EFFECT upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of April, A.D. 2022.

Ohio Secretary of State

Validation Number: 202211104214

Employee Name	Job	Business Unit	Location
Arriaga, Natalie	Warehouse Associate	Bound Tree Medical	Grand Prairie TX
Blackledge, Justin	Warehouse Manager	Bound Tree Medical	Grand Prairie TX
Cox, Catherine	Warehouse Lead	Bound Tree Medical	Grand Prairie TX
Garza, Elizabeth D.	Warehouse Associate	Bound Tree Medical	Grand Prairie TX
Guzman, Joshua	Warehouse Associate	Bound Tree Medical	Grand Prairie TX
Henderson, Daphne	Warehouse Associate	Bound Tree Medical	Grand Prairie TX
Hernandez, Dorita	Warehouse Associate	Bound Tree Medical	Grand Prairie TX
Hernandez, Santino	Warehouse Associate	Bound Tree Medical	Grand Prairie TX
Lee, Kaelin J.	Warehouse Associate	Bound Tree Medical	Grand Prairie TX
Martinez, Maria D.	Warehouse Associate	Bound Tree Medical	Grand Prairie TX
Moreland, Angela	Warehouse Associate	Bound Tree Medical	Grand Prairie TX
Pinckard, Colton	Warehouse Associate	Bound Tree Medical	Grand Prairie TX
Rivera, Ana	Warehouse Associate	Bound Tree Medical	Grand Prairie TX
Sanchez, Omar	Warehouse Lead	Bound Tree Medical	Grand Prairie TX
Silva, Martha	Warehouse Associate	Bound Tree Medical	Grand Prairie TX
Reel, Carrie	Operations Manager	Bound Tree Medical	Grand Prairie TX

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 BOUND TREE MEDICAL, LLC

Physical Address 2911 S GREAT SW PARKWAY, SUITE 200

City GRAND PRAIRIE State TX Zip 75052

Mailing Address (if different from physical address) 5000 TUTTLE CROSSING BLVD

City DUBLIN State OH Zip 43016

Telephone 817-649-0400 Website WWW.BOUNDTREE.COM

Licensing Company Email REGULATORY@SARNOVA.COM

Section 2: Personal Information

First CARRIE Middle RENEE Last REEL

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

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

Mailing Address [redacted] TUTTLE CROSSING BLVD

City DUBLIN State OH Zip 43016

Telephone [redacted] Email REGULATORY@SARNOVA.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)	
WAXAHACHIE HIGH SCHOOL		1990 – 1992	
Address: 1000 N Hwy 77	City: Waxahachie	State: TX	Zip: 75165
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			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1996-PRESENT	[redacted]JOLY ST	ENNIS	TX	75119
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
BOUND TREE MEDICAL, LLC			06/2011-PRESENT	
Business Address		City	State	Zip
2911 S GREAT SW PKWY, STE 200		GRAND PRAIRIE	TX	76010
Phone	Title		Number of Employed Hours	
817-608-7760	OPERATIONS MANAGER		6000+	
Description of Duties				
See job description-attached.				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

Applicant's initials CAK

I, CARRIE REEL, **certify that as the designated representative for**

BOUND TREE MEDICAL, 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

CARRIE REEL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4.29.2022

Date

Applicant's initials CRR

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

CARRIE REEL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4.29.22

Date

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

State of TEXAS, ss. County of TARRANT

I, CARRIE 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

4.29.22

Date

Subscribed and Sworn to before me this 29th day of April.

Notary Public Signature

STEVEN NATHANIEL HERNANDEZ
Notary Public, State of Texas
Comm. Expires 07-06-2025
Notary ID 133193391

(Seal)

Applicant's initials CR

Job Description

Job Title:	Operations Manager	**Travel Required:**	
Department:	Warehouse	**Date Posted:**	
Location:		**Posting Expires:**	
Reports To:	Director of Distribution Centers	**HR Contact:**	
Education:	Associate's degree	**Posting URL:**	

Summary:
Plans, organizes, and monitors the receiving, storage, and distribution of medical products (including prescription drugs and devices) received from suppliers to ensure on-time, quality shipments to customers.

Essential Duties and Responsibilities:

- Provide day to day leadership of the warehouse.
- Lead start-up operations including: storage capacity requirements, departmental layout, automation review, process flow, space utilization, staffing requirements, new hire training, and development of key performance metrics.
- Manage staff to ensure timely distribution and receipt of product while meeting standards of budget, policies, procedures and quality.
- Document and maintain, in proper form, all records required relating to the purchase and distribution of all prescription drugs (including controlled substances and devices).
- Develop and implement ongoing quality and process improvement programs.
- Handle shipping and receiving, unloading trucks, checking in merchandise, matching purchase orders to bill of lading/packing slip.
- Monitor the unloading of all materials into the Receiving Department; ensure materials are staged for counting and inspection and reports accurately reflect material received.
- Implement and maintain a program for inventory control--receiving, documenting, and adjusting product.
- Resolve day-to-day issues using defined processes and working with cross-functionally with internal departments.
- Develop and adhere to service and financial metrics, including staffing, capital and expense targets.
- Select, develop, motivate and lead staff to ensure attainment of warehouse goals.
- Monitor key performance metrics and provide associates with individual and team results.
- Assure associates have appropriate training and resources to meet customer needs.
- Maintain safe working conditions and ensure all associates comply with Company safety policies and procedures.
- Assure complete compliance with the Prescription Drug Marketing Act of 1987 (Federal) and with all Federal and State laws and regulation applicable to the conduct of a wholesaler.
- Provide for the proper storage of drugs in order to prevent loss or deterioration.
- Assure security and limited access to all areas holding prescription drugs and devices.

Physical Requirements:

- Ability to stand for long continuous periods of time.

- Ability to climb ladders up to 15 feet.
- May engage in some repetitive motion.
- May engage in frequent bending, stooping, pushing and pulling of parts and part containers.
- Due to the open environment of the warehouse, must be able to work in various weather and temperature conditions to include extreme heat, humidity and cold.
- Ability to use hands to finger, handle or feel; reach with hands and arms; and talk and hear.
- Ability to continuously walk, stoop, kneel, crouch or crawl.
- Ability to occasionally sit, climb or balance.
- Ability to continuously lift and/or move objects up to 10 pounds, frequently lift and/or move objects up to 25 pounds, and occasionally lift and/or move objects that weigh 50+ pounds.
- Specific vision abilities required include close vision, distance vision, color vision, peripheral vision, depth perception and ability to adjust focus.

Qualifications

- Bachelor's degree preferred.
- Experience in the manufacturing/ wholesale distribution of drugs and or medical devices preferred.
- A minimum of five years warehouse management experience in a high volume pick pack operation.
- Experience with warehouse management system (WMS) a plus.

Skills/Experience Required:

- Ability to work and lead associates in a fast paced operation. Position requires time on the warehouse floor.
- Be familiar with and able to interpret packing slips, enter into the computer the correct information, and acknowledge receipt of the goods into the purchase order and processing database.
- Able to fill out bills of lading and be familiar with various forms that are used and required by the major freight carriers.
- Familiar with the most common material handling equipment – forklift, pallet jack, etc.
- Strong computer skills including proficiency with Microsoft Office suite. Able to operate UPS/FEDEX online software preferred.
- Strong managerial and conflict resolution skills. Able to effectively train, coach and mentor associates; provide current, direct, complete, and "actionable" positive and constructive feedback to team members.
- Results-oriented, self-motivated individual who can work in a team environment, as well as make independent decisions.
- Experience developing and implementing processes and procedures.
- Organized and efficient. Able to organize, prioritize and delegate work.
- Excellent documentation and record-keeping abilities.
- Able to make recommendations to effectively resolve problems or issues, by using judgment that is consistent with standards, policies, procedures, regulation or government law.
- Strong communication skills, including ability to influence and communicate at all levels, through verbal and written means. Able to effectively present information and respond to questions from groups of managers, clients, customers, and the general public.

Supervises:

- A team of Warehouse Associates, Warehouse Team Lead, and Warehouse Managers.

Sarnova is an Equal Opportunity Employer. We offer a competitive salary, commensurate with experience, along with a comprehensive benefits package, including 401(k) Plan.
EEO/M/F/Veterans/Disabled

Schedule A

Effective 5/9/2022

Bond Number: 107545903

Bound Tree Medical, LLC				
Bound Tree Medical, LLC	1033 Collins Rd, Suite A	Greenwood	IN	46143
Bound Tree Medical, LLC	2619 Ignition Drive, Suite #2	Jacksonville	FL	32218
Bound Tree Medical, LLC	2911 S Great Sw Parkway, Suite 200	Grand Prairie	TX	75052
Bound Tree Medical, LLC	2243 N Plaza Dr	Visalia	CA	93291
Bound Tree Medical, LLC	481 Airport Industrial Dr, Suite 101	Southaven	MS	38671

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. 107545903

Application/License No. _____

BOUND TREE MEDICAL, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is See Attached Schedule (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 CT (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square Hartford, CT 06183 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on May 9, 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 9th day of May, 2022.

APPLICANT/PRINCIPAL
BOUND TREE MEDICAL, LLC

COMPANY

Authorized Representative

SURETY
TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

Surety Company's Representative

Bartlomiej Slepierski, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Rachel Fore

Witness Ricky Casas

Countersigned by:

Nevada ~~Resident~~ Agent Christopher P. Troha
Non-Resident

Posted February 20, 2020

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **BARTLOMIEJ SIEPIERSKI** of **CHICAGO**, **Illinois**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021,** before me personally appeared **Robert L. Raney,** who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes,** the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **9th** day of **May**, **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(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

VENDOR NAME	ADDRESS 1	CITY	STATE	ZIP
DYNAREX CORPORATION	10 GLENSHAW STREET	ORANGEBURG	NY	10962
ADI MEDICAL	DIV. OF ASIA DYNAMICS INC.	WAUKEGON	IL	60085
HARTWELL MEDICAL LLC	6354 CORTE DEL ABETO STE F	CARLSBAD	CA	92011-1479
NORTH AMERICAN RESCUE PRODUCTS	35 TEDWALL CT	GREER	SC	29650-4791
PLANO MOLDING COMPANY	431 EAST SOUTH STREET	PLANO	IL	60545
RICO SUCTION LABS	326 MACARTHUR LANE	BURLINGTON	NC	27217
B. BRAUN MEDICAL, INC	PO BOX 780433	PHILADELPHIA	PA	19178-0433
BIOMEDIX, INC.	8600 SHELBY CT	CHANHASSEN	MN	55317-3301
EXEL INTERNATIONAL, INC.	PO BOX 2237	REDONDO BEACH	CA	90045
PHYSIO-CONTROL, INC.	11811 WILLOWS RD NE	REDMOND	WA	98052-2003
SPIRACLE TECHNOLOGY	10601 CALLE LEE STE 190	LOS ALAMITOS	CA	90720-6788
PELICAN PRODUCTS, INC.	PO BOX 848867	LOS ANGELES	CA	90084-8867
NONIN MEDICAL, INC.	13700 1ST AVE N	PLYMOUTH	MN	55441-5443
STAPLES INDUSTRIAL/CHISWICK	33 UNION AVE	SUDBURY	MA	01776-2246
CONTERRA TECHNICAL SYSTEMS	1600 KENTUCKY STREET #A-3	BELLINGHAM	WA	98229
ACME UNITED (FIRST AID)	PO BOX 347808	PITTSBURGH	PA	15251-4808
EMS INNOVATIONS, INC.	P.O. BOX 239	PASADENA	MD	211230239
AMBU, INC (MEDICTEST)	6740 BAYMEADOW DR	GLEN BURNIE	MD	21060-6412
BIO-MED DEVICES INC.	61 SOUNDVIEW ROAD	GUILFORD	CT	06437
WELCH ALLYN, INC..	4341 STATE STREET RD	SKANEATELES FALLS	NY	13153-5301
PETZL AMERICA	2929 DECKER LAKE DR	SALT LAKE CITY	UT	84119-6094
BRW DIVERSIFIED	P.O. BOX 4070	CANOGA PARK	CA	91308
WINCHESTER LABORATORIES, LLLP	PO BOX 734228	CHICAGO	IL	60673-4228
FIELDTEX PRODUCTS INC.	3055 BRIGHTON-HENRIETTA ROAD	ROCHESTER	NY	14623
Z-MEDICA LLC	4 FAIRFIELD BLVD	WALLINGFORD	CT	06492-1857
MAYFLOWER SPLINT CO.	P.O. BOX 381	HUNTINGTON STA	NY	11746
MEDSPEC	308 PARSONS STREET	WADESBORO	NC	28170
NASCO EDUCATION	901 JANESVILLE AVENUE	FORT ATKINSON	WI	53538
HDT EXPENDITIONARY SYSTEMS, INC.	30500 AURORA RD STE 100	SOLON	OH	44139-2776
TENDER CORPORATION	944 INDUSTRIAL PARK ROAD	LITTLETON	NH	03561
CAST PRODUCTS, INC.	HIGHWAY 127	ATHENS	AL	35612
LEATHERMAN TOOL GROUP	P.O. BOX 20595	PORTLAND	OR	97220
COOPER SURGICAL	MEDASONICS	TRUMBULL	CT	06611
INTEGRA YORK PA, INC	589 DAVIES DRIVE	YORK	PA	17402
PerSys Medical	5310 ELM ST	HOUSTON	TX	77081-4106
PRO LAB DIAGNOSTICS	21 CYPRESS BLVD STE 1155	ROUND ROCK	TX	78665-1046
SUPERIOR CARE PHARMACY	2280 WEST ALEXANDER ST.	SALT LAKE CITY	UT	84119
PINNACLE TECHNOLOGY GROUP	7076 SCHNIPKE DRIVE	OTTAWA LAKE	MI	49267
ZOLL MEDICAL CORP.	269 MILL RD	CHELMSFORD	MA	01824-4105
DISASTER MANAGEMENT SYSTEMS, INC.	10271 TRADEMARK ST STE A	RANCHO CUCAMONG/	CA	91730-5852
VENOSCOPE, LLC	PO BOX 52703	LAFAYETTE	LA	70505-2703
SOMAR CORPORATION	13006 HALLDALE AVE	GARDENA	CA	90249-2118
CAPITAL WHOLESALE DRUG	873 WILLIAMS AVE	COLUMBUS	OH	43212-3850
BAXTER HEALTHCARE PHARM DIVISION	21269 NETWORK PLACE	CHICAGO	IL	60673
NATIONAL CREATIVE ENTERPRISES	12209 RIVERWOOD DR	BURNSVILLE	MN	55337-1510
KWIKPOINT, LLC	908 KING ST STE 300	ALEXANDRIA	VA	22314-3067
TACTICAL MEDICAL SOLUTIONS, LLC	1250 HARRIS BRIDGE RD	ANDERSON	SC	29621-3409
OWEN MUMFORD INC	17555A W OAK COMMONS CT	MARIETTA	GA	30062-2254
VYAIRE MEDICAL 203, INC.	26125 N RIVERWOODS BLVD	METTAWA	IL	60045-3420
TAYLOR HEALTHCARE PRODUCTS	605 SPRING HILL DR	SPRING	TX	77386-6033
MEDICAL SUPPLY SOLUTIONS, INC	5101 NW 108TH AVE	SUNRISE	FL	33351-8016
PELICAN BIOTHERMAL, LLC	3020 NIAGARA LN N	PLYMOUTH	MN	55447-4856
JOHNSON & JOHNSON CONSUMER INC.	PO BOX 406397	ATLANTA	GA	30384-6397
Prometheus Medical Technologies, Ltd.	THE OLD RECTORY	HEREFORDSHIRE	UK	HR6 0PW
Kobayashi Consumer Products, LLC	245 KRAFT DR	DALTON	GA	30721-1502
Go MFG Innovations, Inc	11733 OLIVE BLVD	SAINT LOUIS	MO	63141-7003
MEDSOURCE INTERNATIONAL - IMPORT	8600 SHELBY CT	CHANHASSEN	MN	55317-3301
Z & Z Medical, Inc.	1924 ADAMS ST	CEDAR FALLS	IA	50613-4273

EMEGEAR LLC	2102 RED ROSE WAY	SANTA BARBARA	CA	93109-1235
MASTER MEDICAL EQUIPMENT	2345 DR F E WRIGHT DR	JACKSON	TN	38305-7S01
CMI HEALTH, INC.	5975 SHILOH RD STE 114	ALPHARETTA	GA	30005-1751
AIRGAS USA, LLC	259 N RADNOR CHESTER RD STE 100	WAYNE	PA	19087-5240
PRESTAN PRODUCTS	701 BETA DR STE 2	MAYFIELD	OH	44143-2330
Tempo Medical - Curaplex	16033 N 77TH ST STE B	SCOTTSDALE	AZ	85260-1218
VERIDIAN HEALTHCARE,LLC	1175 LAKESIDE DR	GURNEE	IL	60031-2489
CERTA DOSE - SPECIALTY PHARM SVC	501 MASON RD	LA VERGNE	TN	37086-3270
McKesson Medical-Surgical Minnesota Supply Inc.	12755 HIGHWAY 55 STE R200	PLYMOUTH	MN	55441-4664
ZYNO SOLUTIONS LLC	177 PINE ST	NATICK	MA	01760-1331
AMBU	6740 BAYMEADOW DR	GLEN BURNIE	MD	21060-6412
CONMED CORPORATION	525 FRENCH RD STE 3	UTICA	NY	13502-S994
E.M.I.	44 W. 528 ROUTE 64	LILY LAKE	IL	60151
FERNO WASHINGTON	70 WEIL WAY	WILMINGTON	OH	45177
IRON DUCK INC.	102 1ST AVE	CHICOPEE	MA	01020-4621
GREAT PLAINS BALLISTICS	P.O. BOX 16385	LUBBOCK	TX	79490
COMPLIANCE MEDICAL MFG, INC.	BOX 949	PROVO	UT	846030949
ALLIED HEALTHCARE PRODUCTS INC	ATTN: CUSTOMER SERVICE	ST. LOUIS	MO	63110
PADAGIS PHARMACEUTICALS (MINNESOTA DIVISION)	3940 QUEBEC AVENUE N	MINNEAPOLIS	MN	5S427
FARETEC, INC.	1610 WEST JACKSON ST. UNIT 6	PAINESVILLE	OH	44077
SSCOR, INC.	11064 RANDALL STREET	SUN VALLEY	CA	91352
IMS LIMITED	1886 SANTA ANITA AVE	SOUTH EL MONTE	CA	91733-3414
PACIFIC REFLEX SIGNS	1415 NE LAFAYETTE AVENUE	MCMINNVILLE	OR	97128
BRON TAPES, INC.	2706 E. CHAMBERS	PHOENIX	AZ	85040
EM INNOVATIONS, INC.	PO BOX 262	GALLOWAY	OH	43119-0262
EMERGENCY PRODUCTS & RESEARCH	890 W MAIN ST	KENT	OH	44240-2284
ALPHA PRO TECH INC.	APPAREL DIVISION	NOGALES	AZ	85621
ANIMAL HEALTH	PO BOX 561305	DENVER	CO	80256-1305
WATER-JEL TECHNOLOGIES	50 BROAD STREET	CARLSTADT	NJ	07072
SWIFT FIRST AID	PO BOX 915	SANTA CLARITA	CA	91380-9015
BUSSE HOSPITAL DISPOSABLES	75 ARKAY DRIVE	HAUPPAUGE	NY	11788
INTERSURGICAL INCORPORATED	6757 KINNE ST	EAST SYRACUSE	NY	13057-1215
ABBOTT	4A CROSBY DRIVE	BEDFORD	MA	017301402
MES, INC.	1968 E. HIGHWAY 90	SEGUIN	TX	78155
E.J. BROOKS COMPANY	409 HOOSIER DR	ANGOLA	IN	46703-9335
MERET	1300 WAKEHAM AVENUE STE A	SANTA ANA	CA	92705
BEUTLICH PHARMACEUTICALS	7775 S US HIGHWAY 1 UNIT H	BUNNELL	FL	32110-3827
GEMCO MEDICAL EQUIPMENT	5640 HUDSON INDUSTRIAL PKWY	HUDSON	OH	44236
SUNSCREEN INTERNATIONAL	12915 JENNIFER PLACE	DALLAS	TX	75243
SYMBIO CORP.	1600 NE COMPTON DR STE 120	HILLSBORO	OR	97006
ICU MEDICAL	951 CALLE AMANECER	SAN CLEMENTE	CA	92673
DICK MEDICAL SUPPLY	1946 CAMARO AVE	COLUMBUS	OH	43207-1715
H & H MEDICAL CORPORATION	328 MCLAWS CIR	WILLIAMSBURG	VA	23185-5648
JANT PHARMACAL CORP.	16530 VENTURA BLVD. #512	ENCINO	CA	91436
SAWYER PRODUCTS	PO BOX 188	SAFETY HARBOR	FL	34695-0188
HONEYWELL SAFETY PRODUCTS USA INC	PO BOX 418430	BOSTON	MA	02241-S455
BAUSCH HEALTH US LLC	PO BOX 37835	BALTIMORE	MD	21297-7835
BRIGGS HEALTHCARE	7300 WESTOWN PKWY	WEST DES MOINES	IA	50266-2527
SAUNDERS MFG CO INC	65 NICKERSON HILL RD	READFIELD	ME	04355-3924
AMCON EYE CARE SUPPLY CENTER	40 NORTH ROCK HILL ROAD	ST LOUIS	MO	63119
FIREFIGHTER'S BOOKSTORE	1800 PERALTA ST	OAKLAND	CA	94607-1603
ERB, INC.	#1 SAFETY WAY	WOODSTOCK	GA	301881237
SPIRIT CREATIONS, INC.	PO BOX 496	MURRYSVILLE	PA	15668
OWENS & MINOR	1605 WORLDWIDE BLVD	HEBRON	KY	41048-8653
STEARNS WEAR	P.O. BOX 2128	RAMONA	CA	92065
STRYKER	3800 E CENTRE AVE	PORTAGE	MI	49002-5826
SAFETY TODAY	PO BOX 78000 DEPT 781176	DETROIT	MI	48278-1176
RR DONNELLEY	PO BOX 538602	ATLANTA	GA	30353-8602
VQ COMPANY, LLC	6215 CENTRE PARK DR.	WEST CHESTER	OH	45069

TECHTRADE	50 TICE BLVD STE 340	WOODCLIFF LAKE	NJ	07677-7681
TRANSLITE	345 COMMERCE GREEN BLVD.	SUGAR LAND	TX	77478-3195
MED TECH SWEDEN, INC.	320 WEBER DRIVE	GENESEO	IL	61253
GATEWAY SAFETY, INC.	11111 MEMPHIS AVE	CLEVELAND	OH	44144-2055
NEPHRON PHARMACEUTICALS CORP	4500 12TH STREET	WEST COLUMBIA	SC	29172-3025
MASIMO	28932 NETWORK PLACE	CHICAGO	IL	60673-1289
ENGEL USA	900 JUPITER PARK DR	JUPITER	FL	33458-8085
PYRAMEX SAFETY PRODUCTS, LLC	281 MOORE LN	COLLIERVILLE	TN	38017-2764
BETA BIOMED SERVICES	2804 SINGLETON ST	ROWLETT	TX	75088-4986
CARE LINE INC.	2210 LAKE RD	GREENBRIER	TN	37073-4626
TECHSTYLES DIVISION	ENCOMPASS GROUP,LLC	ATLANTA	GA	30374-0209
SAGENT PHARMACEUTICALS, INC.	28549 NETWORK PLACE LOCKBOX #28549	CHICAGO	IL	60673-1285
PULMODYNE	2055 EXECUTIVE DR	INDIANAPOLIS	IN	46241-4311
CALGONATE CORP	1391 NW SAINT LUCIE WEST BLVD # 303	PORT ST LUCIE	FL	34986-2196
QMED CORPORATION	2281 GRIFFIN RD	FORT LAUDERDALE	FL	33312-5915
ESSENDANT	1122 LONGFORD ROAD	OAKS	PA	19456
ASPEN SURGICAL PRODUCTS	3998 RELIABLE PARKWAY	CHICAGO	IL	60686-0039
LASCAR ELECTRONICS INC	4258 W 12TH ST	ERIE	PA	16505-3001
DOTY BELT LLC	8260 BRIANNA CT	SACRAMENTO	CA	95829-6567
AQUABILITI	5209 LINBAR DR STE 640	NASHVILLE	TN	37211-1026
MEDICABLE USA	8257 CAUSEWAY BLVD	TAMPA	FL	33619-6557
VIVID MEDICAL INC.	1023 CORPORATION WAY	PALO ALTO	CA	94303-4333
OSI BATTERIES	6024 CULLIGAN WAY	MINNETONKA	MN	55345-5917
AMERICAN DIAGNOSTIC CORP.	55 COMMERCE DRIVE	HAUPPAUGE	NY	11788
BAXTER HEALTHCARE-DMG	DEALER MANAGEMENT GROUP	DEERFIELD	IL	60015
METTAG PRODUCTS	PO BOX 1003	SANDY	UT	84091-1003
JUNKIN SAFETY	3121 MILLERS LN	LOUISVILLE	KY	40216-5393
LAERDAL MEDICAL CORP.	167 MYERS CORNERS ROAD	WAPPINGERS FALL	NY	125908840
POSEY PRODUCTS LLC	570 ENTERPRISE DR	NEENAH	WI	54956-4865
TELEFLEX MEDICAL	PO BOX 936729	ATLANTA	GA	31193-6729
SAFETY INTERNATIONAL	160 LYMAN RD	CASSELBERRY	FL	32707-2801
NASCO HEALTHCARE, INC.	16 SIMULAID5 DRIVE	SAUGETIES	NY	12477
THOMAS EMERGENCY MEDICAL SOLUTIONS	1605 W 2100 S	SALT LAKE CITY	UT	84119-1409
METREX RESEARCH CORPORATION	1717 W COLLINS AVE	ORANGE	CA	92867-5422
OMNI MED, INC.	800 GLEN AVE	MOORESTOWN	NJ	08057-1122
NEOTECH PRODUCTS, INC.	28430 WITHERSPOON PKWY	VALENCIA	CA	91355-4167
TIDI PRODUCTS	570 ENTERPRISE DR. (ZIP 54946)	NEENAH	WI	549570806
MADA MEDICAL CORPORATION, INC.	625 WASHINGTON AVENUE	CARLSTADT	NJ	07072
O-TWO MEDICAL TECHNOLOGIES INC	45A ARMTHORPE ROAD	BRAMPTON	ON	L6T 5M4
HARBOR SAFETY PRODUCTS	5312 17TH AVENUE NW	SEATTLE	WA	98107
LIPPENCOTT WILLIAMS & WILKINS (ACC)	16522 HUNTERS GREEN PKWY	HAGERSTOWN	MD	21740-2116
FIREHOUSE MEDICAL, INC.	22601 LA PALMA AVE STE 102	YORBA LINDA	CA	92887-6711
SUN MED	2710 NORTHRIDGE DR NW STE A	GRAND RAPIDS	MI	49544-9112
OSSUR AMERICAS	1414 METROPOLITAN AVE	WEST DEPTFORD	NJ	08066-1869
MAGNUM MEDICAL, INC.	3265 N. NEVADA STREET	CHANDLER	AZ	85225
SUN BELT MEDICAL SUPPLY, INC.	20 CAPITAL DR	HILTON HEAD ISLAND	SC	29926-2340
PROPAK MANUFACTURING	1097A GORDON DRIVE	KELOWNA	BC	V1Y 3E3
CARDINAL HEALTH	1430 WAUKEGAN ROAD	MCGAW PARK	IL	600856787
I-TEC MANUFACTURING, LLC	P.O. BOX 325	WINNSBORO	TX	75494
EMERGENCY MEDICAL PRODUCTS INC	5235 INTERNATIONAL DR STE B	CUDAHY	WI	53110-1824
NEW ENGLAND MEDICAL SPECIALTIE	P.O. BOX 329	GUILFORD	CT	06437
EMERGENT RESPIRATORY	1656 ORD WAY	OCEANSIDE	CA	92056-1500
MEDIAID, INC.	17517 FABRICA WAY STE H	CERRITOS	CA	90703-7020
STATPACKS, INC.	PO BOX 2349	ST GEORGE	UT	84771-2349
BUNZL/R3 CHICAGO	32828 COLLECTION CENTER DRIVE	CHICAGO	IL	60693-0328
MORTAN CORPORATION INC	329 EAST PINE	MISSOULA	MT	59807
NICE-PAK	75 REMITTANCE DRIVE, SUITE 325	CHICAGO	IL	60675-3256
SAFETEC	887 KENSINGTON AVE	BUFFALO	NY	14215
SCHUERCH CORPORATION D/B/A SCHUREMED	452 RANDOLPH ST	ABINGTON	MA	02351-1170

CORE PRODUCTS INTERNATIONAL	808 PROSPECT AVENUE	OSCEOLA	WI	54020
3M HEALTH CARE	3M CTR,BLG 275-SE-08	ST PAUL	MN	55133
AFASSCO	PO BOX 1767	CARSON CITY	NV	89702-1767
ASSOCIATED BAG COMPANY	PO BOX 8809	CAROL STREAM	IL	60197-8809
BAY CORPORATION	867 CANTERBURY RD	WESTLAKE	OH	44145
COOK MEDICAL INCORPORATED	P.O. BOX 4195	BLOOMINGTON	IN	47402
ENGINEERED MEDICAL SYSTEMS	2055 EXECUTIVE DRIVE	INDIANAPOLIS	IN	46241
GERBER OUTERWEAR MANUFACTURING	13388 SR23 STE 100	GRANGER	IN	46530
GO MANUFACTURING INNOVATIONS INC	11733 OLIVE BLVD	CREVE COEUR	MO	63141-7003
HEALTH CARE LOGISTICS	P.O. BOX 25	CIRCLEVILLE	OH	431130025
HEALTHMARK INDUSTRIES CO	33671 DOREKA	FRASER	MI	48026-1610
HEARTSTATION, INC.	661 MORNINGSIDE CT	SCHAUMBURG	IL	60173
INDUSTRIAL SUPPLY CO, INC.	P.O. BOX 30600	SALT LAKE CITY	UT	84130
LARSCO, INC.	P.O. BOX 1127	CLACKAMAS	OR	97015
MACO INTERNATIONAL	11586 EAGLE RIDGE DR	SANDY	UT	84094-5626
ECOLAB HEALTHCARE	PO BOX 905327	CHARLOTTE	NC	28290-5327
UNIMED-MIDWEST, INC.	2187S GRENADA AVE	LAKEVILLE	MN	55044-9077
MINE SAFETY APPLIANCES	P.O. BOX 426	PITTSBURGH	PA	15230
PARKER LABS	286 ELRIDGE ROAD	FAIRFIELD	NJ	07004
SKLAR INSTRUMENTS	889 S MATLACK STREET	WEST CHESTER	PA	19382
SMITHWORKS MEDICAL INC.	13626 FM 2710	LINDALE	TX	75771
TRI-ANIM HEALTH SERVICES	13170 TELFAIR AVE	SYLMAR	CA	91342
INDEPENDENCE MEDICAL-FORMERLY INVACARE SUPPI	9 INDUSTRIAL RD	MILFORD	MA	01757-3588
ANTHONY WELDED PRODUCTS, INC	PO BOX 299	SIMI VALLEY	CA	93062-0299
SENSORONICS INC.	4810 PT. FOSDICK DR NW, STE 70	GIG HARBOR	WA	98335-1733
TIGERSTRAPS, LLC	PO BOX 100633	FORT WORTH	TX	76185-0633
DEM TECHNOLOGY, INC.	755 ALBANY ST	DAYTON	OH	45408-1460
AKORN, INC.	LOCKBOX #39350	CHICAGO	IL	60674-0039
MAXTEC INC.	PO BOX 2999	PHOENIX	AZ	85062-2999
MONAGHAN MEDICAL CORP	PO BOX 95784	CHICAGO	IL	60694-5784
VBM MEDICAL INC	524 HERRIMAN CT	NOBLESVILLE	IN	46060-4363
JONES & BARTLETT LEARNING	P.O. BOX 417289	BOSTON	MA	02241-7289
ROCHE DIAGNOSTICS	MAIL CODE 5508	CHARLOTTE	NC	28272
BOWMAN DISPENSERS LLC	20325 71st Ave NE Suite D	ARLINGTON	WA	98223
CMC RESCUE, INC.	6740 CORTONA DRIVE	GOLETA	CA	93117
PRECISION CHARTS, INC.	130 WILBUR PLACE	BOHEMIA	NY	11716
GRAHAM FIELD, INC.	PO BOX 47510	DORAVILLE	GA	30362-0510
LITTLE RAPIDS CORPORATION/GRAHAM MEDICAL	PO BOX 88554	MILWAUKEE	WI	53288-0001
MEDTRONIC (covidien)	DEPARTMENT CH 10318	PALANTINE	IL	60055-0318
MEDICAL DEVICES INTERNL / MICROTEK MED	FILE# 4033P	COLUMBUS	MS	39704
MORRISON MEDICAL PRODUCTS	3735 PARAGON DRIVE	COLUMBUS	OH	43228
MOTION MEDICAL	P.O. BOX 314	NORTH SALT LAKE	UT	84054
PRECISION MEDICAL	300 HELD DRIVE	NORTHAMPTON	PA	18067
PRESTIGE MEDICAL	8600 WILBUR AVENUE	NORTHRIDGE	CA	913244499
SAM MEDICAL	12200 SW TUALATIN RD STE 200	TUALATIN	OR	97062-7090
WESTERN ENTERPRISES	875 BASSETT ROAD	WESTLAKE	OH	44145
INSTRUMENTATION INDUST.	2990 INDUSTRIAL BLVD	BETHEL PARK	PA	15102
R & B FABRICATIONS, INC.	ROUTE 2	OAKWOOD	OH	45873
SMITHS MEDICAL ASD, INC.	PO BOX 7247-7784	PHILADELPHIA	PA	19170-7784
BECTON DICKINSON	SUPPLY CHAIN SERVICES	FRANKLIN LAKES	NJ	07417
BEMIS MANUFACTURING COMPANY	300 MILL STREET	SHEBOYGAN FALLS	WI	53085-0901
MOLDEX-METRIC, INC.	10111 WEST JEFFERSON BD	CULVER CITY	CA	90232
MYLAN SPECIALTY LP	2751 NAPA VALLEY CORPORATE DR	NAPA	CA	94558
WELCH ALLYN PROTOCOL INC.	8500 SW CREEKSIDE PLACE	BEAVERTON	OR	970087107
AMERICAN MEDIA DUPLICATION,INC.	4840 S. 35TH STREET	PHOENIX	AZ	85040
PHILIPS MEDICAL SYSTEMS HSG	3000 MINUTEMAN RD	ANDOVER	MA	01810-1032
VENTLAB CORPORATION	2710 NORTHBRIDGE DR NW STE A	GRAND RAPIDS	MI	49544-9112
FIT-RITE UNIFORM CO.	P.O. BOX E	HILLSIDE	NJ	07205
MERIDIAN MEDICAL TECHNOLOGIES	PO BOX 409726	ATLANTA	GA	30384-9726

FRESENIUS	3 CORPORATE DR	LAKE ZURICH	IL	60047-8930
SELECT DISTRIBUTORS, INC.	2608 PERTH STREET	DALLAS	TX	752203031
HAWKEPAKS.COM, INC.	906 BARSTOW AVENUE	CLOVIS	CA	93612
HUMANE RESTRAINT CO. INC.	912 BETHEL CIRCLE	WAUNAKEE	WI	53597
SAFETY FLAG COMPANY	PO BOX 200	CENTRAL FALLS	RI	02863-0200
KIRT'S ELECTRONICS	P.O. BOX 1474	HILLSBORO	NH	03244
MEDLINE INDUSTRIES, INC.	PO BOX 92301	CHICAGO	IL	60675-2301
MEDICAL INNOVATIONS, INC.	9050 RED BRANCH RD STE L	COLUMBIA	MD	21045
ULINE, INC.	2200 S. LAKESIDE DRIVE	WAUKEGAN	IL	60085
AMSINO INTERNATIONAL INC	708 CORPORATE CENTER DR	POMONA	CA	91768-2650
ASCENSIA DIABETES CARE	P.O. BOX 3100	ELKHART	IN	46515-3100
BEN NYE MAKEUP	3655 LENAWEE AVENUE	LOS ANGELES	CA	90016
FLEXPAK, INC	P.O. BOX 25727	SALT LAKE CITY	UT	84125
DUKAL CORP.	PO BOX 392317	PITTSBURGH	PA	15251-9317
GREENFIELD MEDICAL SOURCING, INC	14101 HIGHWAY 290 WEST	AUSTIN	TX	78737
NATUS MEDICAL INCORPORATED	720 CORPORATE CIR STE A	GOLDEN	CO	80401-5626
MEDSOURCE INTERNATIONAL	8600 SHELBY CT	CHANHASSEN	MN	55317-3301
MAG INSTRUMENT, INC.	1635 S.SACRAMENTO AVE.	ONTARIO	CA	91761
PEDICRAFT INC.	P.O. BOX 5969	JACKSONVILLE	FL	322475969
MEDEGEN MEDICAL PRODUCTS	360 MOTOR PKWY STE 800	HAUPPAUGE	NY	11788-5182
PRO-VAC SYSTEMS	18380 GLASS MOUNTAIN DR.	RIVERSIDE	CA	92504
R&D BATTERIES	P.O. BOX 5007	BURNSVILLE	MN	55337
SALTER LABS, INC.	8399 SOLUTIONS CENTER	CHICAGO	IL	60677-8003
MEDI PURPOSE (SURGILANCE)	3883 ROGERS BRIDGE RD NW	DULUTH	GA	30097-2810
WESTMED, INC.	DEPT #2062	PHOENIX	AZ	85038
ALLCARE INC	1288 HUMBRACHT CIR	BARTLETT	IL	60103-1631
DEFIBTECH LLC	741 BOSTON POST RD STE 201	GUILFORD	CT	06437-2714
DRIVE/DEVILBISS HEALTHCARE	99 SEAVIEW BLVD	PORT WASHINGTON	NY	11050-4606
THE BATTERY BANK	4502 35TH ST STE 700	ORLANDO	FL	32811-6547
GENSTAR TECHNOLOGIES CO, INC	4525 EDISON AVE	CHINO	CA	91710-5706
MEDIQUE PRODUCTS	4159 SHORELINE DR	EARTH CITY	MO	63045-1217
BSN MEDICAL INC	5825 CARNEGIE BLVD	CHARLOTTE	NC	28209-4633
SPACELABS HEALTHCARE	35301 SE CENTER ST	SNOQUALMIE	WA	98065-9216
ZIAMATIC CORP	10 W COLLEGE AVE STE 1	YARDLEY	PA	19067-1592
GERI-CARE	1650 63RD ST	BROOKLYN	NY	11204-2713
TRI-TECH FORENSICS INC.	8770 TRADE ST	LELAND	NC	28451-8894
ANSELL SANDEL MEDICAL SOLUTIONS LLC	19736 DEARBORN ST	CHATSWORTH	CA	91311-6509
Resuscitation International LLC	16655 N 90TH ST STE 101	SCOTTSDALE	AZ	85260-2531
AMSINO-CURAPLEX	708 CORPORATE CENTER DR	POMONA	CA	91768-2650
AFFORDABLE MEDICAL SUPPLY	1833 N CIRCLE DRIVE	COLORADO SPRINGS	CO	80829
Quantum EMS Solutions	3000 MARCUS AVE STE 3E6	NEW HYDE PARK	NY	11042-1006
Avanos Medical, Inc	5405 WINDWARD PKWY STE 100 SOUTH	ALPHARETTA	GA	30004-3894
Nissha Medical Technologies	400 EXCHANGE ST	BUFFALO	NY	14204-2064
CHINOOK MEDICAL GEAR, INC	54 GIRARD ST UNIT A	DURANGO	CO	81303-8236
ALBAN SCIENTIFIC INC	3501 South Broadway	St. Louis	MO	63118
BLS SYSTEM LIMITED	1124 SOUTH SERVICE ROAD WEST	OAKVILLE	ON	L6L 5T7
HYPERKINETICS	85 Industry St.	Williamstown	VT	05679-0435
KEMP	1900 BANCROFT STREET	CHARLOTTE	NC	28206
LDI CORPORATION	3560 Lafayette Rd.	Portsmouth	NH	03801
SURGICAL DESIGN, INC	P.O. Box 625	Newington	VA	22122
COMBAT MEDICAL SYSTEMS	5555 HARRISBURG INDUSTRIAL PARK DR	HARRISBURG	NC	28075
MED PLUS SERVICES USA	PO BOX 842831	BOSTON	MA	02284-2831
Arkray	SDS-12-1923	SAINT PAUL	MN	55108
CALOLYMPIC SAFETY	PO BOX 729	CORONA	CA	91718-0729
GETINGE USA SALES, LLC	45 BARBOUR POND DR	WAYNE	NJ	07470-2094
Cambridge Sensors USA, LLC	23866 W INDUSTRIAL DR N	PLAINFIELD	IL	60585-8567
BPI LABS, LLC	12393 BELCHER RD S STE 450	LARGO	FL	33773-3097
O&M Halyard, Inc	5405 WINDWARD PKWY	ALPHARETTA	GA	30004-3894
PEERLESS PLASTICS	510 WILLOW ST	FARMINGTON	MN	55024-1145

LAKELAND INDUSTRIES, INC.	3555 VETERANS MEMORIAL HWY STE C	RONKONKOMA	NY	11779-7636
kaleo	111 VIRGINIA ST STE 300	RICHMOND	VA	23219-4159
L.A. RESCUE LLC	357 SADDLEBROOKE RD	LEXINGTON	SC	29072-7983
Allegis Pharmaceuticals	276 NISSAN PKWY # F100	CANTON	MS	39046-7006
MedicTech	PO 8OX 460838	LEEDS	UT	84746-0838
EMERSON HEALTHCARE LLC	407 E LANCASTER AVE	WAYNE	PA	19087-4202
ROYAL PILLOW CORP	2110 Northwest 23rd Avenue	Miami	FL	33142
ARAMSCO, INC	1480 GrahamView Ave	Thorofare	NJ	08086-6933
BIOSEAL MEDICAL	167 W ORANGETHORPE AVE	PLACENTIA	CA	92870-6922
EDWARDS LIFESCIENCES	One Edwards Way	Irvine	CA	92614
EDAN USA	4901 MORENA BLVD #505	SAN DIEGO	CA	92117
TEMPO MEDICAL PRODUCTS	16033 N 77th ST "B"	SCOTTSDALE	AZ	85260
EXPRESS DIAGNOSTICS INT'L, INC	PO BOX 5431	CAROL STREAM	IL	60197-5431
DOME INDUSTRIES	10 NEW ENGLAND WAY	WARWICK	RI	02886
MAMMOTH MEDICAL, INC	10620 SCOTTSVILLE RD	GLASGOW	KY	42141-9323
LINKS MEDICAL PRODUCTS, INC	9247 RESEARCH DR	IRVINE	CA	92618-4286
HF Acquisition CO, LL (HealthFirst)	11629 49TH PL W	MUKILTEO	WA	98275-4255
SUNMEDICA INC.	1661 ZACHI WAY	REDDING	CA	96003-1469
BAKER MCMILLEN CO	3688 WYOGA LAKE RD	STOW	OH	44224-4987
CENTRAL SOLUTIONS, INC	401 Funston Rd	Kansas City	MO	66115
INNOVATIVE HEALTHCARE	8220 Charles Page Road	Sand Springs	OK	74063
MCKESSON GENERAL MEDICAL	P.O. BOX 933027	ATLANTA	GA	31193-3027
STAT PRODUCTS	295 LOS CERROS DRIVE	SAN LUIS OBISPO	CA	93405
WNL PRODUCTS	275 HOPPING BROOK ROAD	HOLLISTON	MA	01746
ZULCO INTERNATIONAL	975-A Long Island Ave.	Deer Park	NY	11729
CUSTOM MEDICAL & SAFETY PRODUCTS	1100 MILITARY RD	KENMORE	NY	14217-2514
TISSUESEAL	5643 PLYMOUTH ROAD	ANN ARBOR	MI	48105
CARDINAL HEALTH-PHARMA	S490 COLLECTIONS CENTER DRIVE	CHICAGO	IL	60693-0001
KINGFISHER MEDICAL, INC.	PO BOX 1052	WESTERVILLE	OH	43086-7052
ANSELL HEALTHCARE PRODUCTS LLC	DEPT CH 17373	PALATINE	IL	60055-7373
VLR TRADING CO., INC	3207 LAKE ISLAND DR	MONTGOMERY	TX	77356-8973
LIFE NUTRITION LLC	3274 DISCOVERY CT	BROOMFIELD	CO	80023-8033
Anatomy Supply Partners	3450 ATLANTA INDUSTRIAL PKWY NW	ATLANTA	GA	30331-1038
Emergent Devices (Adapt Pharma Inc)	401 PLYMOUTH RD STE 400	PLYMOUTH MEETING	PA	19462-1645
PFIZER INC.	PO BOX 100539	ATLANTA	GA	30384-0539
THE QUICK FIX, INC.	597 SE PORT ST LUCIE BLVD	PORT SAINT LUCIE	FL	34984-5175
Hikma Pharmaceuticals USA Inc	246 INDUSTRIAL WAY W	EATONTOWN	NJ	07724-4240
CODAN INC.	3511 W SUNFLOWER AVE	SANTA ANA	CA	92704-6926
UE MEDICAL DEVICES INC.	831 BEACON ST STE 136	NEWTON CENTER	MA	02459-1822
ADROIT SURGICAL LLC	13904 QUAILBROOK DR	OKLAHOMA CITY	OK	73134-1718
TELEFLEX LLC	3015 CARRINGTON MILL BLVD	MORRISVILLE	NC	27560-5437
PROTECTIVE INDUSTRIAL PRODUCTS, INC.	PO BOX 22230	NEW YORK	NY	10087-0001
Bemis Manufacturing - Curaplex	300 MILL ST	SHEBOYGAN FALLS	WI	53085-1807
SAFEGUARD MEDICAL	5555 HARRISBURG INDUSTRIAL PARK DRIVI	HARRISBURG	NC	28075
ACME UNITED CORPORATION	1 WATERVIEW DR STE 200	SHELTON	CT	06484-4368
INTEGRITY MEDICAL DEVICES	360 Fairview Ave.	Hammonton	NJ	08037
MODERN METAL PRODUCTS	PO Box 247	Owatonna	MN	55060
MEDICAL DEVICES, INC.	4401 Varsity Drive, Suite D	ANN ARBOR	MI	48105
LOGISTICS SUPPLY	10926 DAVID TAYLOR DR	CHARLOTTE	NC	28262
NUZONE MEDICAL, LLC	PO BOX 30065	SPOKANE	WA	99223

4Z

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:	☐ 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: BOUND TREE MEDICAL, LLC

Physical Address: 2619 IGNITION DRIVE, SUITE #2

City: JACKSONVILLE State: FL Zip: 32218

Mailing Address (if different from physical address): 5000 TUTTLE CROSSING BLVD

City: DUBLIN State: OH Zip: 43016

Telephone: 407-312-8771 Website: WWW.BOUNDTREE.COM

Name of Designated Representative (DR): MICHAEL BOWNE

Licensing Company Email: REGULATORY@SARNOVA.COM DR Email: MIKE.BOWNE@SARNOVA.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: _____

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: OH

Parent Company (if any): BEMS HOLDINGS, LLC

Corporation/Organization Name: BOUND TREE MEDICAL, LLC

Mailing Address: 5000 TUTTLE CROSSING BLVDOH

City: DUBLIN State: OH Zip: 43016

Telephone: 614-760-5000 Email: REGULATORY@SARNOVA.COM

Contact Person Name: JILL VENNEKOTTER

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 **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.

DARRELL HUGHES, SECRETARY

Print Name of Authorized Person Submitting Application

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

3/2/22

Date

Board Use Only	Date Received: _____	Amount: $00 cc

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS (850) 487-1395
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-1047

BOUND TREE MEDICAL LLC
5000 TUTTLE CROSSING BLVD
DUBLIN OH 43016

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto **www.myfloridalicense.com**. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

2220286 ISSUED: 11/07/2021

RX DRUG WHOLESALE DISTRIBUTOR
BOUND TREE MEDICAL LLC

HAS REGISTERED under the provisions of Ch 499 FS
Expiration date NOV 30 2023 L2111070000107

DETACH HERE

RON DESANTIS, GOVERNOR JULIE I. BROWN, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS

LICENSE NUMBER	
2220286	

The PRESCRIPTION DRUG WHOLESALE DISTRIBUTOR
Named below HAS REGISTERED
Under the provisions of Chapter 499 FS.
Expiration date: NOV 30, 2023

BOUND TREE MEDICAL LLC
2619 IGNITION DRIVE
STE#2
JACKSONVILLE FL 32218

ISSUED: 11/07/2021 DISPLAY AS REQUIRED BY LAW SEQ # L2111070000107

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 BOUND TREE MEDICAL, LLC, an Ohio Limited Liability Company, Registration Number 1192360, was organized in the State of Ohio on November 17, 2000, is currently in FULL FORCE AND EFFECT upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of April, A.D. 2022.

Ohio Secretary of State

Validation Number: 202211104214

BEMS Holdings, LLC
(100% Owner of Bound Tree Medical, LLC)

P.O. Box 8023
Dublin, OH 43016

State of Organization: DE Date of Organization: 5/1/2008 EIN: 26-2550042
File No. 4541921

Officers	
NAME	**TITLE**
Jeffrey M. Prestel	President
Shawn Saylor	Treasurer
Darrell Hughes	Secretary

Bound Tree Medical, LLC
(Owned 100% by BEMS Holdings, LLC)

5000 Tuttle Crossing Blvd, Dublin, OH 43016

State of Incorporation: OH Date of Incorporation: 11/17/2000 EIN: 31-1739487
Charter No. 1192360

Officers	
NAME	**TITLE**
Jeffrey M. Prestel	CEO
Rob Meriweather	President
Shawn Saylor	Treasurer
Darrell Hughes	Secretary

Employee Name (Last Suffix, First MI)	Last Hire Date	Job	Company
Cullom, Mark W.	03/14/2022	Warehouse Manager	Bound Tree Medical
Foster Jr., John M.	04/25/2022	Warehouse Associate	Bound Tree Medical
Hawkins, Viktoria J.	04/04/2022	Warehouse Clerk	Bound Tree Medical
Tam, Coredgeo	04/04/2022	Warehouse Lead	Bound Tree Medical

Roughly 15 employees total, once hiring is complete

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 BOUND TREE MEDICAL, LLC

Physical Address 2619 IGNITION DRIVE, STE #2

City JACKSONVILLE State FL Zip 32218

Mailing Address (if different from physical address) 5000 TUTTLE CROSSING BLVD

City DUBLIN State OH Zip 43016

Telephone 407-312-8771 Website WWW.BOUNDTREE.COM

Licensing Company Email REGULATORY@SARNOVA.COM

Section 2: Personal Information

First MICHAEL Middle G Last BOWNE

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

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

Mailing Address [redacted] REDFISH MARSH CIRCLE

City JACKSONVILLE State FL Zip 32219

Telephone [redacted] Email MIKE.BOWNE@SARNOVA.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 MS

Section 5: List your high school and college experience 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 INSTITUTE OF TECHNOLOGY		09/14	08/18
Address	**City**	**State**	**Zip**
150 W UNIVERSITY BLVD	MELBOURNE	FL	32901
Diploma/Degree obtained, if any			
MASTERS; LOGISTICS MGMT.			

School Name		From - To (MM/YY – MM/YY)	
SEMINOLE STATE COLLEGE		01/10	08/16
Address	**City**	**State**	**Zip**
100 WELOON BLVD	SANFORD	FL	32773
Diploma/Degree obtained, if any			
BACHELORS; BUSINESS & INFORMATION MGMT			

School Name		From - To (MM/YY – MM/YY)	
SEMINOLE HIGH SCHOOL		09/89	06/93
Address	**City**	**State**	**Zip**
2701 RIDGEWOOD AVE	SANFORD	FL	32773
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
07/2021-PRESENT	[redacted] REDFISH MARSH CIRCLE	JACKSONVILLE	FL	32219
2006-07/2021	[redacted] DORY LANE, #308	ALTAMONTE SPRINGS	FL	32714
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 MD

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)	
BOUND TREE MEDICAL, LLC			07/2012- PRESENT	
Business Address		**City**	**State**	**Zip**
7320 KINSPOINTE PKWY/2619 IGNITION DRIVE		ORLANDO/JACKSONVILLE	FL	
Phone	**Title**		**Number of Employed Hours**	
407-312-8771	OPERATIONS MANAGER		>6000	
Description of Duties				
SEE ATTACHED JOB DESCRIPTION				

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

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

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

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

Continue on next page if additional space is needed.

Job Description

Job Title:	Operations Manager	**Travel Required:**	
Department:	Warehouse	**Date Posted:**	
Location:		**Posting Expires:**	
Reports To:	Director of Distribution Centers	**HR Contact:**	
Education:	Associate's degree	**Posting URL:**	

Summary:
Plans, organizes, and monitors the receiving, storage, and distribution of medical products (including prescription drugs and devices) received from suppliers to ensure on-time, quality shipments to customers.

Essential Duties and Responsibilities:

- Provide day to day leadership of the warehouse.
- Lead start-up operations including: storage capacity requirements, departmental layout, automation review, process flow, space utilization, staffing requirements, new hire training, and development of key performance metrics.
- Manage staff to ensure timely distribution and receipt of product while meeting standards of budget, policies, procedures and quality.
- Document and maintain, in proper form, all records required relating to the purchase and distribution of all prescription drugs (including controlled substances and devices).
- Develop and implement ongoing quality and process improvement programs.
- Handle shipping and receiving, unloading trucks, checking in merchandise, matching purchase orders to bill of lading/packing slip.
- Monitor the unloading of all materials into the Receiving Department; ensure materials are staged for counting and inspection and reports accurately reflect material received.
- Implement and maintain a program for inventory control--receiving, documenting, and adjusting product.
- Resolve day-to-day issues using defined processes and working with cross-functionally with internal departments.
- Develop and adhere to service and financial metrics, including staffing, capital and expense targets.
- Select, develop, motivate and lead staff to ensure attainment of warehouse goals.
- Monitor key performance metrics and provide associates with individual and team results.
- Assure associates have appropriate training and resources to meet customer needs.
- Maintain safe working conditions and ensure all associates comply with Company safety policies and procedures.
- Assure complete compliance with the Prescription Drug Marketing Act of 1987 (Federal) and with all Federal and State laws and regulation applicable to the conduct of a wholesaler.
- Provide for the proper storage of drugs in order to prevent loss or deterioration.
- Assure security and limited access to all areas holding prescription drugs and devices.

Physical Requirements:

- Ability to stand for long continuous periods of time.

- Ability to climb ladders up to 15 feet.
- May engage in some repetitive motion.
- May engage in frequent bending, stooping, pushing and pulling of parts and part containers.
- Due to the open environment of the warehouse, must be able to work in various weather and temperature conditions to include extreme heat, humidity and cold.
- Ability to use hands to finger, handle or feel; reach with hands and arms; and talk and hear.
- Ability to continuously walk, stoop, kneel, crouch or crawl.
- Ability to occasionally sit, climb or balance.
- Ability to continuously lift and/or move objects up to 10 pounds, frequently lift and/or move objects up to 25 pounds, and occasionally lift and/or move objects that weigh 50+ pounds.
- Specific vision abilities required include close vision, distance vision, color vision, peripheral vision, depth perception and ability to adjust focus.

Qualifications

- Bachelor's degree preferred.
- Experience in the manufacturing/ wholesale distribution of drugs and or medical devices preferred.
- A minimum of five years warehouse management experience in a high volume pick pack operation.
- Experience with warehouse management system (WMS) a plus.

Skills/Experience Required:

- Ability to work and lead associates in a fast paced operation. Position requires time on the warehouse floor.
- Be familiar with and able to interpret packing slips, enter into the computer the correct information, and acknowledge receipt of the goods into the purchase order and processing database.
- Able to fill out bills of lading and be familiar with various forms that are used and required by the major freight carriers.
- Familiar with the most common material handling equipment – forklift, pallet jack, etc.
- Strong computer skills including proficiency with Microsoft Office suite. Able to operate UPS/FEDEX online software preferred.
- Strong managerial and conflict resolution skills. Able to effectively train, coach and mentor associates; provide current, direct, complete, and "actionable" positive and constructive feedback to team members.
- Results-oriented, self-motivated individual who can work in a team environment, as well as make independent decisions.
- Experience developing and implementing processes and procedures.
- Organized and efficient. Able to organize, prioritize and delegate work.
- Excellent documentation and record-keeping abilities.
- Able to make recommendations to effectively resolve problems or issues, by using judgment that is consistent with standards, policies, procedures, regulation or government law.
- Strong communication skills, including ability to influence and communicate at all levels, through verbal and written means. Able to effectively present information and respond to questions from groups of managers, clients, customers, and the general public.

Supervises:

- A team of Warehouse Associates, Warehouse Team Lead, and Warehouse Managers.

Sarnova is an Equal Opportunity Employer. We offer a competitive salary, commensurate with experience, along with a comprehensive benefits package, including 401(k) Plan.
EEO/M/F/Veterans/Disabled

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

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

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

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

2/24/2022
Date

Applicant's initials MJ

I, MICHAEL BOWNE, **certify that as the designated representative for**

BOUND TREE MEDICAL, 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

MICHAEL BOWNE

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/24/2022

Date

Applicant's initials MB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to 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 BOWNE

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/24/2022

Date

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

State of FLORIDA, ss. County of DUVAL

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

Original Signature

2/24/2022

Date

Subscribed and Sworn to before me this 24 day of FEB 2022.

Notary Public Signature

Notary Public State of Florida
Harish A Patel
My Commission GG 296836
Expires 02/26/2023

(Seal)

Applicant's initials MB

Schedule A

Effective 5/9/2022 **Bond Number: 107545903**

Bound Tree Medical, LLC				
Bound Tree Medical, LLC	1033 Collins Rd, Suite A	Greenwood	IN	46143
Bound Tree Medical, LLC	2619 Ignition Drive, Suite #2	Jacksonville	FL	32218
Bound Tree Medical, LLC	2911 S Great Sw Parkway, Suite 200	Grand Prairie	TX	75052
Bound Tree Medical, LLC	2243 N Plaza Dr	Visalia	CA	93291
Bound Tree Medical, LLC	481 Airport Industrial Dr, Suite 101	Southaven	MS	38671

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 **BARTLOMIEJ SIEPIERSKI** of **CHICAGO**, **Illinois**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021,** before me personally appeared **Robert L. Raney,** who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the 30th day of June, 2026

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes,** the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **9th** day of **May**, **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(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107545903

Application/License No. _____

BOUND TREE MEDICAL, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is See Attached Schedule (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 CT (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square Hartford, CT 06183 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on May 9, 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 9th day of May, 2022.

APPLICANT/PRINCIPAL
BOUND TREE MEDICAL, LLC

COMPANY

Authorized Representative

SURETY
TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

Surety Company's Representative

Bartlomiej Slepierski, Attorney-in-fact
print name

SIGNED and SEALED in the presence of

Witness

Witness

SIGNED and SEALED in the presence of

Witness Rachel Fore

Witness Ricky Casas

Countersigned by:

Nevada ~~Resident~~ Agent Christopher P. Troha
Non-Resident

Posted February 20, 2020

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 (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: BioCare, Inc. dba BioCareSD; dba LogiCare3PL

Physical Address: 6356 Commercial Drive, Suite 150

City: Olive Branch State: MS Zip: 38654

Mailing Address (if different from physical address): 2826 South Potter Drive

City: Tempe State: AZ Zip: 85282

Telephone: 901-230-8859 Website: https://biocare-us.com/

Name of Designated Representative (DR): Terrance Washington

Licensing Company Email: license@biocaresd.com DR Email: Terrance.Washington@biocaresd.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)?		✓

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

Name: Novo Nordisk, Inc. (Noroseven RT)
Address: 800 Scudders Mill Road City: Plainsboro State: NJ Zip: 08536
Name: CSL Behring LLC (Kcentra, Humate-P)
Address: 900 Broken Sound Pkwy NW FL 4 City: Boca Raton State: FL Zip: 33487
Name: Baxalta US, Inc. (Advate)
Address: 1200 Lakeside Dr City: Bannockburn State: IL Zip: 60015
Name: Bayer Corporation (Kogenate)
Address: 100 Bayer Rd Building 4 City: Pittsburgh State: PA Zip: 15205

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
Parent Company (if any): Bobcat Buyer, Inc.
Corporation/Organization Name: BioCare, Inc.
Mailing Address: 2826 South Potter Drive
City: Tempe State: AZ Zip: 85282
Telephone: 800-304-3064 Email: license@biocaresd.com
Contact Person Name: Kathleen Hopping

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ NOT Applicable		✓	✓	✓
• **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: 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.

BIOCARE

Facility Name

LINDA MATTHEWS

Print Name of Authorized Person Submitting Application

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

6/20/22

Date

Board Use Only	Date Received: _____	Amount: 1000.00 CK. 1431

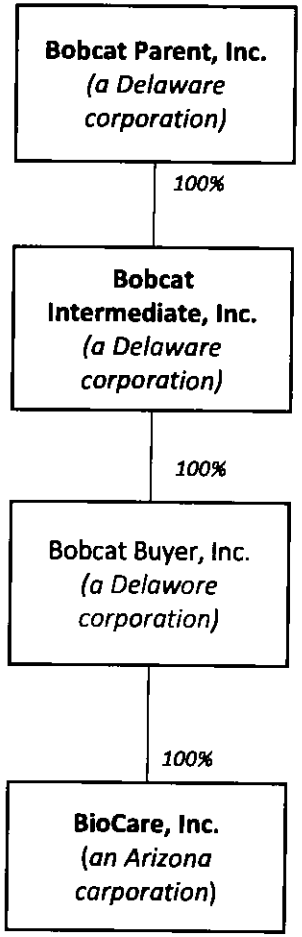
LIST OF OFFICERS

Linda Matthews
Title: Chief Executive Officer, Director
Business Address: 2826 South Potter Drive, Tempe AZ 85282 *Telephone:* 480-861-5168

Andrew Kirk
Title: Chief Revenue Officer, Director
Business Address: 2826 South Potter Drive, Tempe AZ 85282 *Telephone:* 602-717-1635

Scott Steinman
Title: Chief Financial Officer, Director
Business Address: 2826 South Potter Drive, Tempe AZ 85282 *Telephone:* 480-247-0995

BioCare, Inc. – Organizational Chart



MISSISSIPPI

Board of Pharmacy

Permit #
18441 / 16.5

Drug Facility

Wholesale Distributor (In-State)

BioCare, Inc.

DBA BioCareSD:LogiCare3PL

Permit Holder:
Terrance Washington

6356 Commercial Drive
Suite 150
Olive Branch, MS 38654
DeSoto

This permit is not transferable or assignable.

Issued: 02/11/2022
Renewed: 04/04/2022
Expires: 12/31/2022

Susan McCoy
Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

Michael Watson
SECRETARY OF STATE

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 10th day of December, 2018, the State of Mississippi issued a Charter/ Certificate of Authority to:

BIOCARE, INC.

That the state of incorporation is Arizona.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said BioCare, Inc. is in good standing at this time.

Given under my hand and seal of office
the 15th day of December, 2021

Michael Watson

Certificate Number: CN21126642
Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx

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 BioCare, Inc. dba BioCareSD; dba LogiCare 3PL

Physical Address 6356 Commercial Drive, Suite 150

City Olive Branch State MS Zip 38654

Mailing Address (if different from physical address) 2826 South Potter Drive

City Tempe State AZ Zip 85282

Telephone 800-304-3064 Website https://biocare-us.com/

Licensing Company Email license@biocaresd.com

Section 2: Personal Information

First Terrance Middle _____ Last Washington

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

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

Mailing Address 6356 Commercial Drive, Suite 150

City Olive Branch State MS Zip 38654

Telephone [redacted] Email Terrance.Washington@biocaresd.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 TW

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

School Name		From - To (MM/YY – MM/YY)	
Memphis State University		08/82 - 05/87	
Address	**City**	**State**	**Zip**
3720 Alumni Ave	Memphis	TN	38152
Diploma/Degree obtained, if any			
Bachelors of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Overton High School		10/80 - 05/82	
Address	**City**	**State**	**Zip**
1770 Lanier Lane	Memphis	TN	38117
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/19 - Present	[redacted] Latting Woods Rd.	Cordova	TN	38016
From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/1998 - 01/19	[redacted] Lindstrom Cove	Cordova	TN	38016
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 TW

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)	
BioCare			11/21 - Present	
Business Address		**City**	**State**	**Zip**
2826 S. Potter Dr.		Tempe	Az	85282
Phone	**Title**		**Number of Employed Hours**	
800-304-3064	Director of Operations		800	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
DLSS, Dohmen Life Science Services			06/09 - 03/18	
Business Address		**City**	**State**	**Zip**
4580 S. Mendenhall		Memphis	TN	38141
Phone	**Title**		**Number of Employed Hours**	
901-795-7117	Operations Manager		18,720	
Description of Duties correction				
Responsible for ~~recieviing~~ receiving pharmaceuticals, an, picking, packing and shipping of customer pharmaceutical orders orders.				

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

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description 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 # 1 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/09/2002	5/13/2003	TN	Memphis	Shelby

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
02133123-01	Shelby County Sherriff/ Division 10/ William C. Turner

Reason/Charge
Driving Under the Influence (DUI)

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
State of Tennessee	

Name of Business/Industry/Entity

Provide explanation below:

Mr. Washington was arrested on Oct 9, 2002 for a misdemeanor DUI. Mr. Washington pled guilty and completed 20 hours of community service. This was a one-time occurrence.

Tellance Washington
Original Signature (electronic, copies or stamps not accepted)

3/31/2022
Date

Applicant's initials TW

Case Information

02133123-01 | The State of Tennessee vs TERRANCE THEROPHA WASHINGTON

Case Number **02133123-01**	Court **Division 10**	Judicial Officer **Turner, William C.**
File Date **10/09/2002**	Case Type **Affidavit**	Case Status **Disposed**

Party

State of Tennessee
The State of Tennessee

Race
Other

Defendant
WASHINGTON, TERRANCE THEROPHA

DOB
[redacted]

Race
Black

Address
[redacted]LINDSTROM COVE
CORDOVA TN 38016-0000

Charge

Charges
WASHINGTON, TERRANCE THEROPHA

	Description	Statute	Level	Date
1	DRIVING U/INFLUENCE INTOX/DRUGS	55-10-401	Misdemeanor A	10/09/2002

2	RECKLESS DRIVING	55-10-205	Misdemeanor B	10/09/2002
3	PUBLIC INTOXICATION	39-17-310	Misdemeanor C	10/09/2002

Bond Settings

Setting Date

10/9/2002

Disposition Events

11/13/2002 Plea

Judicial Officer
Judge, Converted

1	DRIVING U/INFLUENCE INTOX/DRUGS	Not Guilty

11/13/2002 Plea

Judicial Officer
Judge, Converted

2	RECKLESS DRIVING	Not Guilty

11/13/2002 Plea

Judicial Officer
Judge, Converted

3	PUBLIC INTOXICATION	Not Guilty

11/13/2002 Disposition

1	DRIVING U/INFLUENCE INTOX/DRUGS	Found Guilty, Guilty Plea

11/13/2002 Disposition

2	RECKLESS DRIVING	Nolle Prosequi no Court Costs

11/13/2002 Disposition

3	PUBLIC INTOXICATION	Nolle Prosequi no Court Costs

11/13/2002 Sentenced

1	DRIVING U/INFLUENCE INTOX/DRUGS	Sentenced

Condition - Adult

1. License Revoked, LCRV: 12 Months, 11/15/2002-11/13/2002, Active 11/13/2002

Condition - Adult

1. License Surrender, 11/15/2002-11/13/2002, Active 11/13/2002

Condition - Adult

1. Alcohol Safety, 11/15/2002-05/13/2003, Closed 05/13/2003

Condition - Adult

1. Conversion, CONFINEMENT: 11 Month(s) 29 Day(s) CREDIT: 0 Month(s) 0 Day(s) 9 Hour(s) SUSPENDED: 11 Month(s) 27 Day(s) PROBATION: 11 Month(s) 28 Day(s) , 11/15/2002, Active 11/13/2002

Incarceration

Type: Local Confinement

Effective Date: 11/15/2002

Agency: Shelby County Correctional Center

Term: 11 Months 29 Days

Suspended Term: 11 Months 27 Days

Credit for Time Served

Custody Date: 11/13/2002

Credit Term: 0 Month 0 Day 9 Hours

Comments: 20HRS CS MADD

Probation

Supervised, Term 0 Year 11 Months 28 Days 0 Hour

Supervised By: Advanced Corrections Inc

11/13/2002 Sentenced

2 RECKLESS DRIVING Sentenced

Condition - Adult
1. Alcohol Safety, 11/15/2002-05/13/2003, Closed 05/13/2003

Condition - Adult
1. License Surrender, 11/15/2002-11/13/2002, Active 11/13/2002

Condition - Adult
1. License Revoked, LCRV: 12 Months, 11/15/2002-11/13/2002, Closed 11/13/2002

11/13/2002 Sentenced ▾

3 PUBLIC INTOXICATION Sentenced

Condition - Adult
1. License Surrender, 11/15/2002-11/13/2002, Closed 11/13/2002

Condition - Adult
1. License Revoked, LCRV: 12 Months, 11/15/2002-11/13/2002, Closed 11/13/2002

Condition - Adult
1. Alcohol Safety, 11/15/2002-05/13/2003, Closed 05/13/2003

Financial

WASHINGTON, TERRANCE THEROPHA

Total Financial Assessment				$769.50
Total Payments and Credits				$769.50
11/13/2002	Transaction Assessment			$693.50
11/13/2002	Payment	Receipt # 2269081	WASHINGTON, TERRANCE THEROPHE	($75.00)
11/20/2002	Transaction Assessment			$76.00
12/10/2002	Payment	Receipt # 2277352	WASHINGTON, TERRANCE THEROPHE	($100.00)

1/9/2003	Payment	Receipt # 2285280	WASHINGTON, TERRANCE THEROPHE	($100.00)
2/6/2003	Payment	Receipt # 2294707	WASHINGTON, TERRANCE THEROPHE	($75.00)
3/7/2003	Payment	Receipt # 2305574	WASHINGTON, TERRANCE THEROPHE	($80.00)
4/7/2003	Payment	Receipt # 2314997	WASHINGTON, TERRANCE THEROPHE	($100.00)
5/12/2003	Payment	Receipt # 2326077	WASHINGTON, TERRANCE THEROPHE	($237.50)
6/6/2003	Payment	Receipt # 2333981	WASHINGTON, TERRANCE THEROPHE	($2.00)

I, Terrance Washington, **certify that as the designated representative for** BioCare, Inc. dba BioCareSD; dba LogiCare3PL,

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

Terrance Washington

Print Name (First, Last)

Terrance Washington

Original Signature (electronic, copies or stamps not accepted)

3/21/2022

Date

Applicant's initials TW

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

Terrance Washington
Print Name (First, Last)

Terrance Washington — 3/31/2022
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, Terrance Washington, 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.

Terrance Washington — 3/31/2022
Original Signature — **Date**

Subscribed and Sworn to before me this 31st day of March, 2022.

Urissa Francille Boline
Notary Public Signature

(Seal)

URISSA FRANCILLE BOLINE
NOTARY PUBLIC - ARIZONA
MESA COUNTY
COMMISSION #551347
MY COMMISSION EXPIRES
SEPTEMBER 30, 2022

Applicant's initials TW

BioCare®

Employees

Agado, Omar
Albin, Victoria
Alexander, Robert
Bass, Michael
Beck, Jeffrey
Blanchard, Brooke
Blanchard, Debbie
Bohm, Karen
Breslin, Ann
Carrier, Christian
Chandel, Varinder
Chun, Luke
Contreras Gomez, Jamy
Craddock, Bobbie
Cuevas, Cristal
David, Joni
Duffy, Holly
Dulman, Daniel
Edmonds, Madison
Flessor, Andrew
Forrest, Amanda
Freeman, Chad
Furlanetto, Stephen
Garcia, Kevin
Gilman, Scott
Hopping, Kathleen
Imtiaz, Madiha
Jeffries, Sean
Kirk, Andrew
Kolo, Steven
Lane, Mitchell
Long, Michael
Luick, Kimberly
Maher, Jordyn
Martin, Michelle
Matthews, Linda
Moore, Roger
Morgan, Randall
Murray, Deeahn
Ojeda, Schon
Osman, Christine
Pantazopoulos, Barbara
Patterson, Cheryl
Pedamallu, Sravani
Perry, Tanner
Pharr, Matthew
Preston, Linda
Robinson, Jason
Ross, Scott
Schoonover, Jodi
Shouse, Cory
Springer, Jack
Steffes, Mark
Steinman, Scott
Tew, Robert
Thorne, Amy
Torres, Jacob
Traphagan, Brian
Twitchell, Randall
Vanderaa, Andrew
Walker, Deanna
Warner, Shirley
Washington, Terrance
Westbay, Cody
Williams, Quinn
Wiltz, Pamela
Yena, Margaret

Independent Contractors

Brink, Alta

As of 3/18/22

DICKSON SURETY GROUP

RIDER

To be attached to and form part of:

Bond Number 800039406
dated 12/01/2021

issued by the ATLANTIC SPECIALTY INSURANCE COMPANY
in the amount of $25,000.00

on behalf of BioCare, Inc. dba BioCareSD; dba LogiCare3PL
(Principal)

and in favor of Nevada State Board of Pharmacy
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

Increase bond limit from $25,000 to $100,000.

Acknowledge physical presence of location listed below:
6356 Commercial Drive, Suite 150
Olive Branch MS 38654

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 4th day of August, 2022.

Signed, Sealed & Dated this 4th day of August, 2022.

BioCare, Inc. dba BioCareSD; dba LogiCare3PL
(Principal)

By: _____
(Principal)

ATLANTIC SPECIALTY INSURANCE COMPANY
(Surety)

By: Bryan Dickson
Digitally signed by: Bryan Dickson
DN: CN = Bryan Dickson email = bdick soc@thesuretybondguy.com C = AD O = IBFP
Date: 2022.08.04 15:36:44 -0500
Bryan Dickson, Attorney-in-Fact

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

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. 800039406

Application/License No. _____

BioCare, Inc. dba BioCareSD (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2826 South Potter Drive, Tempe, AZ 85282 (Address of Applicant/Principal), as PRINCIPAL, and Atlantic Specialty Insurance Company (Surety Company), a corporation organized under the laws of the state of Minnesota (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 605 Highway 169 North, Suite 800, Plymouth, MN 55441 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 12/01/21 (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 1st day of December, 2021.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Bryan J. Dickson, 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

[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: **Larkin S. Flanagan, Bryan James Dickson, Kevin Bucher,** 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 1 day of December 2021

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

_____
Kara Barrow, Secretary

This Power of Attorney expires
January 31, 2025

Please direct bond verifications to surety@intactinsurance.com

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: **Larkin S. Flanagan, Bryan James Dickson, Kevin Bucher, Michael Sepanski,** 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 4th day of August, 2022.

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

4BB

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (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 MW00770	☒ 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: 1380 Greg Street, Suite 238

City: Sparks State: NV Zip: 89431-6072

Mailing Address (if different from physical address): 6103 Farinon Dr. Attn: HCC/Katy

City: San Antonio State: TX Zip: 78249

Telephone: 775-359-1846 Website: https://www.mykci.com/

Name of Designated Representative (DR): N/A

Licensing Company Email: kalouthen@mmm.com DR Email: MDEG admin : aiacoboni@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:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

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

Name: _____

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

Name: _____

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

Name: _____

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

Name: _____

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

Section 4: Publicly Traded Corporation

State of Incorporation: 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:		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** 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/	✓	✓	✓	✓
• **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.

KCI USA, Inc dba 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)

Date 7/7/22

Board Use Only	Date Received: _____	Amount: _____

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

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

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

ORGANIZATION HIERARCHY

Next in Charge Responsibilities Flows Top to Bottom

EMPLOYEES

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
Tom Rutson	Regional Service Manager
Gerardo Figueroa	Associate Regional Service Mgr
Alexis Iacaboni	FSL
Sara Thomas	FSR

3M + KCI
United by purpose.

Location:
Reno
Service Center #:
104

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%

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name:

KCI USA, INC.

Entity Number:

C4751-1991

Entity Type:

Foreign Corporation (80)

Entity Status:

Active

Formation Date:

06/04/1991

NV Business ID:

NV19911028422

Termination Date:

Perpetual

Annual Report Due Date:

6/30/2023

Domicile Name:

Jurisdiction:

Delaware

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:

CORPORATION SERVICE COMPANY

Status:

Active

CRA Agent Entity Type:

Registered Agent Type:

Commercial Registered Agent

NV Business ID:

NV20091285031

Office or Position:

Jurisdiction:

Street Address:

112 NORTH CURRY STREET, Carson City, NV, 89703, USA

Mailing Address:

Individual with Authority to Act:

Paul Mathews

Fictitious Website or Domain Name:

OFFICER INFORMATION

☐ **VIEW HISTORICAL DATA**

Title	Name	Address	Last Updated	Status
President	Ngocbich 'Bich' Le	3M Center, Building 0220-9E-02, Saint Paul, MN, 55144, USA	06/01/2022	Active
Secretary	Jon H. Einess	3M Center, Building 0220-9E-02, Saint Paul, MN, 55144, USA	06/01/2022	Active
Other/	Rosa Gomez	3M Center, Building 0220-9E-02, Saint Paul, MN, 55144, USA	06/01/2022	Active

Title	Name	Address	Last Updated	Status
Treasurer	Rodolfo Espinosa-Casaubon	3M Center, Building 0220-9E-02, Saint Paul, MN, 55144, USA	06/23/2021	Active

Page 1 of 1, records 1 to 4 of 4

CURRENT SHARES

Class/Series	Type	Share Number	Value
	Authorized	10,000	0.100000000000

Page 1 of 1, records 1 to 1 of 1

◎ Unlimited Foreign Entities Only

◎ No Stock Foreign Entities Only

Number of No Par Value Shares:

0

Total Authorized Capital:

1,000

Filing History Name History Mergers/Conversions

Return to Search Return to Results

1085

• Previously submitted for Permits #MP00120/MW00770 Copy only

Shipment Receipt

Transaction Date: 10 May 2022 **Tracking Number:** 1Z4EY2960291087505

① Address Information

Ship To:	Ship From:	Return Address:
Nevada State Board of Pharmacy Attn: Candy Nally 985 Damonte Ranch Pkwy Ste 206 RENO NV 895214881 Telephone:(210) 255-6234	KCI USA, Inc. Attn: HCC/Katy 6103 Farinon Drive SAN ANTONIO TX 78249 Telephone:(210) 255-6234 email:kalouthen@mmm.com	KCI CORPORATE-CAMPUSSHIP Healthcare Compl 6103 Farinon Dr. Attn: HCC SAN ANTONIO TX 78249 Telephone:(210) 255-6234 email:katy.louthen@KCI1.COM

② Package Information

	Weight	Dimensions / Packaging	Declared Value	Reference Numbers
1.	Letter (Letter billable)	UPS Letter		Use OLD GL CODES until UPS programming is complete - 0001.91.0077C.6495.0000 corp, cust, mfg, rpr, svc, LNR, gold, other - other What? abthera, silver, parts, disp, tss,vacs,other - other

③ UPS Shipping Service and Shipping Options

Service: UPS 2nd Day Air

Guaranteed By: End of Day Thursday, May 12, 2022

Shipping Fees Subtotal: 40.48 USD

Transportation 32.13 USD

Fuel Surcharge 8.35 USD

④ Payment Information

Bill Shipping Charges to: Shipper's Account 4EY296

Shipping Charges: 40.48 USD

Subtotal Shipping Charges: 40.48 USD

Total Charged: 40.48 USD

Note: This document is not an invoice. Your final invoice may vary from the displayed reference rates.

* For delivery and guarantee information, see the UPS Service Guide ({0}). To speak to a customer service representative, call 1-800-PICK-UPS for domesti services and 1-800-782-7892 for international services.

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) MW00770

Physical Address 1380 Greg St Suite 238

City Sparks State NV Zip 89431

Mailing Address (if different from physical address) 6103 Farinon Dr. Attn HCC / Katy Louthen

City San Antonio State TX Zip 78249

Telephone 775-359-1846 Website https://www.mykci.com/

Licensing Company Email klouthen@mmm.com or rmgomez@mmm.com

Section 2: Personal Information

First Alexis Middle _____ Last Iacoboni

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

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

Mailing Address [redacted] Summer St.

City Fernley State NV Zip 89408

Telephone [redacted] Email [redacted]@icloud.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)	
Damonte Ranch High School			08/11 - 06/15	
Address	**City**		**State**	**Zip**
10500 Rio Wrangler Pkwy	Reno		NV	89521
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Truckee Meadows Community College			08/15 – 01/19	
Address	**City**		**State**	**Zip**
7000 Dandini Blvd	Reno		NV	89512
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
01/12 – 08/15	[redacted] Royal Windsor Ct	Reno	NV	89521
From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/15 - 03/20	[redacted] Meadowood Mall Cir. #131	Reno	NV	89502
From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/20 - 05/22	[redacted] Sky Vista Pkwy #170	Reno	NV	89506
From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/22 - present	[redacted] Summer St.	Fernley	NV	89408
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
3M / KCI			08/21 - 05/22
Business Address	**City**	**State**	**Zip**
1380 Greg St. Suite 238	Sparks	NV	89431
Phone	**Title**		**Number of Employed Hours**
775-359-1846	Field Service Lead		1,680
Description of Duties			
making sure all assets are cleaned and ready for patient delivery. Ensure all deliveries are done in a timely manner. Knowing all equiptment inside and out, to ensure quality care for all patients when 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			

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, Alexis Iacoboni, **certify that as the MDEG Administrator for**

3M,

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

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

Alexis, Iacoboni
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

May 5th, 2022
Date

Board Use Only	Date Received:

Search

Job Details | Organizations | 3M Job History from a Previous System | 3M Status

Job Details

Employee ID	01903004
Supervisory Organization	3M Department >> Gerardo Figueroa (01764426) Department
Position	01118011 Technician Service
Business Title	Field Service Lead
Job Profile	06A - 103339 - TECHNICIAN SERVICE 103339
Job Family	Technical Service > Technical Service Family
Employee Type	Regular
Time Type	Full time
FTE	100.00%
Location	Sparks-3MUS-NVKCI USA, Inc. 01B4CV30
Hire Date	08/23/2021
Original Hire Date	08/23/2021
Continuous Service Date	08/23/2021
Length of Service	0 year(s), 8 month(s), 12 day(s)
Time in Position	0 year(s), 8 month(s), 12 day(s)
Time in Job Profile	0 year(s), 8 month(s), 12 day(s)

Alexis Iacoboni (01903004)

Field Service Lead

Actions

Email Team

Summary

Overview

Job

Compensation

Benefits

Pay

More (5)

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:** W23886450 **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 ANY PROPRIETOR/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 - 1380 Greg Street, Suite 238, Sparks, NV 89431-6072
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

Eric J. Hoe

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AGENCY CUSTOMER ID: 1094

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY Willis Towers Watson Midwest, Inc.	NAMED INSURED 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

ACORD 101 (2008/01)

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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

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 Liabililty 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 Cir. 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

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

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: 8204866

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.

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

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*			

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Page Last Updated: 07/11/2022

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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

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 09/29/2020
Amount: $ 525.00
Permit #: MW00770

3M MEDICAL SOLUTIONS
1380 GREG ST #238
SPARKS NV 89431

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Medical Devices, Equipment, Gas
Expires:10/31/2022
3M MEDICAL SOLUTIONS
1380 GREG ST #238
SPARKS NV 89431

Permit #
MW00770
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Medical Devices, Equipment, Gas

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

Permit Type: Medical Devices, Equipment, Gas
Permit #: MW00770

Expires: 10/31/2022
STATUS: Active

3M MEDICAL SOLUTIONS
1380 GREG ST #238
SPARKS NV 89431

NONTRANSFERABLE

POST THIS PERMIT PROMINENTLY IN A CONSPICUOUS PLACE

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 (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada ☐ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☒ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☒ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: CITY PHARMACY II

Physical Address: 420 N. NELLIS BLVD, SUITE A-1

City: LAS VEGAS State: NV Zip: 89110

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-327-9581 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: _____ Contact Email: PROFESSIONALPHARMACISTLV@GMAIL.COM

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): MUHAMMAD FAISAL IRSHAD CHAUDHRY

Supervising/Managing Pharmacist NV Pharmacist Registration #: 19594

Scanned 9/22/22

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: MUHAMMAD FAISAL IRSHAD CHAUDHRY	NV Pharmacist Registration #: 19594
Name: NUREEN RAZA	NV Pharmacist Registration #: 15560
Name: ALI RAZA	NV Pharmacist Registration #: 11705
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: PROFESSIONAL PHARMACIST LLC

Mailing Address: 11820 GLINDA CT

City: LAS VEGAS State: NV Zip: 89183

Telephone: 516-476-7482 Email: PROFESSIONALPHARMACISTLV@GMAIL.COM

Contact Person Name: MUHAMMAD FAISAL IRSHAD CHAUDHRY

Please check type of partnership (NAC 639.214) ☐ General ☒ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☒ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

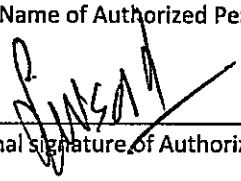
Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the MANAGER PHARMACIST (title) for CITY PHARMACY II (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).

MUHAMMAD FAISAL IRSHAD CHAUDHRY

Print Name of Authorized Person



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

08/26/22

Date

Section 10: Affidavit for Pharmacies; MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

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

1. I am the MANAGER PHARMACIST (title) for CITY PHARMACY II (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 26th day of August, 2022

Notary Public

RAMESH CHANDRA PIPLANI
Notary Public, State of Nevada
No. 03-84825-1
My Appt. Exp. Oct. 15, 2024

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: MUHAMMAD FAISAL IRSHAD CHAUDHRY Pharmacist Registration #: 19594

Pharmacy Name: CITY PHARMACY II

Initial each statement below to indicate you have read and agree with the following:

X	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.
X	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.
X	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.
X	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)).
X	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)

08/26/22
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** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. 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** 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.		✓	✓	✓
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• **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 License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(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.

NUREEN RAZA

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

Nureen.

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

8/26/22

Date

Board Use Only	Date Received: 8-29-22	Amount: 500.00 CC ✓

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 **Professional Pharmacist LLC** did, on 08/25/2022, 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 08/25/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate
Number: B202208252953229
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Professional Pharmacist LLC

Nevada Business Identification # NV20222552697
Expiration Date: 08/31/2023

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 08/25/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202208252953232
You may verify this certificate online at http://www.nvsos.gov

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

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

Business Entity - Filing Acknowledgement

08/25/2022

Work Order Item Number:	W2022082501713 - 2337784
Filing Number:	20222570982
Filing Type:	Initial List
Filing Date/Time:	08/25/2022 15:43:51 PM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: E25709812022-7 **Entity Name:** Professional Pharmacist LLC

Entity Status: Active **Expiration Date:** None

Non-Commercial Registered Agent
Dionne Tsuneta
1105 S 8th St, Las Vegas, NV 89104, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

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	E25709812022-7
Secretary of State	Filing Number 1122
State Of Nevada	20222570980
	Filed On
	08/25/2022 15:43:50 PM
	Number of Pages
	3

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)
Professional Pharmacist 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)
- [x] Noncommercial Registered Agent (name and address below)
- [ ] Office or position with Entity (title and address below)

Dionne Tsuneta
Name of Registered Agent **OR** Title of Office or Position with Entity

[redacted]S 8th St | Las Vegas | Nevada | 89104
Street Address | City | Zip Code

Mailing Address (If different from street address) | City | Nevada | 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 Dionne Tsuneta — 08/25/2022
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** [x] 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) Muhammad Chaudhry
Name
[redacted]Glinda Ct | Las Vegas | NV | 89183
Address | City | State | Zip Code

2) Nureen Raza
Name
[redacted]Pale Pavilion Ave | Las Vegas | NV | 89139
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

1123

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

Muhammad Chaudhry — United States
Name — Country

[redacted] Glinda Ct — Las Vegas — NV — 89183
Address — City — State — Zip/Postal Code

X Muhammad Chaudhry (attach additional page if necessary)

Nureen Raza — United States
Name — Country

[redacted] Pale Pavilion Ave — Las Vegas — NV — 89139
Address — City — State — Zip/Postal Code

X Nureen Raza (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.

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

Professional Pharmacist LLC

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

☐ Corporation

☐ This corporation is publicly traded, the Central Index Key number is:

Filed in the Office of	Business Number
Barbara K. Cegavske	E25709812022-7
Secretary of State	Filing Number
State Of Nevada	20222570982
	Filed On
	08/25/2022 15:43:51 PM
	Number of Pages
	2

☐ Nonprofit Corporation (see nonprofit sections below)

☑ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)

☐ Business Trust

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

☐ 001 - Governmental Entity

☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming and exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.
Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C $ 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association

☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. $501(c)

For nonprofit entities formed under NRS Chapter 82 and 80:Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No - no additional form is required

☐ Yes - the *Charitable Solicitation Registration Statement* is required.

☐ The Organization claims exemption pursuant to NRS 82A 210 - the *Exemption From Charitable Solicitation Registration Statement* is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE MANAGING MEMBER:

Name	Country
Muhammad Chaudhry	USA

Address	City	State	Zip/Postal Code
[redacted]Glinda Ct	Las Vegas	NV	89183

CORPORATION, INDICATE THE MANAGING MEMBER:

Name	Country
Nureen Raza	USA

Address	City	State	Zip/Postal Code
[redacted]Pale Pavilion Ave	Las Vegas	NV	89139

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 Nureen Raza
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Title	Date
Managing Member	08/25/2022

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 CITY PHARMACY II

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

Physical Address 420 N. NELLIS BLVD SUITE A-1

City LAS VEGAS State NV Zip 89110

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email PROFESSIONALPHARMACISTLV@GMAIL.COM

Section 2: Personal Information

First MUHAMMAD Middle FAISAL Last CHAUDHRY

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

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

Mailing Address [redacted]GLINDA CT

City LAS VEGAS State NV Zip 89183

Telephone [redacted] Email [redacted]

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF THE PUNJAB		07/2007 to 01/2012	
Address	**City**	**State**	**Zip**
THE MALL ROAD	LAHORE		54000
Diploma/Degree obtained, if any			
PHARM D			
School Name		**From - To (MM/YY – MM/YY)**	
FC COLLEGE		09/2003 TO 09/2005	
Address	**City**	**State**	**Zip**
CANAL ROAD	LAHORE		54600
Diploma/Degree obtained, if any			
F.SC (FACULTY OF SCIENCES)			
School Name		**From - To (MM/YY – MM/YY)**	
THE PUNJAB SCHOOL		03/1994 TO 06/2003	
Address	**City**	**State**	**Zip**
THE TOWNSHIP	LAHORE		54770
Diploma/Degree obtained, if any			
SECONDARY SCHOOL CERTIFICATE			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2020 TO DATE	[redacted]LINDA CT	LAS VEGAS	NV	89183
01/2016 TO 07/2020	[redacted]W. SAHARA AVE # 2010	LAS VEGAS	NV	89102
10/2012 TO 01/2016	[redacted]PALE PAVILION AVE	LAS VEGAS	NV	89139
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
CITY PHARMACY			04/2017 TO DATE
Business Address	**City**	**State**	**Zip**
1131 E. TROPICANA AVE STE A-1	LAS VEGAS	NV	89119
Phone	**Title**		
702-816-4277	STAFF PHARMACIST		
Description of Duties			
MANAGE PHARMACYDAY TO OPERATION. DISPENSING PRESCRIPTIONS			

Business Name			From - To (MM/YY – MM/YY)
FAMILY PHARMACY			10/2015 TO 08/2016
Business Address	**City**	**State**	**Zip**
4527 W. SAHARA AVE	LAS VEGAS	NV	89102
Phone	**Title**		
702-413-6500	INTERN PHARMACIST		
Description of Duties			
PHARMACY OPERATION UNDER THE SUPERVISION OF A PHARMACIST DISPENSING PRESCRIPTIONS			

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

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

08/26/22
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.

FAISAL IRSHAD CHAUDHRY

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/26/22

Date

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

State of Nevada, ss. County of Clark

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

Original Signature

08/26/22

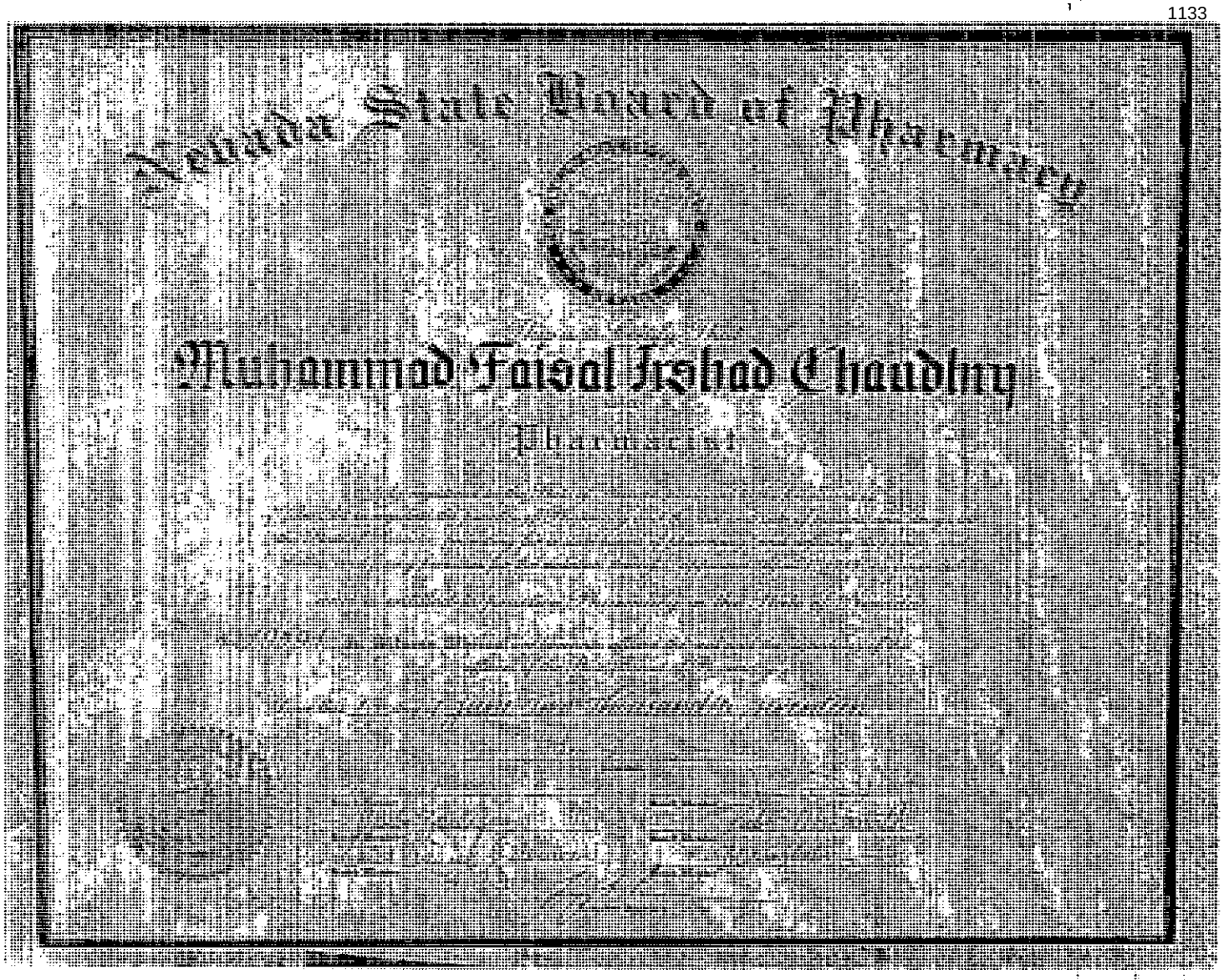
Date

Subscribed and Sworn to before me this 26th day of August 2022.

Notary Public Signature

RAMESH CHANDRA PIPLANI
Notary Public, State of Nevada
No. 03-84825-1
My Appt. Exp. Oct. 15, 2024

(Seal)


Nevada State Board of Pharmacy
Muhammad Faisal Irshad Chaudhry
Pharmacist

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 CITY PHARMACY II

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

Physical Address 420 N. NELLIS BLVD SUITE A-1

City LAS VEGAS State NV Zip 89110

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email PROFESSIONALPHARMACISTLV@GMAIL.COM

Section 2: Personal Information

First NUREEN Middle _____ Last RAZA

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

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

Mailing Address [redacted] PALE PAVILION AVE

City LAS VEGAS State NV Zip 89139

Telephone [redacted] Email [redacted]

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
B.Z. UNIVERSITY		12/1984 to 04/1991	
Address	**City**	**State**	**Zip**
BOSIN ROAD	MULTAN		60000
Diploma/Degree obtained, if any			
B. PHARMACY			
School Name		**From - To (MM/YY – MM/YY)**	
GOVT GIRLS COLLEGE		09/1982 TO 06/1984	
Address	**City**	**State**	**Zip**
UNIVERSITY ROAD	BAHAWALPUR		631000
Diploma/Degree obtained, if any			
F.SC (FACULTY OF SCIENCES)			
School Name		**From - To (MM/YY – MM/YY)**	
GOVT GIRLS HIGH SCHOOL		11/1980 TO 06/1982	
Address	**City**	**State**	**Zip**
CHOWBARA ROAD	LAYYAH		
Diploma/Degree obtained, if any			
SECONDARY SCHOOL CERTIFICATE			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/2005 TO DATE	[redacted]PALE PAVILION AVE	LAS VEGAS	NV	89139
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
CITY PHARMACY			04/2017 TO DATE
Business Address	**City**	**State**	**Zip**
1131 E. TROPICANA AVE STE A-1	LAS VEGAS	NV	89119
Phone	**Title**		
702-816-4277	MANAGING PHARMACIST		
Description of Duties			
MANAGE PHARMACY OPERATION. DISPENSING PRESCRIPTIONS			

Business Name			From - To (MM/YY – MM/YY)
FAMILY PHARMACY			10/2013 TO 08/2016
Business Address	**City**	**State**	**Zip**
4527 W. SAHARA AVE	LAS VEGAS	NV	89102
Phone	**Title**		
702-413-6500	MANAGING PHARMACIST		
Description of Duties			
MANAGE PHARMACY OPERATION. DISPENSING PRESCRIPTIONS			

Business Name			From - To (MM/YY – MM/YY)
FAMILY PHARMACY			08/2010 TO 10/2013
Business Address	**City**	**State**	**Zip**
1360 E. HIGHWAY 372	PAHRUMP	NV	89048
Phone	**Title**		
775-751-1144	PHARMACIST		
Description of Duties			
DISPENSING PRESCRIPTION MANAGE DAY TO DAY BUSINESS OF PHARMACY AND INVETORY CONTROL INCLUDING PURCHASES.			

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

8/26/22
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.

NUREEN RAZA

Print Name (First, Last)

Nureen 8/26/22

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, NUREEN RAZA, 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.

Nureen. 8/26/22

Original Signature **Date**

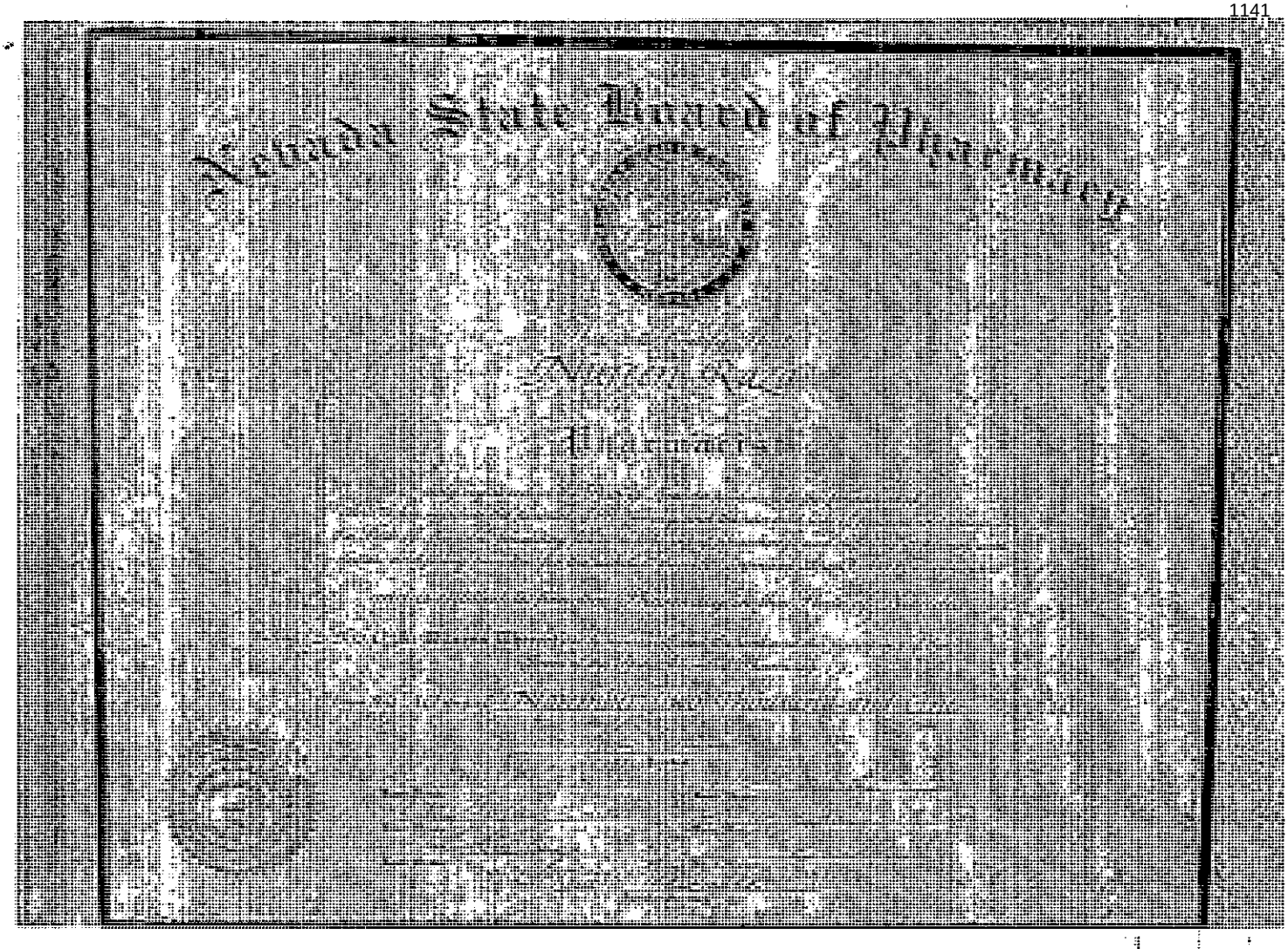
Subscribed and Sworn to before me this 26th day of August, 2022

Ramesh Piplani

Notary Public Signature

RAMESH CHANDRA PIPLANI
Notary Public, State of Nevada
No. 03-84825-1
My Appt. Exp. Oct. 15, 2024

(Seal)



4DD

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (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: Platinum Medical LTC

Physical Address: 6000 South Eastern Avenue, Suite 1B

City: Las Vegas State: NV Zip: 89119

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-476-5597 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: _____ Contact Email: platinumedicalltc@gmail.com

Website: _____

Nevada Business License # (if applicable) NV20212089060

Supervising/Managing Pharmacist Name (NRS 639.220): Sally Chia

Supervising/Managing Pharmacist NV Pharmacist Registration #: NV18013

Type of Pharmacy (check all applicable)

- ☐ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ■ Other: Closed door pharmacy

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: Sally Chia	NV Pharmacist Registration #: 18013
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)		
Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: Sally Chia

Business Name: Platinum Medical Supplies LLC dba Platinum Medical LTC

Business Address: 6000 South Eastern Avenue, Suite 1B

City: Las Vegas State: NV Zip: 89119

Telephone: 702-476-5597 Email: platinummedicalltc@gmail.com

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacy Manager (title) for Platinum Medical LTC (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).

Sally Chia

Print Name of Authorized Person

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

7/28/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

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

1. I am the Pharmacy Manager (title) for Platinum Medical LTC (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 28 th day of July, 20 22

Notary Public

DMYTRO VYSHNEVSKYY
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 10-01-2022
Certificate No: 18-4483-1

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: Sally Chia Pharmacist Registration #: nv18013

Pharmacy Name: Platinum Medical LTC

Initial each statement below to indicate you have read and agree with the following:

SC 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.

SC 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.

SC 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.

SC 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)).

SC 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)

7/28/22
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.

Sally Chia

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)

7/28/22

Date

Board Use Only	Date Received: 8-2-22	Amount: 500.00 CK - 1178

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 PLATINUM MEDICAL SUPPLIES LLC DBA PLATINUM MEDICAL LTC

Physical Address 6000 South Eastern Avenue, Suite 1B

City LAS VEGAS State NV Zip 89119

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-476-5597 Website _____

Licensing Company Email PLATINUMMEDICALLTC@GMAIL.COM

Section 2: Personal Information

First SALLY Middle L Last CHIA

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

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

Mailing Address [redacted] JACOB LAKE CIRCLE

City LAS VEGAS State NV Zip 89118

Telephone [redacted] Email PLATINUMMEDICALLTC@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 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the 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 SC

Section 5: List your high school and college experience 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 THE SCIENCES OF PHILADELPHIA		08/04 - 05/10	
Address	**City**	**State**	**Zip**
600 S 43rd St,	PHILADELPHIA	PA	19104
Diploma/Degree obtained, if any			
PHARM.D			

School Name		From - To (MM/YY – MM/YY)	
CENTRAL HIGH SCHOOL		09/00 -6/10	
Address	**City**	**State**	**Zip**
1700 W. OLNEY	PHILADELPHIA	PA	19141
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA - BACHELOR OF ARTS			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**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]JACOB LAKE CIRCLE	LAS VEGAS	NV	89118
06/11-07/15	[redacted]MARCO ISLAND	LAS VEGAS	NV	89148
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
REFILL PHARMACY 1, LLC			04/16 - PRESENT
Business Address	**City**	**State**	**Zip**
8536 DEL WEBB BLVD	LAS VEGAS	NV	89134
Phone	**Title**		
7024765888	MANAGER/OWNER		

Description of Duties

Oversee all operations. Ensure adherence to standard operating procedures, state and federal regulations, supervise pharmacists, technicians, staff.

Business Name			From - To (MM/YY – MM/YY)
CONCIERGE COMPOUNDING PHARMACY			4/13 - 04/16
Business Address	**City**	**State**	**Zip**
1887 WHITNEY MESA DRIVE	HENDERSON	NV	89014
Phone	**Title**		
	PHARMACIST IN CHARGE		

Description of Duties

Ensure adherence to standard operating procedures, state and federal regulations, supervise pharmacists, technicians, staff

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

Description of Duties

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

Description of Duties

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

Description of Duties

Continue on next page if additional space is needed.

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

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

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

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

7/28/22
Date

Applicant's initials SC

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

SALLY CHIA

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/28/22

Date

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

State of Nevada, ss. County of Clark

I, Sally Chia, 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 28 day of July, 2022

Notary Public Signature

DMYTRO VYSHNEVSKYY
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 10-01-2022
Certificate No: 18-4483-1

(Seal)

Applicant's initials SC

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 PLATINUM MEDICAL SUPPLIES LLC DBA PLATINUM MEDICAL LTC

Physical Address 6000 South Eastern Avenue, Suite 1B

City LAS VEGAS State NV Zip 89119

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-476-5597 Website _____

Licensing Company Email PLATINUMMEDICALLTC@GMAIL.COM

Section 2: Personal Information

First SALLY Middle L Last CHIA

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

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

Mailing Address [redacted]JACOB LAKE CIRCLE

City LAS VEGAS State NV Zip 89118

Telephone [redacted] Email PLATINUMMEDICALLTC@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 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the 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 SC

Section 5: List your high school and college experience 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 THE SCIENCES OF PHILADELPHIA		08/04 - 05/10	
Address	City	State	Zip
600 S 43rd St,	PHILADELPHIA	PA	19104
Diploma/Degree obtained, if any			
PHARM.D			

School Name		From - To (MM/YY – MM/YY)	
CENTRAL HIGH SCHOOL		09/00 -6/10	
Address	City	State	Zip
1700 W. OLNEY	PHILADELPHIA	PA	19141
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA - BACHELOR OF ARTS			

School Name		From - To (MM/YY – MM/YY)	
Address	City	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] JACOB LAKE CIRCLE	LAS VEGAS	NV	89118
06/11-07/15	[redacted] MARCO ISLAND	LAS VEGAS	NV	89148
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
REFILL PHARMACY 1, LLC			04/16 - PRESENT
Business Address	**City**	**State**	**Zip**
8536 DEL WEBB BLVD	LAS VEGAS	NV	89134
Phone	**Title**		
7024765888	MANAGER/OWNER		

Description of Duties

Oversee all operations. Ensure adherence to standard operating procedures, state and federal regulations, supervise pharmacists, technicians, staff.

Business Name			From - To (MM/YY – MM/YY)
CONCIERGE COMPOUNDING PHARMACY			4/13 - 04/16
Business Address	**City**	**State**	**Zip**
1887 WHITNEY MESA DRIVE	HENDERSON	NV	89014
Phone	**Title**		
	PHARMACIST IN CHARGE		

Description of Duties

Ensure adherence to standard operating procedures, state and federal regulations, supervise pharmacists, technicians, staff

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

Description of Duties

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

Description of Duties

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

Description of Duties

Continue on next page if additional space is needed.

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

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

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

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

7/28/22
Date

Applicant's initials SC

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

SALLY CHIA

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/28/22

Date

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

State of Nevada, ss. County of Clark

I, Sally Chia, 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 28 day of July, 2022

Notary Public Signature

DMYTRO VYSHNEVSKYY
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 10-01-2022
Certificate No: 18-4483-1

(Seal)

Applicant's initials SC

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/22/2022

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 Family Trust Insurance, LLC 6420 W. Spring Mountain Road, Ste #20 Las Vegas, NV 89146	CONTACT NAME: Celina Gudino PHONE (A/C, No, Ext): 702-212-3838 FAX (A/C, No): 888-388-1098 E-MAIL ADDRESS: celina@familytrustins.com
INSURED Platinum Medical Supplies LLC 1555 East Flamingo Rd suite 117 Las Vegas, NV 89119	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : CNA Insurance — 20443 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER: 00013105-30818** **REVISION NUMBER: 4**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			7012788668	05/25/2022	05/25/2023	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 4,000,000
	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 (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	$

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

Certificate holder is named insured.

CERTIFICATE HOLDER

Platinum Medical Supplies LLC

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

(CEL)

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SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Platinum Medical Supplies 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 05/04/2021, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/19/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202207192836776
You may verify this certificate online at http://www.nvsos.gov

4EE

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 P00115	☐ 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: Renown Businesses DBA Boutique at Renown

MDEG Physical Address: 75 Pringle Way Suite 107

City: Reno State: NV Zip: 89502

Mailing Address (if different from physical address): 75 Pringle Way Suite 107 D12

City: Reno State: NV Zip: 89502

Telephone: 775-982-5075 Website: https://www.renown.org/health-services/cancer-care/breast-cancer-screenin

Email: rachel.patrick@renown.org

Name of MDEG Administrator (NAC 639.694): Malissa Cooper

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: Mastectomy Supplies and Prosthetics
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: _____ Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 8am-430pm	■ Tue: 8am-430pm	■ Wed: 8am-430pm	■ Thurs: 8am-430pm	■ Fri: 8am-430pm
☐ Sat:	☐ Sun:	☐ Holidays:		

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

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

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

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): Renown Health

Corporation/Organization Name: Renown Businesses

Mailing Address: 1155 Mill Street, N14

City: Reno State: NV Zip: 89501

Telephone: 775-982-4572 Email: malissa.cooper@renown.org

Contact Person Name: Malissa Cooper

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓ x		
• **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**.	✓	✓ x	✓	✓
• **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).**	✓	✓ N/A	✓	✓
• **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).	✓	✓ x	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓ N/A n/a - shareholder is Renown Health. Owns 100% of shares. No individual shareholders/stockholder/partner/owner	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓ Malissa Cooper	✓	✓
• [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.

Malissa Cooper

Print Name of Authorized Person Submitting Application

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

7/18/2022

Date

processed 9.20.22 4

Board Use Only	Date Received: 8.15.22	Amount: 500.00 CK 1410771

Client#: 664694 RENOWHEALT

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/20/2022

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: Melissa Fitts CISR CPIA	
Marsh & McLennan Agency LLC 10 Inverness Center Pkwy Suite 400 Birmingham, AL 35242	PHONE (A/C, No, Ext): 205 969-2131	FAX (A/C, No): 205 969-1034
	E-MAIL ADDRESS: Melissa.Fitts@MarshMMA.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Lloyds of London	555555
INSURED Renown Business dba Boutique The Shops at Renown 75 Pringle Way, Suite 107 Reno, NV 89502	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			UH2200188	03/01/2022	03/01/2023	EACH OCCURRENCE	$ 10,000,000
	X CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	X Professional Liab			Self Insured			MED EXP (Any one person)	$
	General Liab			Retention			PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:			$4MM per Occ			GENERAL AGGREGATE	$ 10,000,000
	X POLICY ☐ PRO-JECT ☐ LOC			$16MM Aggregate			PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N / A						E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$

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

CERTIFICATE HOLDER

BOC
10461 Mill Run Circle, Ste 1250
Owings Mills, MD 21117

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

PETER J. KRAUSE

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JBMES

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings & Notary 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

Sara Fiananca
50 West Liberty Street
Reno, NV 89501, USA

Work Order #: W2022071901697
July 19, 2022
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 170373

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Certificates	Fees	20222469947	7/19/2022 3:38:25 PM	Approved	1	$50.00	$50.00
Total							$50.00

Payments

Type	Description	Payment Status	Amount
Credit Card	6582703108516925503054	Success	$50.00
Total			$50.00

Credit Balance: $0.00

Sara Fiananca
50 West Liberty Street
Reno, NV 89501, USA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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

I further certify, that the following is a list of all organizational documents on file in this office for

RENOWN BUSINESSES

Organizational Documents on File	Filing Date

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, RENOWN BUSINESSES, 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 12/11/1986, 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 07/19/2022

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202207192836308
You may verify this certificate online at

Renown Businesses Officers & Directors

Ann Beck – President/Director

Larry Duncan – Secretary/Director

Matt Joslin – Director

Erik Olson – Director/Treasurer – Currently seeking replacement which will be appointed at annual meeting.

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: Renown Businesses DBA Boutique at Renown — MDEG License # (if applicable): MP00115

Physical Address: 75 Pringle Way Suite 107

City: Reno — State: NV — Zip: 89502

Mailing Address (if different from physical address): 75 Pringle Way Suite 107 D12

City: Reno — State: NV — Zip: 89502

Telephone: 75-982-5075 — Website: https://www.renown.org/health-services/cancer-care/breast-cancer-screen

Licensing Company Email: malissa.cooper@renown.org

Section 2: Personal Information

First: Malissa — Middle: — Last: Cooper

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

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

Mailing Address: 1155 Mill Street D11

City: Reno — State: NV — Zip: 89502

Telephone: [redacted] — Email: malissa.cooper@renown.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.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

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

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

School Name		From - To (MM/YY – MM/YY)	
Western Governors University (online)		06/2020	
Address	**City**	**State**	**Zip**
4001 S 700 E Ste 700	Salt Lake City	UT	84107
Diploma/Degree obtained, if any			
Bachelor of Science | Health Administration			

School Name		From - To (MM/YY – MM/YY)	
Edward C. Reed		08/2001 - 06/2005	
Address	**City**	**State**	**Zip**
1350 Baring Blvd	Sparks	NV	89434
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/22 - Current	[redacted] Ryland Street	Reno	NV	89502
10/2017	[redacted] Watervale Drive	Sparks	NV	89436
01/13 - 10/17	[redacted] La Via	Sparks	NV	89434

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)	
Renown Health			10/08/2021- Current	
Business Address		City	State	Zip
1155 Mill Street		Reno	NV	89502
Phone	Title		Number of Employed Hours	
775-203-3621	Manager Of Environmental Compliance		1,760	
Description of Duties				
Worked in an intriem capacity starting in October 2021 and began cross training in Hospitality, which includes the retail shops. Offically promoted to Director of Hospotality January 24, 2022				

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

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

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

M. O

Original Signature (electronic, copies or stamps not accepted)

8.4.2022

Date

I, Malissa Cooper, **certify that as the MDEG Administrator for**

Renown Businesses DBA Boutique at Renown,

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

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

Malissa Cooper
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/4/2022
Date

Board Use Only	Date Received: 8.15.22

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 – September 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 – September 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 – September 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 – September 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 – September 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 – September 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 – September 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 – September 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 – September 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

5A

FILED
MAY 02 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CRAIG L. HARDING, PT,** **Certificate of Registration No. PT01062,** **Respondent.**	**CASE NO. 21-146-PT-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 Craig Harding ("Harding"), Certificate of Registration No. PT01062, was a pharmaceutical technician registered with the Board.

FACTUAL ALLEGATIONS

2. Respondent Harding was employed by the University Medical Center of Southern Nevada's ("UMC") Pharmacy located at 1800 W. Charleston Boulevard, Las Vegas, Nevada 89102 as a pharmaceutical technician. The UMC Pharmacy operates 103 medication kiosks (dispensing devices) located at nursing units, quick care clinics, primary care facilities, operating areas, and emergency rooms.

3. Jamie King ("King") is the pharmacy manager for UMC Pharmacy. King indicated that a medication management survey is conducted at the UMC Pharmacy kiosks once a month. The pharmaceutical technician(s) fill the kiosks once a week.

4. On or about August 18, 2021, King discovered the first handwritten change of the beyond use date ("BUD") on a label of an oral syringe of dexamethasone 4mg/ml at the Sunset Quick Care. She noted the anomaly and disposed of the syringe.

5. On or about August 20, 2021, King discovered more handwritten changes of BUDs on the labels of oral syringes of dexamethasone 4mg/ml at the Blue Diamond Quick Care during a monthly inspection. King opened an investigation.

6. Michael Van Thiel, CPhT ("Van Thiel"), Pharmacy Technician Supervisor at UMC pharmacy was tasked with the investigation. Van Thiel began the investigation by speaking with Respondent Harding on or about August 23, 2021, as Harding was the only PT who serviced the kiosks in question every week.

7. Van Thiel showed Respondent Harding the dexamethasone syringes with the handwritten changes to the BUDs. During the investigation, it was revealed that 29 syringe BUDs were changed by handwriting at nine (9) UMC quick care kiosk locations. Some labels, both the month and day were changed, and in other labels only the month or only the day were changed.

8. Respondent Harding admitted that the handwritten date changes were in his handwriting. Harding stated that he changed the BUDs because he believed that BUDs should be 6 months for dexamethasone. Harding indicated that he handwrote changes to the BUDs so that he did not have to change the oral syringes out as frequently. Harding acknowledged that he should have cleared this practice with his supervisor or managing pharmacist, but failed to do so.

9. On or about August 27, 2021, Harding was suspended pending investigation.

10. On or about September 15, 2021, King reported the violations of Respondent Harding to the Board.

11. On September 17, 2021, Harding resigned his employment with UMC prior to the close of the UMC Pharmacy's investigation.

APPLICABLE LAW

12. Unprofessional conduct includes performing or "in any way being a party to any fraudulent or deceitful practice or transaction." NAC 639.945(1)(h).

13. Unprofessional conduct includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

14. Unprofessional conduct or conduct contrary to the public interest includes performing any act, task, or operation for which licensure, certification, or registration is required without the licensure, certification, or registration. NAC 639.945(1)(k).

15. Drugs are deemed adulterated if they consist in whole or in part any filthy or decomposed substance. NRS 585.370.

16. 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.

17. Drugs are deemed misbranded if it contains a false or misleading label. NRS 585.410.

18. Respondent is subject to discipline for violations pursuant to NRS 639.210 and/or NRS 639.255.

COUNT ONE
Unprofessional Conduct – Fraudulent, Deceitful Practice

19. By handwriting changes to the BUDs of dexamethasone syringes as alleged herein, Respondent Harding was a party to a fraudulent or deceitful practice, 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.

COUNT TWO

Unprofessional Conduct – Incompetent, Unskillful, or Negligent Conduct

20. Respondent Harding 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/or misbranded labels by handwriting changes to BUDs of dexamethasone syringes, and is therefore subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

COUNT THREE

Unprofessional Conduct – Unlicensed/Unregistered Activity

21. By handwriting changes to BUDs of dexamethasone syringes which would require a pharmacist registration to determine BUDs, Respondent Harding engaged in unlicensed/unregistered activity which constitutes unprofessional conduct or conduct contrary to the public interest in violation of NAC 639.945(1)(k), and is subject to discipline pursuant to 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.

Signed 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.** **CRAIG L. HARDING, PT,** **Certificate of Registration No. PT01062,** **Respondent.**	**CASE NO. 21-146-PT-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation 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.** **CRAIG L. HARDING, PT,** **Certificate of Registration No. PT01062,** **Respondent.**	**Case NO. 21-146-PT-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

CRAIG L. HARDING, PT

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:

Craig Harding
[redacted]JAMES GRAYSON DR.
LAS VEGAS, NV 89145

Darlene Nases
DARLENE NASES

5B

FILED
SEP 01 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,** **WALGREENS PHARMACY #7864** **Pharmacy License No. PH01977,** **MINQUANG NGUYEN, RPH** **Certificate of Registration No. 15913,** **MARIA CRUZ, RPH** **Certificate of Registration No. 18166, and** **TINA RIZZOLO, RPH** **Certificate of Registration No. 17665,** **Respondents.**	**CASE NOS. 18-055-PH-A-S** **18-055-PH-B-S** **18-055-RPH-A-S** **18-055-RPH-B-S** **18-055-RPH-C-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/or NRS 639.241.

JURISDICTION

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 #4854"), Pharmacy License No. PH01293, Respondent Walgreens Pharmacy #7864 ("Walgreens #7864"), Pharmacy License No. PH01977, Respondent Minquang Nguyen, RPH ("Nguyen"), Certificate of Registration No. 15913, Maria Cruz, RPH ("Cruz"), Certificate of Registration No. 18166, and Respondent Tina Rizzolo, RPH ("Rizzolo"), Certificate of Registration No. 17665, were licensed/registered with the Board.

FACTUAL ALLEGATIONS

1. Respondent Walgreens #4854 is located at 4771 W. Craig Road, North Las Vegas, Nevada.

2. Respondent Walgreens #7864 is located at 7755 N. Durango Drive, Las Vegas, Nevada.

3. Respondent Nguyen was the managing pharmacist at Walgreens #4854 at the time of the events alleged herein.

4. Respondent Cruz was employed by Walgreens #4854 as a staff pharmacist at the time of the events alleged herein.

5. Respondent Rizzolo was employed by Walgreens #7864 as a staff pharmacist at the time of the events alleged herein.

6. Respondent Nguyen had past discipline in case no. 13-006-RPH-S where he stipulated to receive a public letter of reprimand for his failure to verify the status of a pharmaceutical technician in training. The pharmaceutical technician in training application was not on file with the Board and Respondent Nguyen allowed pharmaceutical technician in training to work ninety-three (93) days without a license.

7. Respondent Rizzolo had past discipline in case no. 15-028-RPH-A-S where she documented patient counseling but failed to detect a medication error during counseling.

8. On or about June 14, 2018, patient T.C. dropped off three (3) prescriptions to Walgreens #4854, one (1) prescription for himself and two (2) prescriptions for his mother, patient G.S.

9. T.C.'s prescription was for hydrocodone-acetaminophen 7.5/325, quantity 150, from Dr. A.A, and designated prescription no. 1929977. This prescription no. 1929977 was filled and dispensed for patient T.C. with no errors. Patient G.S.'s first prescription was for triamcinolone 0.1% cream from Dr. K.K., and designated prescription no. 1929983. This prescription no.

1929983 was filled and dispensed for patient G.S. with no errors. The second prescription for G.S. was for **tramadol HCl 50 mg**, quantity 90, from Dr. A.A., designated prescription no. **1929979.** This prescription no. 1929979 was filled and dispensed for wrong patient T.C. and with the wrong prescriber information, Dr. K.K. instead of Dr. A.A. The tramadol prescription was later duplicated and rescanned by Respondent Nguyen for reasons unknown, and designated prescription no. 1930079. Prescription no. 1930079 was filled and dispensed for patient G.S. correctly.

10. The misfilled tramadol prescription was scanned by pharmaceutical technician A.M. at 9:31 a.m. on June 14, 2018, and designated prescription no. 1929979 by Walgreen's system.

11. The initial data entry for the prescription no. 1929979 was performed by Respondent Rizzolo at Walgreens Pharmacy #7864 (a different location) at 2:14 p.m. on June 14, 2018.

12. The patient's name for prescription no. 1929979 was incorrectly entered or changed to reflect T.C. instead of the correct patient, T.C.'s mother – patient G.S. In addition, the incorrect prescriber information was entered as Dr. K.K. when the correct prescriber was Dr. A.A.

13. Respondent Nguyen performed a data entry review of prescription no. 1929979 at 2:16 p.m. and performed a DUR override for duplicate therapy because patient T.C. was already prescribed a pain medication hydrocodone-acetaminophen, and the tramadol is also used to treat pain.

14. Respondent Nguyen filled prescription no. 1929979 at 2:20 p.m.

15. Respondent Cruz performed the final product verification for prescription no. 1929979 at 2:25 p.m., which was misfilled.

16. Patient T.C. received four (4) total prescription medications instead of three (3), which included the misfilled and duplicate prescription of **tramadol**, prescription no. **1929979** for himself (which was prescribed for his mother, patient G.S., and filled by prescription no. 1930079).

Patient T.C. did not ingest any of the tramadol and the entire contents of the prescription were returned to Walgreens.

APPLICABLE LAW

17. A licensee/registrant commits unprofessional conduct when he or she fails to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d).

18. Unprofessional conduct also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

19. NAC 639.252(2) states in relevant part: "If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription."

20. "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).

21. "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." NRS 639.220; NAC 639.702.

22. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NAC 639.945(2).

23. Respondents are subject to discipline for violations pursuant to NRS 639.210 and/or NRS 639.255.

FIRST COUNT

Unprofessional Conduct – Failure to Strictly Follow Instructions of Prescriber(s) (Respondents Nguyen, Cruz, Rizzolo)

24. Respondent Nguyen performed his duties in an incompetent, unskillful or negligent manner when he failed to accurately verify medication at data entry review, overrode the DUR for duplicate therapy for prescription no. 1929979, duplicated prescription no. 1929979 to another prescription no. 1930079, and failed to strictly follow the instructions of a practitioner by dispensing a duplicate and mislabeled prescription and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i), and is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

25. Respondent Cruz performed her duties in an incompetent, unskillful or negligent manner when she performed the final product verification for prescription no. 1929979, failed to accurately verify the medication, and failed to strictly follow the instructions of a practitioner by dispensing a duplicate and mislabeled prescription and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i), and is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

26. Respondent Rizzolo performed her duties in an incompetent, unskillful or negligent manner when she conducted the initial data entry for prescription no. 1929979, failed to strictly follow the instructions of a practitioner by failing to enter the correct patient's name and prescriber information, and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i), and is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

SECOND COUNT

Pharmacy/Pharmacy Owner Responsibility
(Respondents Walgreens #4854 and Walgreens #7864)

27. As the pharmacy where Respondents Nguyen, Cruz, and PT A.M. violated the laws as alleged herein, Walgreens #4854 is responsible for those violations pursuant to NAC 639.702, and NAC 639.945(2). Respondent Walgreens is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

28. As the pharmacy where Respondent Rizzolo violated the laws as alleged herein, Walgreens #4854 is responsible for those violations pursuant to NAC 639.945(2). Respondent Walgreens #7864 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 pharmacy licenses or certificates of registrations of these Respondents.

Signed this 1st day of September, 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 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** **Pharmacy License No. PH01293,** **Respondent.**	**CASE NO. 18-055-PH-A-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation 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 1st day of September 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.** **WALGREENS PHARMACY #4854** **Pharmacy License No. PH01293,** **Respondent.**	**CASE NO. 18-055-PH-A-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 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 1st day of September 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

Walgreen's Pharmacy #7864
7755 N Durango Dr.
Las Vegas, NV 89131

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

Minquang Nguyen, RPH
[redacted] Alpine Lily Dr.
Las Vegas, NV 89141

Minquang Nguyen, RPH
[redacted] W. Spring Mountain Rd. #A
Las Vegas, NV 89146

Maria Cruz, RPH
[redacted] Cortina Rancho St.
Las Vegas, NV 89147

Tina Rizzolo, RPH
[redacted] S. Bronco St.
Las Vegas, NV 89146

Darlene Nases

DARLENE NASES

5C

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #7864** **Pharmacy License No. PH01977,** **Respondent.**	**CASE NO. 18-055-PH-B-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation 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 1st day of September, 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.** **WALGREENS PHARMACY #7864** **Pharmacy License No. PH01977,** **Respondent.**	**CASE NO. 18-055-PH-B-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR WALGREENS PHARMACY #7864

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:

Walgreen's Pharmacy #4854
4771 W Craig Rd
North Las Vegas, NV 89032

Walgreen's Pharmacy #7864
7755 N Durango Dr.
Las Vegas, NV 89131

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

Minquang Nguyen, RPH
[redacted] Alpine Lily Dr.
Las Vegas, NV 89141

Minquang Nguyen, RPH
[redacted] W. Spring Mountain Rd. #A
Las Vegas, NV 89146

Maria Cruz, RPH
[redacted] Cortina Rancho St.
Las Vegas, NV 89147

Tina Rizzolo, RPH
[redacted] S. Bronco St.
Las Vegas, NV 89146

Darlene Nases
DARLENE NASES

5D

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. MINQUANG NGUYEN, RPH Certificate of Registration No. 15913, Respondent.	CASE NO. 18-055-RPH-A-S STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation 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 1st day of September 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.** **MINQUANG NGUYEN, RPH** **Certificate of Registration No. 15913,** **Respondent.**	**CASE NO. 18-055-RPH-A-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

MINQUANG NGUYEN, RPH

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:

Walgreen's Pharmacy #4854
4771 W Craig Rd
North Las Vegas, NV 89032

Walgreen's Pharmacy #7864
7755 N Durango Dr.
Las Vegas, NV 89131

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

Minquang Nguyen, RPH
[redacted] Alpine Lily Dr.
Las Vegas, NV 89141

Minquang Nguyen, RPH
[redacted] W. Spring Mountain Rd. #A
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Maria Cruz, RPH
[redacted] Cortina Rancho St.
Las Vegas, NV 89147

Tina Rizzolo, RPH
[redacted] S. Bronco St.
Las Vegas, NV 89146

Darlene Nases

DARLENE NASES

5E

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARIA CRUZ, RPH** **Certificate of Registration No. 18166** **Respondent.**	**CASE NO. 18-055-RPH-B-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation 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 1st day of September 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.** **MARIA CRUZ, RPH** **Certificate of Registration No. 18166,** **Respondent.**	**CASE NO. 18-055-RPH-B-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

MARIA CRUZ, RPH

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:

Walgreen's Pharmacy #4854
4771 W Craig Rd
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Walgreen's Pharmacy #7864
7755 N Durango Dr.
Las Vegas, NV 89131

William Stilling, Esq.
222 South Main St., Suite 500
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Minquang Nguyen, RPH
[redacted] Alpine Lily Dr.
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Maria Cruz, RPH
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Tina Rizzolo, RPH
[redacted] S. Bronco St.
Las Vegas, NV 89146

Darlene Nases

DARLENE NASES

5F

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TINA RIZZOLO, RPH** **Certificate of Registration No. 17665,** **Respondent.**	**CASE NO. 18-055-RPH-C-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation 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:**

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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 1st day of September 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.** **TINA RIZZOLO, RPH** **Certificate of Registration No. 17665,** **Respondent.**	**CASE NO. 18-055-RPH-C-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

TINA RIZZOLO, RPH

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:

Walgreen's Pharmacy #4854
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North Las Vegas, NV 89032

Walgreen's Pharmacy #7864
7755 N Durango Dr.
Las Vegas, NV 89131

William Stilling, Esq.
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Salt Lake City, UT 84101

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[redacted] Alpine Lily Dr.
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Minquang Nguyen, RPH
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Maria Cruz, RPH
[redacted] Cortina Rancho St.
Las Vegas, NV 89147

Tina Rizzolo, RPH
[redacted] S. Bronco St.
Las Vegas, NV 89146

Darlene Nases
DARLENE NASES

5G

FILED
AUG 31 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** **SOYOUNG EOM, RPH, Certificate of Registration No. 18126,** **Respondents.**	**CASE NOS. 18-067-PH-S** **18-067-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, and Respondent Soyoung Eom, RPh, ("Eom"), last name also known as Cho, held a Nevada Pharmacist Certificate of Registration No. 18126, both issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Walgreens is located at 4771 West Craig Road in North Las Vegas, Nevada.

3. Respondent Eom was employed as a staff pharmacist of Walgreens during the alleged and relevant timeframes.

4. On or about May 31, 2016, practitioner Dr. A.D. prescribed for patient Z.B., Singulair 10mg tablets, quantity ninety (90) with directions to take one tablet per day, with one refill. The prescription was presented to Walgreens on May 31, 2016.

5. On July 12, 2017, Walgreens system sent an electronic request for refill authorization/renewed prescription for Singulair 10 mg (generic name is montelukast), quantity ninety (90) with three (3) refills, designated prescription number 1824608. Singulair is a drug used to improve symptoms of asthma and inflammation of the lining of the nose.

6. A refill was generated on May 22, 2018, designated prescription number 1923276. Respondent Eom performed the data entry review.

7. PTT J.H. filled the prescription. During the filling process, PTT J.H. retrieved three (3) bottles of what she thought was montelukast 10 mg, quantity thirty (30). PTT J.H. retrieved two (2) bottles of montelukast 10 mg and accidentally grabbed one (1) bottle of sildenafil 20 mg (generic of Viagra). Sildenafil is used to treat erectile dysfunction. The size and label on the bottle of sildenafil is similar to the bottle of montelukast. According to policy and procedure, PTT J.H. should have scanned each of the bottles prior to labeling, but she appeared to scan one bottle of the montelukast three times.

8. The bottles were presented to Respondent Eom for final verification with the lids off so the pharmacist could verify the sealed bottles. Respondent Eom performed the final product review, but failed to discover the error.

9. Prescription number 1923276 was sold with counseling marked as completed by RPh M.C.

10. Patient Z.B. took the medication as directed. She ingested approximately twenty-seven (27) tablets of sildenafil 20 mg (1 per day) before the mistake was discovered by her practitioner.

11. Patient Z.B. reported nerve pain, edema, pneumonia, and asthma due to ingestion of sildenafil.

APPLICABLE LAW

12. A licensee/registrant commits unprofessional conduct when he or she fails to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d).

13. Unprofessional conduct also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

14. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NAC 639.945(2).

15. Respondents are subject to discipline for violations pursuant to NRS 639.210 and/or NRS 639.255.

FIRST COUNT
Unprofessional Conduct - Failure to Strictly Follow the Prescriber's Instructions (Respondent Eom)

16. Respondent Eom violated NAC 639.252(2) and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she failed to strictly follow the practitioner's order and filled the prescription for montelukast 10 mg with the wrong prescription drug, sildenafil. Respondent further violated NAC 639.252(2) and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she verified data entry as accurate and the final product on prescription # 1923276 as accurate when it was not, which resulted in Walgreens dispensing ***sildenafil*** 20 mg tablets instead of the ***montelukast*** 10 mg tablets as

prescribed. Eom is therefore subject to discipline pursuant to NRS 639.210(4), (11), (15) and/or NRS 639.255.

SECOND COUNT
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens)

17. 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 NAC 639.945(2) and is therefore subject to discipline pursuant to NRS 639.210(4) 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 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 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. 18-067-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.

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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.** **WALGREENS PHARMACY #4854,** **License No. PH01293,** **Respondent.**	**CASE NO. 18-067-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 1st day of September, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreens Pharmacy #4854
4771 W Craig Rd.
North Las Vegas, NV 89032

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT

Soyoung Eom, RPH
[redacted] Dazzling Gold St.
Las Vegas, NV 89138

Darlene Nases
DARLENE NASES

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** v. **SOYOUNG EOM, RPH,** **Certification of Registration No. 18126,** **Respondent.**	**CASE NO. 18-067-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, 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.** **SOYOUNG EOM, RPH,** **Certification of Registration No. 18126,** **Respondent.**	**CASE NO. 18-067-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.

_____

SOYOUNG EOM, RPH

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:

Walgreens Pharmacy #4854
4771 W Craig Rd.
North Las Vegas, NV 89032

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT

Soyoung Eom, RPH
[redacted] Dazzling Gold St.
Las Vegas, NV 89138

Darlene Nases
DARLENE NASES

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FILED 1259
AUG 31 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **WALGREENS PHARMACY #4137, Pharmacy License No. PH01132,** **HIEP TRAN, RPH, Certificate of Registration No. 17091, and** **THUTHAPORN WONGSE-SANIT, RPH, Certificate of Registration No. 16891,** **Respondents.**	Case No. 18-072-PH-S 18-072-RPH-A-S 18-072-RPH-B-S **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Walgreens Pharmacy #4137 ("Walgreens"), Pharmacy License No. PH01132, Respondent Hiep Tran, RPH ("Tran"), Certificate of Registration No. 17091, and Respondent Thuthaporn Wongse-Sanit, RPH ("Wongse-Sanit"), Certificate of Registration No. 16891 were licensed/registered with the Board.

FACTUAL ALLEGATIONS

1. Respondent Walgreens is located at 9415 W. Desert Inn, in Las Vegas, Nevada.

2. Respondent Tran was a staff pharmacist at Walgreens during the alleged and relevant timeframes.

3. Respondent Wongse-Sanit was a staff pharmacist at Walgreens during the alleged and relevant timeframes.

4. On April 5, 2018, practitioner M.H. wrote patient K.J. a prescription for Morphine Sulfate 15 mg Immediate Release, quantity 120, which was designated prescription number 2844442 by Walgreens.

5. Walgreens' records showed that pharmaceutical technician ("PT") S.V. scanned the prescription on April 5, 2018.

6. Drug utilization review ("DUR") flag(s) were overridden by Respondent Wongse-Sanit on April 5, 2018.

7. It was later discovered that PT S.V. was not the PT who scanned and entered the prescription information incorrectly for prescription number 2844442 on April 5, 2018. PT C.S. entered the information incorrectly as Morphine Sulfate 15 mg **Extended Release** instead of Immediate Release. PT S.V. forgot to sign out of his computer terminal, and PT C.S. failed to sign in, resulting in the recording of data entry under the wrong PT's name. Respondent Tran discovered the PT's data entry mistake and attempted to correct from **Extended Release** to the prescribed Immediate Release, but in attempting to correct the prescription, Tran selected the wrong dosage **30 mg**, instead of the prescribed 15 mg.

8. The final product review was performed by Respondent Tran on April 5, 2018 for the prescription, Morphine Sulfate at a higher dosage of **30 mg** than prescribed. This prescription was dispensed on April 10, 2018.

9. In addition, although Respondent Tran did not work on April 10, 2018, the date of dispensed prescription number 2844442, his name was kept on the dispensing record because Respondent Tran was the last recorded pharmacist who performed final review. A Walgreens' representative explained that a "MSC exception" was utilized instead of a "TPR exception", and that only a rebilling to a different insurance occurred, so that the original entry user was still responsible for the data entered.

10. Patient K.J. ingested all 120 tablets. Patient K.J. initially experienced dizziness and nausea when she took the increased and incorrect prescribed dosage of Morphine Sulfate, prescription number 2844442. The error was discovered upon a follow-up visit with practitioner M.H. on May 1, 2018.

APPLICABLE LAW

11. A licensee/registrant commits unprofessional conduct when he fails to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d).

12. Unprofessional conduct also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

13. Persons registered to dispense controlled substances and/or dangerous drugs shall keep records and maintain inventories in conformance with the recordkeeping and inventory requirements of state and federal law, and maintain proper personnel on duty records. NRS 453.246; NRS 453.326; NAC 453.480; NAC 639.245; NAC 639.482; NAC 639.485; NAC 639.487; 21 CFR § 1304.21.

14. NAC 639.252(2) states in relevant part: "If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription."

15. "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).

16. "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." NAC 639.702.

17. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NAC 639.945(2).

18. Respondents are subject to discipline for violations pursuant to NRS 639.210 and/or NRS 639.255.

COUNT ONE
Unprofessional Conduct – Failure to Strictly Follow Directions of Prescriber
(Respondent Tran)

19. Respondent Tran failed to strictly follow the instructions of a prescriber M.H. by dispensing the wrong dosage of Morphine Sulfate **30 mg**, prescription number 2844442, instead of the correct dosage 15 mg, and engaged in unprofessional conduct as defined in NAC 639.945(1)(d), and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

COUNT TWO
Unprofessional Conduct- Incompetent, Unskillful, or Negligent Conduct
(Respondents Tran and Wongse-Sanit)

20. Respondent Tran performed his duties in an incompetent, unskillful or negligent manner when he failed to accurately verify medication at data entry review for prescription number 284444, which was the wrong dosage of Morphine Sulfate **30 mg** instead of the correct dosage 15 mg, failed to properly verify medication during final review, and engaged in unprofessional

conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

21. Respondent Wongse-Sanit performed her duties in an incompetent, unskillful or negligent manner when she overrode DUR flag(s) for prescription number 2844442, and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

COUNT THREE
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens)

22. As the pharmacy where Respondent Tran, Respondent Wongse-Sanit, and PT C.S. violated the laws as alleged herein, Walgreens is responsible for those violations pursuant to NAC 639.702, and NAC 639.945(2). Respondent Walgreens is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

23. By failing to keep complete, accurate, and readily retrievable records of all controlled substances dispensed, failing to record the correct pharmacy personnel who performed each step of data entry, verification and dispensing, Walgreens violated NRS 453.246; NRS 453.326; NAC 453.480; NAC 639.245; NAC 639.482; NAC 639.485; NAC 639.487; 21 CFR § 1304.21, and is subject to discipline pursuant to NRS 639.210, and/or NRS 639.255.

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WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the license(s)/registration(s) of these Respondents.

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 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 #4137,** **Pharmacy License No. PH01132,** **Respondent.**	CASE NO. 18-072-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, 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. **WALGREENS PHARMACY #4137,** **Pharmacy License No. PH01132,** **Respondent.**	CASE NO. 18-072-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 #4137

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:

Walgreens Pharmacy #4137
9415 W Desert Inn Rd
Las Vegas Nv 89117-6765

Hiep Tran, RPH
[redacted] Luminal Lane
Las Vegas, NV 89147

Thuthaporn Wongse-Sanit, RPH
[redacted] Morning Water St
Las Vegas, NV 89149

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

KRISTOPHER MANGOSING

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **HIEP TRAN, RPH,** **Certificate of Registration No. 17091** **Respondent.**	CASE NO. 18-072-RPH-A-S **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation 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.** **HIEP TRAN, RPH,** **Certificate of Registration No. 17091** **Respondent.**	CASE NO. 18-072-RPH-A-S **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____
HIEP TRAN, RPH

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:

Walgreens Pharmacy #4137
9415 W Desert Inn Rd
Las Vegas Nv 89117-6765

Hiep Tran, RPH
[redacted] Luminal Lane
Las Vegas, NV 89147

Thuthaporn Wongse-Sanit, RPH
[redacted] Morning Water St
Las Vegas, NV 89149

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

KRISTOPHER MANGOSING

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **THUTHAPORN WONGSE-SANIT, RPH, Certificate of Registration No. 16891,** **Respondent.**	CASE NO. 18-072-RPH-B-S **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation 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.** **THUTHAPORN WONGSE-SANIT, RPH, Certificate of Registration No. 16891,** **Respondent.**	CASE NO. 18-072-RPH-B-S **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____
THUTHAPORN WONGSE-SANIT, RPH,

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:

Walgreens Pharmacy #4137
9415 W Desert Inn Rd
Las Vegas Nv 89117-6765

Hiep Tran, RPH
[redacted] Luminal Lane
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Thuthaporn Wongse-Sanit, RPH
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KRISTOPHER MANGOSING

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FILED
AUG 31 2022
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
4750 W Flamingo Rd #B
Las Vegas, NV 89103

Samuel Mujica-Trenche, MD
2920 North Green Valley Pkwy
Las Vegas, NV 89014

KRISTOPHER MANGOSING

5M

FILED
MAY 11 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #8779** **Certificate of Registration No. PH01613,** **Respondents.**	**Case No. 19-067-PH-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent CVS #8779 ("CVS"), held Pharmacy License No. PH01613, issued by the Board.

FACTUAL ALLEGATIONS

2. During the Board's annual 2019 inspection, Respondent was unable to produce a record for controlled substance prescription no. 1343352 for OxyCodone Hydrochloride 30mg oral tablets 180 count, written on January 4, 2018.

APPLICABLE LAW

3. NRS 639.236 and NAC 639.482 require pharmacies to retain prescription records for a period of two (2) years and make prescription records available for inspection by the Board.

4. NAC 639.485(3) requires pharmacies to maintain records for two (2) years of the distribution of controlled substances listed in schedule II-IV including: (a) the name of the drug, dosage form, and strength; (b) the name of the pharmacist distributing or authorizing the distribution of the controlled substance; (c) the name of the authorized person receiving the controlled substance; (d) the locations of which the controlled substance is being distributed; (e)

controlled substances returned to the pharmacy; and (f) a record of any waste of any prepared or partially administered dose of a controlled substance, which must be witnessed and cosigned by another person who is licensed to provide medical care.

5. NAC 639.935 requires a pharmacy to possess a computerized system capable of producing a printed record of its contents in a manner that permits an audit of each prescription immediately upon request of a Board inspector for purposes of an audit conducted pursuant to NRS 639.238(a)(d) and/or NRS 453.261.

6. Pharmacies shall keep controlled substances records and maintain controlled substances inventories in conformance with the recordkeeping and inventory requirements of federal law; furthermore, it is unlawful for a person to fail to make, keep or furnish any record, notification, order form, statement, invoice or information required by law. 21 U.S.C. § 842(a)(5); 21 CFR § 1304.04; 21 CFR § 1304.11; 21 CFR § 1304.21.

7. 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).

8. Pursuant to NRS 639.210(12) and (17), the Board may suspend or revoke a certificate, license, registration, or permit issued pursuant to NRS Chapter 639 if the holder violates, attempts to violate, assists or abets in the violations of or conspires to violate any provisions of NRS Chapter 639 or any law or regulation relating to drugs or the practices of pharmacy or has failed to maintain and make available to a state officer any records in accordance with NRS Chapters 639, 453, or 454.

COUNT ONE

Violations of Federal and State Law - Prescription Records

Respondent violated 21 U.S.C. § 842(a)(5), 21 CFR § 1304.04, 21 CFR § 1304.11, 21 CFR § 1304.21, NRS 639.236, NAC 639.482, NAC 639.485(3) and/or NAC 639.935, when

Respondent was unable to produce a copy of prescription no. 1343352 upon a request from the Board's inspector during Respondent's 2019 audit.

The Board may suspend or revoke a pharmacy's license if it has violated any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy or has failed to maintain and make available to a state or federal officer any records required to be maintained pursuant to NRS 454 or 453. NRS 639.210(11), (12) and/or (17).

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 11th 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.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #8779** **Certificate of Registration No. PH01613,** **Respondent.**	**CASE NO. 19-067-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 11th 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 #8779** **Certificate of Registration No. PH01613,** **Respondent.**	**CASE NO. 19-067-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 #8779

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:

CVS/PHARMACY #8779
220 Fairview Ln
Carson City, Nv 89701

Brian J. Convery, Esq.
Senior Legal Counsel – CVS Health
200 Campus Drive, Suite 310
Florham Park, NJ 07932

SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #8779** **Certificate of Registration No. PH01613,** **Respondent.**	**Case No. 19-067-PH-N** **STIPULATION AND ORDER**

Peter Keegan, Assistant General Counsel for Petitioner the Nevada State Board of Pharmacy ("Board"), Respondent CVS Pharmacy #8779 ("CVS"), Certificate of Registration No. PH01613, **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 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 failed to comply with the provisions below, CVS hereby freely and voluntarily waive its right to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to it 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 prescription records in violation of 21 U.S.C. § 842(a)(5), 21 CFR § 1304.04, 21 CFR § 1304.11, 21 CFR § 1304.21, NRS 639.236, NAC 639.482, NAC 639.485(3) and/or NAC 639.935 when CVS was unable to produce a copy of prescription no. 1343352 upon a request from the Board's inspector during an annual 2019 inspection and audit.

7. The above cited violations of law are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210(11), (12), and/or (17), as well as NRS 639.255.

8. Based upon the Accusation and the foregoing admissions, the Board and CVS stipulate to the below listed penalties. Respondent CVS Pharmacy #8779, Certificate of Registration No. PH01613, 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 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 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'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.

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, 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.

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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 have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 16th **day of** ~~June~~ September **2022.**

CVS PHARMACY, #8779
Certificate of Registration No. PH01613

Signed this 19th **day of** ~~June~~ September **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 #8779, Certificate of Registration No. PH01613, in Case No. 19-067-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 July 2022.

Helen Park, President
Nevada State Board of Pharmacy

5N

FILED
SEP 01 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREENS PHARMACY #5311,
Pharmacy License No. PHN01562,

RENA DAWN CARRERA, RPH,
Certificate of Registration No. 18557,

GENEVIEVE BALINGIT, PT,
Certificate of Registration No. PT17726,

Respondents.

CASE NOS. 19-027-PHN-S
19-027-RPH-S
19-027-PT-S

NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, R.Ph., 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 Walgreens Pharmacy #5311 ("Walgreens") held a Nevada Pharmacy License No. PHN01562; Respondent Rena Dawn Carrera ("Carrera") held a Nevada Pharmacist Certificate of Registration No. 18557; and Respondent Genevieve Balingit ("Balingit") held a Nevada Pharmaceutical Technician Registration No. PT17726, all issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Walgreens is located on 1180 E. Flamingo Road in Las Vegas, Nevada.

3. Respondent Carrera was the managing pharmacist at Walgreens during the alleged and relevant timeframes.

4. Respondent Balingit was employed by Walgreens during the alleged and relevant timeframes.

5. On or about December 21, 2015, Respondent Balingit was first licensed as a pharmaceutical technician in training at Walgreens. Respondent Carrera signed off as managing pharmacist of Walgreens who would supervise Respondent Balingit in her training as a pharmaceutical technician.

6. On or about March 1, 2017, Respondent Balingit began working as a pharmaceutical technician for Walgreens. Respondent Carrera executed an affidavit indicating that Respondent Balingit met the training/qualifications as a pharmaceutical technician. However, Respondent Carrera did not review Respondent Balingit's application for accuracy, nor did Carrera confirm/verify that Respondent Balingit was a high school graduate or equivalent before signing the affidavit.

7. On or about March 8, 2019, it was discovered that Balingit had falsified her application for pharmaceutical technician in training by checking the box "yes" for high school graduate or equivalent although she was not a high school graduate or equivalent. Walgreens terminated Balingit upon discovering the misrepresentation of her education.

8. Upon review of Walgreens' payroll records, it was determined that Balingit had worked for Walgreens for seven-hundred thirteen (713) days between December 21, 2015 through March 8, 2019 as a pharmaceutical technician in training and as a pharmaceutical technician. This work was unauthorized because Respondent Balingit did not meet the education qualification.

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APPLICABLE LAW

9. A pharmaceutical technician must be a high school graduate or equivalent. NRS 639.1371(3)(a)(3); NAC 639.240(2)(b).

10. It is unprofessional conduct and contrary to the public interest to perform or be a party to any fraudulent or deceitful practice. NAC 639.945(1)(h).

11. A licensee engages in unprofessional conduct and conduct contrary to the public interest when she performs her duties in an incompetent, unskillful, or negligent manner. NAC 639.945(1)(i).

12. Each pharmacy must be managed by a registered pharmacist who is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations. NRS 639.220(1).

13. A managing pharmacist is responsible for violations committed by the pharmacy's employees. NRS 639.220(1); NAC 639.702.

14. The Board may suspend or revoke a registration pursuant to NRS 639.210(15) when a person has "as a managing pharmacist, violated any provision of law or regulation concerning recordkeeping or inventory in a store over which he or she presides, or has knowingly allowed a violation of any provision of this chapter or other state or federal laws or regulations relating to the practice of pharmacy by personnel of the pharmacy under his or her supervision."

15. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NAC 639.702; NAC 639.945(2).

16. For the violations, Respondents are subject to disciplinary action pursuant to NRS 639.210 and/or NRs 639.255.

COUNT ONE
Unprofessional Conduct – Fraudulent or Deceitful Practice
(Respondent Balingit)

17. By knowingly misrepresenting her qualifying high school education, Respondent Balingit obtained her pharmaceutical technician in training and pharmaceutical technician registration(s) by fraud or deceit, as defined in NAC 639.945(1)(h), and is therefore subject to discipline pursuant to NRS 639.210, and/or NRS 639.255.

COUNT TWO
Unprofessional Conduct – Incompetent, Unskillful or Negligent Conduct
(Respondent Carrera)

18. As the managing pharmacist of Walgreens, Respondent Carrera permitted or negligently permitted Balingit to be employed as a pharmaceutical technician when she was not qualified, executed an affidavit indicating that Respondent Balingit met the qualifications of a pharmaceutical technician when she did not, and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.945(1)(i), performed her duties in an incompetent, unskillful or negligent manner, and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4), (11), (12), (15), and/or NRS 639.255.

COUNT THREE
Managing Pharmacist's Responsibilities
(Respondent Carrera)

19. As the managing pharmacist of Walgreens, Respondent Carrera is responsible for the violations of the pharmaceutical technician, Respondent Balingit, pursuant to NRS 639.220(1), NAC 639.702, when she knew or should have known of the unauthorized work

performed by Respondent Balingit due to lack of educational qualification as required by NAC 639.240(2)(b), and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

COUNT FOUR
Pharmacy/Owner Responsibilities
(Respondent Walgreens)

20. As the owner/operator of the pharmacy at the time of each of the violations alleged herein, Walgreens is responsible for the violations, including those of its employees, pursuant to NRS 639.230(5), NAC 639.702, and 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(s) of these Respondents.

Signed this 1st day of September 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 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, 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. **WALGREENS PHARMACY #5311,** **Pharmacy License No. PHN01562,** **Respondent.**	CASE NO. 19-027-PHN-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 1st day of September, 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.** **WALGREENS PHARMACY #5311, Pharmacy License No. PHN01562,** **Respondent.**	**CASE NO. 19-027-PHN-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 #5311

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:

Walgreens Pharmacy #5311
1180 E Flamingo Rd
Las Vegas, NV 89119

Rena Dawn Carrera, RPH
7113 Dalegrove Dr
Las Vegas, NV 89129

Genevieve Balingit, PT
6025 W Flamingo Rd Apt 144
Las Vegas, NV 89103

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

KRISTOPHER MANGOSING

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FILED
SEP 01 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **WALGREENS PHARMACY #5311, Pharmacy License No. PHN01562,** **RENA DAWN CARRERA, RPH, Certificate of Registration No. 18557,** **GENEVIEVE BALINGIT, PT, Certificate of Registration No. PT17726,** **Respondents.**	CASE NOS. 19-027-PHN-S 19-027-RPH-S 19-027-PT-S **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, R.Ph., 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 Walgreens Pharmacy #5311 ("Walgreens") held a Nevada Pharmacy License No. PHN01562; Respondent Rena Dawn Carrera ("Carrera") held a Nevada Pharmacist Certificate of Registration No. 18557; and Respondent Genevieve Balingit ("Balingit") held a Nevada Pharmaceutical Technician Registration No. PT17726, all issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Walgreens is located on 1180 E. Flamingo Road in Las Vegas, Nevada.

3. Respondent Carrera was the managing pharmacist at Walgreens during the alleged and relevant timeframes.

4. Respondent Balingit was employed by Walgreens during the alleged and relevant timeframes.

5. On or about December 21, 2015, Respondent Balingit was first licensed as a pharmaceutical technician in training at Walgreens. Respondent Carrera signed off as managing pharmacist of Walgreens who would supervise Respondent Balingit in her training as a pharmaceutical technician.

6. On or about March 1, 2017, Respondent Balingit began working as a pharmaceutical technician for Walgreens. Respondent Carrera executed an affidavit indicating that Respondent Balingit met the training/qualifications as a pharmaceutical technician. However, Respondent Carrera did not review Respondent Balingit's application for accuracy, nor did Carrera confirm/verify that Respondent Balingit was a high school graduate or equivalent before signing the affidavit.

7. On or about March 8, 2019, it was discovered that Balingit had falsified her application for pharmaceutical technician in training by checking the box "yes" for high school graduate or equivalent although she was not a high school graduate or equivalent. Walgreens terminated Balingit upon discovering the misrepresentation of her education.

8. Upon review of Walgreens' payroll records, it was determined that Balingit had worked for Walgreens for seven-hundred thirteen (713) days between December 21, 2015 through March 8, 2019 as a pharmaceutical technician in training and as a pharmaceutical technician. This work was unauthorized because Respondent Balingit did not meet the education qualification.

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APPLICABLE LAW

9. A pharmaceutical technician must be a high school graduate or equivalent. NRS 639.1371(3)(a)(3); NAC 639.240(2)(b).

10. It is unprofessional conduct and contrary to the public interest to perform or be a party to any fraudulent or deceitful practice. NAC 639.945(1)(h).

11. A licensee engages in unprofessional conduct and conduct contrary to the public interest when she performs her duties in an incompetent, unskillful, or negligent manner. NAC 639.945(1)(i).

12. Each pharmacy must be managed by a registered pharmacist who is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations. NRS 639.220(1).

13. A managing pharmacist is responsible for violations committed by the pharmacy's employees. NRS 639.220(1); NAC 639.702.

14. The Board may suspend or revoke a registration pursuant to NRS 639.210(15) when a person has "as a managing pharmacist, violated any provision of law or regulation concerning recordkeeping or inventory in a store over which he or she presides, or has knowingly allowed a violation of any provision of this chapter or other state or federal laws or regulations relating to the practice of pharmacy by personnel of the pharmacy under his or her supervision."

15. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NAC 639.702; NAC 639.945(2).

16. For the violations, Respondents are subject to disciplinary action pursuant to NRS 639.210 and/or NRs 639.255.

COUNT ONE
Unprofessional Conduct – Fraudulent or Deceitful Practice
(Respondent Balingit)

17. By knowingly misrepresenting her qualifying high school education, Respondent Balingit obtained her pharmaceutical technician in training and pharmaceutical technician registration(s) by fraud or deceit, as defined in NAC 639.945(1)(h), and is therefore subject to discipline pursuant to NRS 639.210, and/or NRS 639.255.

COUNT TWO
Unprofessional Conduct – Incompetent, Unskillful or Negligent Conduct
(Respondent Carrera)

18. As the managing pharmacist of Walgreens, Respondent Carrera permitted or negligently permitted Balingit to be employed as a pharmaceutical technician when she was not qualified, executed an affidavit indicating that Respondent Balingit met the qualifications of a pharmaceutical technician when she did not, and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.945(1)(i), performed her duties in an incompetent, unskillful or negligent manner, and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4), (11), (12), (15), and/or NRS 639.255.

COUNT THREE
Managing Pharmacist's Responsibilities
(Respondent Carrera)

19. As the managing pharmacist of Walgreens, Respondent Carrera is responsible for the violations of the pharmaceutical technician, Respondent Balingit, pursuant to NRS 639.220(1), NAC 639.702, when she knew or should have known of the unauthorized work

performed by Respondent Balingit due to lack of educational qualification as required by NAC 639.240(2)(b), and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

COUNT FOUR
Pharmacy/Owner Responsibilities
(Respondent Walgreens)

20. As the owner/operator of the pharmacy at the time of each of the violations alleged herein, Walgreens is responsible for the violations, including those of its employees, pursuant to NRS 639.230(5), NAC 639.702, and 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(s) of these Respondents.

Signed this 14 day of Septembar 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 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, 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. **RENA DAWN CARRERA, RPH,** **Certificate of Registration No. 18557** **Respondent.**	CASE NO. 19-027-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, 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 14 day of September, 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.** **RENA DAWN CARRERA, RPH,** **Certificate of Registration No. 18557** **Respondent.**	**CASE NO. 19-027-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.

_____
RENA DAWN CARRERA, RPH

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:

Walgreens Pharmacy #5311
1180 E Flamingo Rd
Las Vegas, NV 89119

Rena Dawn Carrera, RPH
7113 Dalegrove Dr
Las Vegas, NV 89129

Genevieve Balingit, PT
6025 W Flamingo Rd Apt 144
Las Vegas, NV 89103

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

KRISTOPHER MANGOSING

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FILED
SEP 01 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **WALGREENS PHARMACY #5311, Pharmacy License No. PHN01562,** **RENA DAWN CARRERA, RPH, Certificate of Registration No. 18557,** **GENEVIEVE BALINGIT, PT, Certificate of Registration No. PT17726,** **Respondents.**	CASE NOS. 19-027-PHN-S 19-027-RPH-S 19-027-PT-S **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, R.Ph., 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 Walgreens Pharmacy #5311 ("Walgreens") held a Nevada Pharmacy License No. PHN01562; Respondent Rena Dawn Carrera ("Carrera") held a Nevada Pharmacist Certificate of Registration No. 18557; and Respondent Genevieve Balingit ("Balingit") held a Nevada Pharmaceutical Technician Registration No. PT17726, all issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Walgreens is located on 1180 E. Flamingo Road in Las Vegas, Nevada.

3. Respondent Carrera was the managing pharmacist at Walgreens during the alleged and relevant timeframes.

4. Respondent Balingit was employed by Walgreens during the alleged and relevant timeframes.

5. On or about December 21, 2015, Respondent Balingit was first licensed as a pharmaceutical technician in training at Walgreens. Respondent Carrera signed off as managing pharmacist of Walgreens who would supervise Respondent Balingit in her training as a pharmaceutical technician.

6. On or about March 1, 2017, Respondent Balingit began working as a pharmaceutical technician for Walgreens. Respondent Carrera executed an affidavit indicating that Respondent Balingit met the training/qualifications as a pharmaceutical technician. However, Respondent Carrera did not review Respondent Balingit's application for accuracy, nor did Carrera confirm/verify that Respondent Balingit was a high school graduate or equivalent before signing the affidavit.

7. On or about March 8, 2019, it was discovered that Balingit had falsified her application for pharmaceutical technician in training by checking the box "yes" for high school graduate or equivalent although she was not a high school graduate or equivalent. Walgreens terminated Balingit upon discovering the misrepresentation of her education.

8. Upon review of Walgreens' payroll records, it was determined that Balingit had worked for Walgreens for seven-hundred thirteen (713) days between December 21, 2015 through March 8, 2019 as a pharmaceutical technician in training and as a pharmaceutical technician. This work was unauthorized because Respondent Balingit did not meet the education qualification.

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APPLICABLE LAW

9. A pharmaceutical technician must be a high school graduate or equivalent. NRS 639.1371(3)(a)(3); NAC 639.240(2)(b).

10. It is unprofessional conduct and contrary to the public interest to perform or be a party to any fraudulent or deceitful practice. NAC 639.945(1)(h).

11. A licensee engages in unprofessional conduct and conduct contrary to the public interest when she performs her duties in an incompetent, unskillful, or negligent manner. NAC 639.945(1)(i).

12. Each pharmacy must be managed by a registered pharmacist who is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations. NRS 639.220(1).

13. A managing pharmacist is responsible for violations committed by the pharmacy's employees. NRS 639.220(1); NAC 639.702.

14. The Board may suspend or revoke a registration pursuant to NRS 639.210(15) when a person has "as a managing pharmacist, violated any provision of law or regulation concerning recordkeeping or inventory in a store over which he or she presides, or has knowingly allowed a violation of any provision of this chapter or other state or federal laws or regulations relating to the practice of pharmacy by personnel of the pharmacy under his or her supervision."

15. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NAC 639.702; NAC 639.945(2).

16. For the violations, Respondents are subject to disciplinary action pursuant to NRS 639.210 and/or NRs 639.255.

COUNT ONE
Unprofessional Conduct – Fraudulent or Deceitful Practice
(Respondent Balingit)

17. By knowingly misrepresenting her qualifying high school education, Respondent Balingit obtained her pharmaceutical technician in training and pharmaceutical technician registration(s) by fraud or deceit, as defined in NAC 639.945(1)(h), and is therefore subject to discipline pursuant to NRS 639.210, and/or NRS 639.255.

COUNT TWO
Unprofessional Conduct – Incompetent, Unskillful or Negligent Conduct
(Respondent Carrera)

18. As the managing pharmacist of Walgreens, Respondent Carrera permitted or negligently permitted Balingit to be employed as a pharmaceutical technician when she was not qualified, executed an affidavit indicating that Respondent Balingit met the qualifications of a pharmaceutical technician when she did not, and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.945(1)(i), performed her duties in an incompetent, unskillful or negligent manner, and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4), (11), (12), (15), and/or NRS 639.255.

COUNT THREE
Managing Pharmacist's Responsibilities
(Respondent Carrera)

19. As the managing pharmacist of Walgreens, Respondent Carrera is responsible for the violations of the pharmaceutical technician, Respondent Balingit, pursuant to NRS 639.220(1), NAC 639.702, when she knew or should have known of the unauthorized work

performed by Respondent Balingit due to lack of educational qualification as required by NAC 639.240(2)(b), and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

COUNT FOUR
Pharmacy/Owner Responsibilities
(Respondent Walgreens)

20. As the owner/operator of the pharmacy at the time of each of the violations alleged herein, Walgreens is responsible for the violations, including those of its employees, pursuant to NRS 639.230(5), NAC 639.702, and 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(s) of these Respondents.

Signed this 14 day of September 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 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, 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. **GENEVIEVE BALINGIT, PT,** **Certificate of Registration No. PT17726,** **Respondent.**	CASE NO. 19-027-PT-S **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation 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 14 day of September, 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.** **GENEVIEVE BALINGIT, PT,** **Certificate of Registration No. PT17726** **Respondent.**	**CASE NO. 19-027-PT-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____
GENEVIEVE BALINGIT, PT

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:

Walgreens Pharmacy #5311
1180 E Flamingo Rd
Las Vegas, NV 89119

Rena Dawn Carrera, RPH
7113 Dalegrove Dr
Las Vegas, NV 89129

Genevieve Balingit, PT
6025 W Flamingo Rd Apt 144
Las Vegas, NV 89103

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

KRISTOPHER MANGOSING

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FILED
MAY 11 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAVID KHUZISTANI, RPH,** **Certificate of Registration No. 19725,** **JASON RASMUSSEN, RPH,** **Certificate of Registration No. 19298, and** **CVS PHARMACY #8801,** **License No. PH00641,** **Respondents.**	**CASE NOS. 20-186-RPH-A-N** **20-186-RPH-B-N** **20-186-PH-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 David Khuzistani, R.Ph. (Khuzistani), Certificate of Registration No. 19725, and Respondent Jason Rasmussen, R.Ph. (Rasmussen), Certificate of Registration No. 19298, were pharmacists registered with the Board, and Respondent CVS Pharmacy #8801, License No. PH00641, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Khuzistani and Rasmussen were employed by CVS Pharmacy #8801 at the time of the events alleged herein.

3. On or about June 25, 2018, patient D.W. was prescribed Onfi 10mg, 90 tablets for 30 days, with 5 refills. The prescription was originally tendered to Kmart Pharmacy at 2450

Mountain City Hwy in Elko and subsequently transferred to CVS Pharmacy #8801 and designated prescription no. 991570.

4. Upon transfer of the prescription from Kmart Pharmacy to CVS Pharmacy #8801, CVS Pharmacy #8801 failed to maintain a copy of the original prescription.

5. Prescription no. 991570 was subsequently dispensed by CVS Pharmacy #8801 as follows:

- 09/07/2018(filled): 90 tablets for 30 days – dispensed 9/7/2018
- 10/08/2018 (filled): 90 tablets for 30 days – dispensed 10/8/2018
- 11/07/2018 (filled): 9 tablets for 2 days – dispensed 11/7/2018
- 11/07/2018 (filled): 120 tablets for 30 days - dispensed 11/9/2018 (overage of 30)
- 12/14/2018 (filled): 6 tablets for 3 days – dispensed 12/15/2018
- 12/14/2018 (filled): 120 tabs for 60 days – dispensed 12/17/2018 (shortage of 60)

6. Khuzistani filled prescription no. 991570 on November 7, 2018, and erroneously dispensed 120 tablets rather than 90 for 30 days.

7. Rasmussen filled prescription no. 991570 on December 14, 2018, and erroneously dispensed 120 tablets rather than 180 for 60 days. This shortage caused patient D.W. to experience seizures requiring emergency medical treatment.

COUNT ONE

Failure to Verify Dispensed Medication/Unprofessional Conduct

(Respondents Khuzistani and Rasmussen)

8. Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). It also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

9. Khuzistani and Rasmussen engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when each verified the final product on refills of prescription no. 991570 as accurate and erroneously dispensed the medication, and each is therefore subject to discipline pursuant to NRS 639.210(4).

COUNT TWO
Pharmacy/Pharmacy Owner Responsibility
(Respondent CVS Pharmacy #8801)

10. 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." *See also* NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

11. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, including the failure to maintain a copy of the original prescription in violation of NAC 639.713 and NAC 639.910, and the dispensing errors committed by Khuzistani and Rasmussen, CVS Pharmacy #8801 is responsible those violations pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration/licenses of these respondents.

Signed this 11th 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.** **DAVID KHUZISTANI, RPH,** **Certificate of Registration No. 19725,** **Respondent.**	**CASE NO. 20-186-RPH-A-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 11th 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.** **DAVID KHUZISTANI, RPH,** **Certificate of Registration No. 19725,** **Respondent.**	**CASE NO. 20-186-RPH-A-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.

_____

DAVID KHUZISTANI, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 20th day of May 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

David Khuzistani, RPH
[redacted] Old Union Rd. Apt. 108
Lufkin, TX 75904

Jason Rasmussen, RPH
[redacted] Glasmann Way
Ogden, UT 84403

CVS Pharmacy #8801
550 W. Idaho St
Elko NV 89801-2976

Brian J. Convery, Esq,
Senior Legal Counsel – CVS Health
200 Campus Drive, Suite 310
Florham Park, NH 07932

SHIRLEY HUNTING

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FILED
MAY 11 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAVID KHUZISTANI, RPH,** **Certificate of Registration No. 19725,** **JASON RASMUSSEN, RPH,** **Certificate of Registration No. 19298, and** **CVS PHARMACY #8801,** **License No. PH00641,** **Respondents.**	**CASE NOS. 20-186-RPH-A-N** **20-186-RPH-B-N** **20-186-PH-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 David Khuzistani, R.Ph. (Khuzistani), Certificate of Registration No. 19725, and Respondent Jason Rasmussen, R.Ph. (Rasmussen), Certificate of Registration No. 19298, were pharmacists registered with the Board, and Respondent CVS Pharmacy #8801, License No. PH00641, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Khuzistani and Rasmussen were employed by CVS Pharmacy #8801 at the time of the events alleged herein.

3. On or about June 25, 2018, patient D.W. was prescribed Onfi 10mg, 90 tablets for 30 days, with 5 refills. The prescription was originally tendered to Kmart Pharmacy at 2450

Mountain City Hwy in Elko and subsequently transferred to CVS Pharmacy #8801 and designated prescription no. 991570.

4. Upon transfer of the prescription from Kmart Pharmacy to CVS Pharmacy #8801, CVS Pharmacy #8801 failed to maintain a copy of the original prescription.

5. Prescription no. 991570 was subsequently dispensed by CVS Pharmacy #8801 as follows:

- 09/07/2018(filled): 90 tablets for 30 days – dispensed 9/7/2018
- 10/08/2018 (filled): 90 tablets for 30 days – dispensed 10/8/2018
- 11/07/2018 (filled): 9 tablets for 2 days – dispensed 11/7/2018
- 11/07/2018 (filled): 120 tablets for 30 days - dispensed 11/9/2018 (overage of 30)
- 12/14/2018 (filled): 6 tablets for 3 days – dispensed 12/15/2018
- 12/14/2018 (filled): 120 tabs for 60 days – dispensed 12/17/2018 (shortage of 60)

6. Khuzistani filled prescription no. 991570 on November 7, 2018, and erroneously dispensed 120 tablets rather than 90 for 30 days.

7. Rasmussen filled prescription no. 991570 on December 14, 2018, and erroneously dispensed 120 tablets rather than 180 for 60 days. This shortage caused patient D.W. to experience seizures requiring emergency medical treatment.

COUNT ONE

Failure to Verify Dispensed Medication/Unprofessional Conduct

(Respondents Khuzistani and Rasmussen)

8. Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). It also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

9. Khuzistani and Rasmussen engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when each verified the final product on refills of prescription no. 991570 as accurate and erroneously dispensed the medication, and each is therefore subject to discipline pursuant to NRS 639.210(4).

COUNT TWO
Pharmacy/Pharmacy Owner Responsibility
(Respondent CVS Pharmacy #8801)

10. 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." *See also* NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

11. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, including the failure to maintain a copy of the original prescription in violation of NAC 639.713 and NAC 639.910, and the dispensing errors committed by Khuzistani and Rasmussen, CVS Pharmacy #8801 is responsible those violations pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration/licenses of these respondents.

Signed this 11th 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.** **JASON RASMUSSEN, RPH,** **Certificate of Registration No. 19298,** **Respondent.**	**CASE NO. 20-186-RPH-B-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 11th 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.** **JASON RASMUSSEN, RPH,** **Certificate of Registration No. 19298,** **Respondent.**	**CASE NO. 20-186-RPH-B-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.

_____

JASON RASMUSSEN, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 20th day of May 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

David Khuzistani, RPH
[redacted] Old Union Rd. Apt. 108
Lufkin, TX 75904

Jason Rasmussen, RPH
[redacted] Glasmann Way
Ogden, UT 84403

CVS Pharmacy #8801
550 W. Idaho St
Elko NV 89801-2976

Brian J. Convery, Esq,
Senior Legal Counsel – CVS Health
200 Campus Drive, Suite 310
Florham Park, NH 07932

SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAVID KHUZISTANI, RPH,** **Certificate of Registration No. 19725,** **JASON RASMUSSEN, RPH,** **Certificate of Registration No. 19298, and** **CVS PHARMACY #8801,** **License No. PH00641,** **Respondents.**	**CASE NOS. 20-186-RPH-A-N** **20-186-RPH-B-N** **20-186-PH-N** **STIPULATION AND ORDER (Respondents Rasmussen and CVS Pharmacy #8801 ONLY)**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Jason Rasmussen, R.Ph. (Rasmussen), Certificate of Registration No. 19298, and Respondent CVS Pharmacy #8801, License No. PH00641, by and through counsel, Brian J. Convery, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and this matter.

2. On or about May 11, 2022, Respondents were 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. Respondents are fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondents are 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).

DRAFT

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents have failed to comply with the provisions of this Stipulation, Respondents hereby freely and voluntarily waive the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondents do not contest the allegations in the Accusation, but acknowledge 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. Upon transfer of prescription no. 991570 from Kmart Pharmacy to CVS Pharmacy #8801, CVS Pharmacy #8801 failed to maintain a copy of the original prescription;

B. Respondent David Khuzistani, R.Ph. (Khuzistani), Certificate of Registration No. 19725, filled prescription no. 991570 on November 7, 2018, and erroneously dispensed 120 tablets rather than 90 for 30 days;

C. Rasmussen filled prescription no. 991570 on December 14, 2018, and erroneously dispensed 120 tablets rather than 180 for 60 days, causing patient D.W. to experience seizures requiring emergency medical treatment;

D. Khuzistani and Rasmussen engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when each verified the final product on refills of prescription no. 991570 as accurate and erroneously dispensed the medication; and

E. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, including the failure to maintain a copy of the original prescription in violation of NRS 639.236, NAC 639.713 and NAC 639.910, and the dispensing errors committed by Khuzistani and Rasmussen, CVS Pharmacy #8801 is responsible those violations pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

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7. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Rasmussen stipulate to the following penalties. Respondent Jason Rasmussen, R.Ph., Certificate of Registration No. 19298, shall:

A. Accept this Stipulation and Order as a public reprimand regarding his duties and responsibilities as a pharmacist;

B. Pay a fine of One Thousand Dollars ($1,000.00) for the violations; and

C. Complete two (2) extra hours of continuing education (CE) on error prevention, in addition to the CE hours required to maintain registration. Respondent must provide certificates demonstrating completion of the additional CEs within sixty (60) days of the effective date of this Order.

9. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent CVS #8801 stipulate to the following penalties. Respondent CVS Pharmacy #8801, License No. PH00641, shall:

A. Pay a fine of Two Thousand Dollars ($2,000.00) for the violations; and

B. Pay Seven-Hundred Fifty Dollars ($750.00) to partially reimburse the Board for reasonable attorney's fees and costs incurred in investigating and prosecuting this matter.

10. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing 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.

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 July 13, 2022.

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Respondents and their authorized representative(s) may 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 Respondents or their 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 U.S.C. § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects 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, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

15. Upon approval of this Stipulation by the Board, Respondents 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) days of the effective date of this Order.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondents, 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.

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Respondent CVS has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

\Signed this ___ day of July, 2022

JASON RASMUSSEN, RPH,
Certificate of Registration No. 19298

Signed this ___ day of July, 2022

Signed this ___ day of July, 2022

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

CVS PHARMACY #8801,
License No. PH00641

APPROVED AS TO FORM AND CONTENT this ___ day of July, 2022

BRIAN J. CONVERY, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondents Jason Rasmussen, R.Ph., Certificate of Registration No. 19298, and CVS Pharmacy #8801, License No. PH00641, in Case No. 20-186-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 July, 2022.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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FILED
MAY 11 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAVID KHUZISTANI, RPH,** **Certificate of Registration No. 19725,** **JASON RASMUSSEN, RPH,** **Certificate of Registration No. 19298, and** **CVS PHARMACY #8801,** **License No. PH00641,** **Respondents.**	**CASE NOS. 20-186-RPH-A-N** **20-186-RPH-B-N** **20-186-PH-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 David Khuzistani, R.Ph. (Khuzistani), Certificate of Registration No. 19725, and Respondent Jason Rasmussen, R.Ph. (Rasmussen), Certificate of Registration No. 19298, were pharmacists registered with the Board, and Respondent CVS Pharmacy #8801, License No. PH00641, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Khuzistani and Rasmussen were employed by CVS Pharmacy #8801 at the time of the events alleged herein.

3. On or about June 25, 2018, patient D.W. was prescribed Onfi 10mg, 90 tablets for 30 days, with 5 refills. The prescription was originally tendered to Kmart Pharmacy at 2450

Mountain City Hwy in Elko and subsequently transferred to CVS Pharmacy #8801 and designated prescription no. 991570.

4. Upon transfer of the prescription from Kmart Pharmacy to CVS Pharmacy #8801, CVS Pharmacy #8801 failed to maintain a copy of the original prescription.

5. Prescription no. 991570 was subsequently dispensed by CVS Pharmacy #8801 as follows:

- 09/07/2018(filled): 90 tablets for 30 days – dispensed 9/7/2018
- 10/08/2018 (filled): 90 tablets for 30 days – dispensed 10/8/2018
- 11/07/2018 (filled): 9 tablets for 2 days – dispensed 11/7/2018
- 11/07/2018 (filled): 120 tablets for 30 days - dispensed 11/9/2018 (overage of 30)
- 12/14/2018 (filled): 6 tablets for 3 days – dispensed 12/15/2018
- 12/14/2018 (filled): 120 tabs for 60 days – dispensed 12/17/2018 (shortage of 60)

6. Khuzistani filled prescription no. 991570 on November 7, 2018, and erroneously dispensed 120 tablets rather than 90 for 30 days.

7. Rasmussen filled prescription no. 991570 on December 14, 2018, and erroneously dispensed 120 tablets rather than 180 for 60 days. This shortage caused patient D.W. to experience seizures requiring emergency medical treatment.

COUNT ONE

Failure to Verify Dispensed Medication/Unprofessional Conduct

(Respondents Khuzistani and Rasmussen)

8. Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). It also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

9. Khuzistani and Rasmussen engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when each verified the final product on refills of prescription no. 991570 as accurate and erroneously dispensed the medication, and each is therefore subject to discipline pursuant to NRS 639.210(4).

COUNT TWO
Pharmacy/Pharmacy Owner Responsibility
(Respondent CVS Pharmacy #8801)

10. 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." *See also* NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

11. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, including the failure to maintain a copy of the original prescription in violation of NAC 639.713 and NAC 639.910, and the dispensing errors committed by Khuzistani and Rasmussen, CVS Pharmacy #8801 is responsible those violations pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration/licenses of these respondents.

Signed this 11th 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.** **CVS PHARMACY #8801,** **License No. PH00641,** **Respondent.**	**CASE NO. 20-186-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 11th 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 #8801,** **License No. PH00641,** **Respondent.**	**CASE NO. 20-186-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 #8801

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 20th day of May 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

David Khuzistani, RPH
[redacted] Old Union Rd. Apt. 108
Lufkin, TX 75904

Jason Rasmussen, RPH
[redacted] Glasmann Way
Ogden, UT 84403

CVS Pharmacy #8801
550 W. Idaho St
Elko NV 89801-2976

Brian J. Convery, Esq,
Senior Legal Counsel – CVS Health
200 Campus Drive, Suite 310
Florham Park, NH 07932

SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAVID KHUZISTANI, RPH,** **Certificate of Registration No. 19725,** **JASON RASMUSSEN, RPH,** **Certificate of Registration No. 19298, and** **CVS PHARMACY #8801,** **License No. PH00641,** **Respondents.**	**CASE NOS. 20-186-RPH-A-N** **20-186-RPH-B-N** **20-186-PH-N** **STIPULATION AND ORDER** **(Respondents Rasmussen and CVS Pharmacy #8801 ONLY)**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Jason Rasmussen, R.Ph. (Rasmussen), Certificate of Registration No. 19298, and Respondent CVS Pharmacy #8801, License No. PH00641, by and through counsel, Brian J. Convery, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and this matter.

2. On or about May 11, 2022, Respondents were 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. Respondents are fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondents are 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).

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5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents have failed to comply with the provisions of this Stipulation, Respondents hereby freely and voluntarily waive the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondents do not contest the allegations in the Accusation, but acknowledge 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. Upon transfer of prescription no. 991570 from Kmart Pharmacy to CVS Pharmacy #8801, CVS Pharmacy #8801 failed to maintain a copy of the original prescription;

B. Respondent David Khuzistani, R.Ph. (Khuzistani), Certificate of Registration No. 19725, filled prescription no. 991570 on November 7, 2018, and erroneously dispensed 120 tablets rather than 90 for 30 days;

C. Rasmussen filled prescription no. 991570 on December 14, 2018, and erroneously dispensed 120 tablets rather than 180 for 60 days, causing patient D.W. to experience seizures requiring emergency medical treatment;

D. Khuzistani and Rasmussen engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when each verified the final product on refills of prescription no. 991570 as accurate and erroneously dispensed the medication; and

E. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, including the failure to maintain a copy of the original prescription in violation of NRS 639.236, NAC 639.713 and NAC 639.910, and the dispensing errors committed by Khuzistani and Rasmussen, CVS Pharmacy #8801 is responsible those violations pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

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7. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Rasmussen stipulate to the following penalties. Respondent Jason Rasmussen, R.Ph., Certificate of Registration No. 19298, shall:

A. Accept this Stipulation and Order as a public reprimand regarding his duties and responsibilities as a pharmacist;

B. Pay a fine of One Thousand Dollars ($1,000.00) for the violations; and

C. Complete two (2) extra hours of continuing education (CE) on error prevention, in addition to the CE hours required to maintain registration. Respondent must provide certificates demonstrating completion of the additional CEs within sixty (60) days of the effective date of this Order.

9. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent CVS #8801 stipulate to the following penalties. Respondent CVS Pharmacy #8801, License No. PH00641, shall:

A. Pay a fine of Two Thousand Dollars ($2,000.00) for the violations; and

B. Pay Seven-Hundred Fifty Dollars ($750.00) to partially reimburse the Board for reasonable attorney's fees and costs incurred in investigating and prosecuting this matter.

10. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing 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.

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 July 13, 2022.

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Respondents and their authorized representative(s) may 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 Respondents or their 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 U.S.C. § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects 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, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

15. Upon approval of this Stipulation by the Board, Respondents 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) days of the effective date of this Order.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondents, 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.

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Respondent CVS has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

\Signed this ___ day of July, 2022

JASON RASMUSSEN, RPH,
Certificate of Registration No. 19298

Signed this ___ day of July, 2022

Signed this ___ day of July, 2022

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

CVS PHARMACY #8801,
License No. PH00641

APPROVED AS TO FORM AND CONTENT this ___ day of July, 2022

BRIAN J. CONVERY, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondents Jason Rasmussen, R.Ph., Certificate of Registration No. 19298, and CVS Pharmacy #8801, License No. PH00641, in Case No. 20-186-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 July, 2022.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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FILED
MAY 17 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **HEATHER CARROLL, APRN,** **Certificate of Registration No. CS25399,** **Respondent.**	**Case No. 22-025-CS-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the events alleged herein, Respondent Heather Carroll, APRN, held a controlled substance registration, Certificate of Registration No. CS25399, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent was the medical director of Tahoe Cosmetics, LLC (Tahoe Cosmetics), and/or ShellBelle Beauty Nurse, LLC (ShellBelle), operating from Essenza Salon and Medi Spa (Essenza) located at 5255 Vista Blvd – Suite C-1, in Sparks Nevada, at the time of the events alleged herein.

3. Shelly Martin, RN (Martin), Nevada License No. RN87433, owns and operates Tahoe Cosmetics and/or ShellBelle.

4. Respondent permitted Martin to act under her authority as a practitioner to operate Tahoe Cosmetics and/or ShellBelle and to purchase, access, store, possess, administer, furnish

and/or dispense dangerous drugs, specifically to perform cosmetic injections of Botox, Juvaderm, and other dangerous drugs, to patients who had not been examined by a practitioner.

5. Respondent permitted Martin to administer the aforementioned dangerous drugs to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without her direct supervision, and for whom Respondent had neither diagnosed nor determined that a dangerous drug was medically necessary.

6. With Respondent's knowledge and authorization, Martin provided on-site medical treatment to patients, including the administration of the aforementioned dangerous drugs through cosmetic injections and topical administration, without direct practitioner supervision.

7. Respondent permitted Martin to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs and administer dangerous drugs to patients without her supervision.

8. Respondent permitted Martin to counsel patients regarding their medical treatment, including the administration of the aforementioned dangerous drugs.

9. Respondent permitted unrestricted and unsecured access to her stock of dangerous drugs at Tahoe Cosmetics, ShellBelle and/or Essenza.

APPLICABLE LAW

10. No person may purchase, access, store, possess, administer, furnish and/or dispense a dangerous drug in Nevada without specific statutory authority to do so. NRS 454.213, NRS 454.221, NRS 454.316, NRS 454.321; NRS 454.356.

11. A practitioner can give a registered nurse (RN) limited authority to possess and administer dangerous drugs pursuant to NRS 454.213(1)(c), which states 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(1).

12. Any person who fraudulently represents himself or herself to be a practitioner is guilty of a misdemeanor. NRS 639.281(1).

13. All controlled substances and dangerous drugs which are in the possession of an advanced practice registered nurse must be kept in a locked storage area. Access to the storage area must be restricted to the persons described in NRS 453.375. NAC 639.898(1).

14. 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).

15. 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).

16. Dispensing a drug as a dispensing practitioner to a patient with whom the dispensing 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)(n) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

17. 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).

18. 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).

COUNT ONE

Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction

19. By permitting Martin to act under her authority as a practitioner to operate Tahoe Cosmetics and/or ShellBelle and to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients, Respondent was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct as defined in NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

COUNT TWO

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

20. By permitting Martin to act under her authority to as a practitioner to operate Tahoe Cosmetics and/or ShellBelle and to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients, Respondent performed her duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

COUNT THREE

Unprofessional Conduct – Unlawful Administration of Dangerous Drugs Without Bona Fide Therapeutic Relationship

21. By permitting Martin to act under her authority as a practitioner to administer dangerous drugs to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without her direct supervision, and for whom Respondent had neither diagnosed or determined that a dangerous drug was medically necessary, Respondent engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(n), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

COUNT FOUR

Violations of State Law – Unlawful Administration of Dangerous Drugs

22. By permitting Martin to act under her authority as a practitioner to operate Tahoe Cosmetics and/or ShellBelle and permitting Martin to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without her direct supervision, and for whom Respondent had neither diagnosed or determined that a dangerous drug was medically necessary, violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.213(1), NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356 and/or NRS 639.100(1), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

COUNT FIVE

Violations of State Law – Aiding and Abetting Unlicensed Practice

23. By permitting Martin to act under her authority as a practitioner to operate Tahoe Cosmetics and/or ShellBelle and to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients, Respondent aided and abetted Wells in unlicensed practice in violation of NRS 639.281(1) and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210 (12).

COUNT SIX

Violations of State Law - Failure to Properly Store and Secure Drugs

24. By permitting unrestricted and unsecured access to her stock of dangerous drugs at Tahoe Cosmetics, ShellBelle and/or Essenza, Respondent violated NAC 639.898(1), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210 (12).

COUNT SEVEN

Commission of Acts that Render Registration Inconsistent with the Public Interest

25. By her actions as alleged herein, Respondent has committed acts that render her 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) 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 17th 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 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 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.** **HEATHER CARROLL, APRN,** **Certificate of Registration No. CS25399,** **Respondent.**	**CASE NO. 22-025-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, 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 17th day of MAY 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 18th day of May 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Heather Carroll, APRN
555 N. Arlington Ave
Reno, NV 89503

Tracy Singh, Esq.
8635 West Sahara Ave., #437
Las Vegas, NV 89117

SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 22-025-CS-N**
	)	
Petitioner,	)	
V.	)	
	)	
HEATHER CARROLL, APRN	)	
Certificate of Registration No. CS25399,	)	
	)	
Respondent.	)	
	)	

FILED
JUL 29 2022
NEVADA STATE BOARD OF PHARMACY

ANSWER AND NOTICE OF DEFENSE
OF RESPONDENT HEATHER CARROLL, APRN

Respondent Heather Carroll, APRN hereby files with the Nevada State Board of Pharmacy ("Board"), her Answer and Notice of Defense to the Notice of Intended Action and Accusation ("Accusation") filed on May 17, 2022.

ANSWER TO ACCUSATION

Jurisdiction

Ms. Carroll agrees that the Board has jurisdiction in this matter as set forth in Paragraph 1. Ms. Carroll further answers the Factual Allegations set forth in the Accusation as follows:

Factual Allegations: Paragraphs 2-9

Paragraph 2: Ms. Carroll agrees and acknowledges the factual assertions set forth in Paragraph 2.

Paragraph 3: Ms. Carroll agrees and acknowledges that Shelly Martin, RN (Martin), Nevada License No. RN87433, owned and operated Tahoe Cosmetics and/or ShellBelle at the time in question.

Paragraph 4: Ms. Carroll agrees and acknowledges that Martin owned and operated Tahoe Cosmetics and/or ShellBelle. Ms. Carroll denies the remaining allegations contained in Paragraph 4. Ms. Carroll did not permit, and to the best of her knowledge, Martin did not ever act as a practitioner. Martin was at all times acting as, and professing herself to be, a Registered Nurse.

No dangerous drugs were ever furnished and/or dispensed from Tahoe Cosmetics and/or ShellBelle by Ms. Carroll or Martin.

All dangerous drugs were purchased with Ms. Carroll's knowledge by Tahoe Cosmetics and/or ShellBelle and they were properly stored, monitored and controlled for the sole purpose of administering dangerous drugs as ordered to patients who had been examined and/or evaluated by Ms. Carroll, a practitioner.

Paragraph 5: Ms. Carroll denies the allegations in paragraph 5. Ms. Carroll permitted Martin to administer dangerous drugs only to patients with whom Ms. Carroll had established a bona fide relationship, only after the patients had been examined and/or evaluated by Ms. Carroll, and only in accordance with the orders given by Ms. Carroll as the provider. All dangerous drugs and treatments ordered by Ms. Carroll were deemed by Ms. Carroll to be medically necessary to treat the patients she examined and/or evaluation based on the diagnoses, conditions, symptoms and/or complaints presented by her patients. Direct supervision of a Registered Nurse with an unincumbered license is not required for the administration of dangerous drugs to patients when ordered by a provider.

Paragraph 6: Ms. Carroll agrees and acknowledges that only with Ms. Carroll's knowledge and authorization, and as ordered by Ms. Carroll as the provider, Martin, a Registered Nurse with an active Nevada RN License with no restrictions or limitations, provided on-site

medical treatments, including the administration of dangerous drugs through cosmetic injections and/or topical administration as ordered within her scope of practice without direct supervision. Ms. Carroll denies the remaining allegations or inferences presented in paragraph 6.

Paragraph 7: Ms. Carroll denies the allegations presented in paragraph 7. As the Medical Director for Tahoe Cosmetics and/or ShellBelle, Ms. Carroll was Martin's supervisor and to the best of her knowledge, all activities and operations performed by Martin were done so with Ms. Carroll's knowledge, approval and under Ms. Carroll's supervision.

At no time were any dangerous drugs ever furnished and/or dispensed to any patients by Martin. All dangerous drugs purchased by Tahoe Cosmetics and/or ShellBelle were purchased with Ms. Carroll's knowledge and permission for the sole purpose of treating her patients in accordance with her orders. All dangerous drugs were properly stored, controlled and administered per Ms. Carroll's orders. To the best of her knowledge, no dangerous drugs were ever unaccounted for, taken, possessed or administered by Martin for any other purpose other than to carry out her orders as she directed and under her supervision. (*Direct supervision is not required for an RN with an unincumbered Nevada RN License*).

Paragraph 8: Ms. Carroll agrees and acknowledges that she permitted Martin to counsel patients regarding their medical treatment, including the administration of dangerous drugs. Martin is a Registered Nurse who is fully licensed in the state of Nevada. Patient education is an essential function in nursing and patient counseling is well within Martin's scope of practice.

Paragraph 9: Ms. Carroll denies the allegations presented in paragraph 9. All dangerous drugs were securely stored and closely monitored at Tahoe Cosmetics, ShellBelle and/or Essenza. Martin's access to dangerous drugs was limited to the sole purpose of administration and

treatments in accordance with Ms. Carroll's orders, permission and under Ms. Carroll's supervision.

Applicable Law: Paragraphs 10-18

Ms. Carroll agrees that Paragraphs 10-18 of the Accusation accurately reflect which statutes and/or regulations are relevant under current Nevada law. However, not all of the applicable the statutes and/or regulations have been included in the Accusation and/or the statutes and regulations cited do not necessarily apply to all of the facts and circumstances presented in this case. Even if true, the facts which have been or could be established by the evidence in this case fail to establish a violation of the statutes and regulations which would give rise to disciplinary action under Counts One through Seven.

Causes of Action: Paragraphs 19-25

Count One (paragraphs 19): Ms. Carroll denies each of the allegations presented and the inferences made in Count One. Ms. Carroll did not permit or believe that Martin ever acted as a practitioner; No drugs (controlled or dangerous) were ever furnished and/or dispensed to patients by Ms. Carroll or Martin; All dangerous drugs were purchased by Martin as the owner and administrator for Tahoe Cosmetics and/or ShellBelle with Ms. Carroll's knowledge, approval and as directed by Ms. Carroll; all dangerous drugs were properly stored, closely monitored and kept under lock and key and they were only accessed and possessed for the sole purpose of administering dangerous drugs as ordered to patients who had been examined and/or evaluated by Ms. Carroll, a practitioner.

Martin is licensed as a Registered Nurse in Nevada without restriction or incumbrance. Ms. Carroll denies that she permitted Martin to act as a practitioner. Ms. Carroll is not aware of

any instance where Martin acted as or claimed to be a practitioner. Ms. Carroll and Martin did not engage in fraudulent or deceitful practice or transactions in violation of NAC 639.945(1)(h).

Count Two (paragraphs 20): Ms. Carroll denies each of the allegations presented and the inferences made in Count Two. Specifically, Ms. Carroll did not permit Martin to act as a practitioner while owning and operating Tahoe Cosmetics and/or ShellBell. Ms. Carroll was the Medical Director for Tahoe Cosmetics and/or ShellBell and she did not perform her duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner in violation of NAC 639.945(1)(i).

Count Three (paragraphs 21): Ms. Carroll denies each of the allegations presented and the inferences made in Count Three. Ms. Carroll did not permit Martin to act as a practitioner. To the best of Ms. Carroll's knowledge, Martin, while acting as a Registered Nurse, only administered dangerous drugs to patients who had first established a *bona fide* relationship with Ms. Carroll, only after the patients had been examined and/or evaluated by Ms. Carroll, and only in accordance with the orders given by Ms. Carroll as the provider.

Ms. Carroll only ordered dangerous drugs or treatments for the patients she deemed medically necessary to treat her patients' diagnoses, conditions or complaints as determined during the examination and/or evaluation of her patients. Dangerous drugs were not administered without *bona fide* therapeutic relationships.

Count Four (paragraphs 22): Ms. Carroll denies each of the allegations presented and the inferences made in Count Four. No dangerous drugs were unlawfully administered. Martin was licensed as a Registered Nurse to administer dangerous drugs in the State of Nevada in accordance with the orders given by Ms. Carroll. No controlled substances were ordered by Ms.

Carroll or administered by Martin. No drugs were ever furnished and/or dispensed to patients by Martin or Ms. Carroll.

Count Five (paragraphs 23): Ms. Carroll denies each of the allegations presented and the inferences made in Count Five. Ms. Carroll did not authorize or aid or abet Martin to engage in any fraud or unlicensed practice.

Count Six (paragraphs 24): Ms. Carroll denies each of the allegations presented and the inferences made in Count Six. Ms. Carroll did not permit unrestricted and unsecured access to her stock of dangerous drugs at Tahoe Cosmetics, ShellBelle and/or Essenza. All dangerous drugs were kept under lock and key and they were closely monitored. Dangerous drugs were only ordered with the knowledge and direction of Ms. Carroll for the sole purpose of administering the drugs or treatments which Ms. Carroll deemed medically necessary to treat her patients. No drugs were ever furnished or dispensed to any patients or anyone else. There is no evidence of diversion, unauthorized use or access. All dangerous drugs have been accounted for and they were only accessed by Ms. Carroll and/or Martin for administration as ordered by Ms. Carroll in accordance with NAC 639.898(1) and NRS 453.375.

Count Seven (paragraphs 25): Ms. Carroll denies each of the allegations presented and the inferences made in Count Seven. Ms. Carroll did not commit any acts that would render her registration to prescribe controlled substances inconsistent with the public interest.

NOTICE OF DEFENSE/MITIGATING INFORMATION

Mitigating Information

Ms. Carroll was appropriately licensed as and Advance Practitioner of Registered Nursing. She was hired by Tahoe Cosmetics, ShellBelle and/or Essenza to serve as the Medical Director for

the practice. In her role as Medical Director, she maintained control and oversight of all activities and she was the supervisor for Martin, a Registered Nurse who was licensed to practice in the full scope of nursing in the State of Nevada.

Ms. Carroll examined and/or evaluated all of her patients in person and/or virtually before any medications or treatments were administered by Martin. All orders given for dangerous drugs or treatments by Ms. Carroll were deemed medically necessary to treat her patients' diagnoses, conditions, signs and symptoms or complaints.

Tahoe Cosmetics, ShellBelle and/or Essenza was not involved in ordering, storing or administering any controlled substances. All dangerous drugs were ordered for administration only, never for the furnishment or dispensing of dangerous drugs to any patients.

Tahoe Cosmetics, ShellBelle and/or Essenza consisted of two people; Ms. Carroll and Martin. They worked closely with each other as a team and they were open and clear with all of their patients that Ms. Carroll was the provider who diagnosed and provided orders for the treatments and dangerous drugs administered by Martin who was the nurse.

At no time did Ms. Carroll or Martin act with malice, fraud, deceit, incompetence or negligence; nor did any patients have any such complaints, to the best of their knowledge.

According to Nevada Law, the Nevada Nurse Practice Act and the Statutes and Regulations cited by Pharmacy Board in its Accusation, Ms. Carroll and Martin conducted their business in accordance with the law, within their scopes of practice and without violation thereto.

We respectfully request that the Board close this case without any further action.

By and through her counsel of record, Respondent, Heather Carroll, APRN hereby submits the foregoing Answer and Notice of Defense, and attests that all facts therein stated, are true and correct to the best of her knowledge. Respondent reserves the right to supplement this Answer if and when additional information becomes available.

DATED this 30th day of July 2022.

Respectfully Submitted by:

Tracy L. Singh, RN, JD

Electronically signed by: Tracy L. Singh, RN, JD
Counsel of Record for Heather Carroll, APRN
Law Offices of Tracy L. Singh, Esq.
8635 West Sahara Ave., #437
Las Vegas, NV 89117
Office: (702) 444-5520
Fax: (702) 444-5521
E-mail: TSingh@TLSinghlaw.com

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FILED
MAY 16 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MORGAN GRACE NICHOLSON, PT,** **Certificate of Registration No. PT23427,** **Respondent.**	**Case No. 22-012-PT-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Morgan Grace Nicholson, PT, Certificate of Registration No. PT23427, was a pharmaceutical technician registered with the Board.

FACTUAL ALLEGATIONS

2. Respondent was employed as a pharmaceutical technician at Raley's Pharmacy #113, Pharmacy License No. PH00456, located at 930 Tahoe Blvd. in Incline Village, Nevada, at the time of the events alleged herein.

3. On or about January 18, 2022, Raley's Pharmacy #113 commenced an investigation into allegations that that Respondent had consumed alcohol and was intoxicated while on duty that day.

4. The subsequent investigation produced evidence that Respondent had consumed alcohol and was intoxicated while performing her duties as a pharmaceutical technician at Raley's Pharmacy #113.

5. In the course of the investigation, Respondent admitted to consuming alcohol and being intoxicated while performing her duties as a pharmaceutical technician at Raley's Pharmacy #113.

6. On or about January 21, 2022, Respondent was terminated from employment by Raley's Pharmacy #113.

COUNT ONE

Intoxicated While on Duty in Licensed Pharmacy

7. Becoming intoxicated or under the influence of liquor while on duty in any establishment licensed by the Board is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(3).

8. By consuming alcohol and being intoxicated while performing her duties as a pharmaceutical technician at Raley's Pharmacy #113, Respondent is subject to discipline pursuant to NRS 639.210(3).

COUNT TWO

Unprofessional Conduct - Incompetent, Unskillful or Negligent Performance of Duties

9. Performing any duties as the holder of a pharmaceutical technician 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).

10. By consuming alcohol and being intoxicated while performing her duties as a pharmaceutical technician at Raley's Pharmacy #113, Respondent has performed her duties as the holder of a pharmaceutical technician registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 639.210(4).

COUNT THREE
Violation of State Law

11. It is a misdemeanor crime to sell, dispense or compound any prescription or sell any drug while under the influence of intoxicating liquor. NRS 639.283. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

12. By consuming alcohol and being intoxicated while performing her duties as a pharmaceutical technician at Raley's Pharmacy #113, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.293 and is subject to discipline pursuant NRS 639.210(12).

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, 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.** **MORGAN GRACE NICHOLSON, PT,** **Certificate of Registration No. PT23427,** **Respondent.**	**CASE NO. 22-012-PT-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.** **MORGAN GRACE NICHOLSON, PT,** **Certificate of Registration No. PT23427,** **Respondent.**	**CASE NO. 22-012-PT-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.

_____

MORGAN GRACE NICHOLSON, PT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 20th day of May 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Morgan Grace Nicholson
[redacted] Donner Pass Road #227
Truckee, CA 96161

SHIRLEY HUNTING

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FILED
AUG 31 2022
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.

///

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
2654 W Horizon Ridge Pkwy #B5-168
Henderson, NV 89052

K. Mangosing

KRISTOPHER MANGOSING

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FILED
SEP 23 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

In the Matter of the Investigation of: **MORGAN TOWLER, PTT,** **Certificate of Registration No. PT23168**	**CASE NO. 22-096-PTT-S** **ORDER OF SUMMARY SUSPENSION AND NOTICE OF HEARING**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), has determined that Morgan Towler's ("Towler") actions impact public health, safety or welfare which imperatively require emergency action pursuant to NRS 233B.127(3). Board staff has previously provided the Executive Secretary information, and other documentary evidence, which substantiates the preliminary findings that:

1. Towler was a pharmacy technician in training at the Walgreens Pharmacy #3844 ("Walgreens") located at 5011 W. Sahara Avenue, Las Vegas, NV 89142. Although Towler completed her hours of pharmacy technician training, she did not complete her application to be registered as a pharmacy technician.

2. On or about March 24, 2022, Walgreens reported controlled substances losses to the Board which involved 88 oxycodone HCL/acetaminophen 10/325 tablets, 70 oxycodone HCL mg tablets, and 45 methylphenidate 5 mg tablets. The Board initiated an investigation that uncovered other larger, previously unexplained losses, including a loss of 10,079 tablets of oxycodone-acetaminophen and hydrocodone-acetaminophen tablets on or about December 17, 2021.

3. On or about August 6, 2022, Towler was interviewed by Walgreens Asset Manager. Towler admitted to diverting drugs from the pharmacy, including 500 "Norcos" and 500 "Percs" and 120 "Somas". A police report was filed with the same admission of theft by Towler to sell for personal financial gain.

4. Shortly thereafter, Towler was terminated from Walgreens.

Accordingly, the Executive Secretary has reasonably determined that the summary suspension of Towler's pharmacy technician in training registration is emergently required pursuant to NRS 233B.127(3), and therefore:

ORDERS that Morgan Towler's Certificate of Registration No. PT23168 is **SUMMARILY SUSPENDED**;

IT IS FURTHER ORDERED that a hearing to determine whether the suspension may continue has been set for **Wednesday, October 12, 2022 at 9:00 am** or soon thereafter at Hilton Garden Inn, 7830 Las Vegas Boulevard South, Las Vegas, NV 89123.

IT IS SO ORDERED.

Dated this 23rd day of September, 2022.

J. David Wuest, RPH, Executive Secretary
Nevada State Board of Pharmacy

NOTICE OF HEARING

HEARING DATE, TIME, AND PLACE:

Wednesday, October 12, 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 23rd day of September, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Morgan Towler
[redacted]S. Nellis Blvd[redacted]
Las Vegas, NV 89121

KRISTOPHER MANGOSING

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7A

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	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 7, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 4, 7, 8, 9)
☐ Location Change *		■ Partnership (complete sections 1, 2, 5, 7, 8, 9)
☐ Name Change*	_____	☐ Sole Owner (complete sections 1, 2, 6, 7, 8, 9)

Section 1: General Information

ASC/RC Name: Surgery Nevada LLC

Physical Address: 5560 Kietzke Ln

City: Reno State: Nv Zip: 89511

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 775-433-6020 Fax: 775-322-1431

Contact Email: rlamberts@surgerynevada.com Website www.surgerynevada.com

Nevada Business License # NV20222323375

Employed/Contracted Pharmacist Name: Kenneth M. Frenandes, Pharm D NV Pharmacist License #: 07471

Medical Director Name: Gavin Hartman MD

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 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: Surgery Nevada LLC

Mailing Address: 5560 Kietzke Ln

City: Reno State: Nv Zip: 89511

Telephone: 775-433-6020 Email: rlamberts@surgerynevada.com

Contact Person Name: Remy Lamberts MD

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: Kenneth M. Fernandes, Pharm D. NV Pharmacist License #: 07471

As the employed/contracted pharmacist, for (ASC/RC Name): Surgery Nevada :

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. 8y 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 # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**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 of Employed/Contracted Pharmacist (copies or stamps not accepted)

4/1/22
Date

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.

Remy Lamberts MD

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

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

4/6/22

Date

Board Use Only	Date Received: _____	Amount: $500 Check 1002 ✓

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, **Surgery Nevada, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 01/07/2022, 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 04/15/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202204152583970
You may verify this certificate online at http://www.nvsos.gov

Surgery Nevada LLC

5560 Kietzke Ln.

Reno, Nevada 89511

List of Partners

Remy William Lamberts MD

President

Ross Euen Anderson MD

Secretary

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 Surgery Nevada LLC

Physical Address 5560 Kietzke Ln

City Reno State NV Zip 89511

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 775-4336020 Website _____

Licensing Company Email _____

Section 2: Personal Information

First Remy Middle William Last Lamberts

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

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

Mailing Address 5560 Kietzke Ln

City Reno State NV Zip 89511

Telephone [redacted] Email RLamberts@Surgerynevada.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 RL

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

School Name			From - To (MM/YY – MM/YY)	
Stanford Hospitals and Clinics Urologic Residency			07/12 – 06/18	
Address	City		State	Zip
300 Pasteur Dr.	Stanford		CA	94305
Diploma/Degree obtained, if any				
Urology Residency completed				

School Name			From - To (MM/YY – MM/YY)	
University of Nevada School of Medicine			08/06 – 07/11	
Address	City		State	Zip
1664 N Virginia St.	Reno		NV	89577
Diploma/Degree obtained, if any				
Medical Degree (MD)				

School Name			From - To (MM/YY – MM/YY)	
Brigham Young University			09/01 – 09/05	
Address	City		State	Zip
A-209 ASB	Provo		UT	84602
Diploma/Degree obtained, if any				
Bachelor Science Physics, Math minor				

School Name			From - To (MM/YY – MM/YY)	
Reno High School			09/97 – 06/01	
Address	City		State	Zip
395 Booth St	Reno		NV	89509
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
01/19 – Present	[redacted] Sherwood Dr.	Reno	NV	89509
10/17 – 01/19	[redacted] Plumb ln	Reno	NV	89509
07/17 – 10/17	[redacted] Marsh Ave	Reno	NV	89509
07/12 – 06/18	[redacted] Welch Rd. #221	Palo Alto	CA	94304
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 RL

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: ~~Urology Nevada~~ Surgery Nevada LLC			From - To (MM/YY – MM/YY): 01/22 - Present	
Business Address: 5560 Kietzke ln	City: Reno		State: NV	Zip: 89511
Phone: 775-351-4722	Title: Partner/owner			
Description of Duties: President of surgery center				

Business Name: Urology Nevada TRT			From - To (MM/YY – MM/YY): 06/22 - Present	
Business Address: 5560 Kietzke Ln	City: Reno		State: NV	Zip: 89511
Phone: 775-322-7811	Title: Partner			
Description of Duties: Partner, member.				

Business Name: Urology Nevada LTD; UN leasing LLC			From - To (MM/YY – MM/YY): 05/19 - Present	
Business Address: 5560 Kietzke ln	City: Reno		State: NV	Zip: 89511
Phone: 775-322-7811	Title: Partner			
Description of Duties: Part owner				

Business Name: GU Property LLC			From - To (MM/YY – MM/YY): 05/19 - Present	
Business Address: 5560 Kietzke LN	City: Reno		State: NV	Zip: 89511
Phone: 775-322-7811	Title: Partner/owner			
Description of Duties: Part owner/investar				

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 RL

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 RR

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 PL

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

Remy Lamberts
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/6/22
Date

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

State of Nevada, ss. County of Washoe

I, Remy Lamberts, 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

4/6/22
Date

Subscribed and Sworn to before me this 6 day of April.

Notary Public Signature

SENDY RAMOS-HERNANDEZ
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 21-2782-02
My Appt. Expires Aug. 20, 2025

(Seal)

Applicant's initials RL

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 Surgery Nevada LLC

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 Ross Middle Euen Last Anderson

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

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

Mailing Address [redacted] Shewmaker Ct

City Reno State NV Zip 89509

Telephone [redacted] Email randerson@surgerynevada.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 RA

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

School Name		From - To (MM/YY – MM/YY)	
Oregon Health and Science University		09/2009-05/2014	
Address	**City**	**State**	**Zip**
3181 SW Sam Jackson Park Rd	Portland	OR	97239
Diploma/Degree obtained, if any			
Medical Degree (MD); Master in Clinical Research			

School Name		From - To (MM/YY – MM/YY)	
University of Oregon		09/2004-06/2008	
Address	**City**	**State**	**Zip**
1585 E 13th Ave	Euegene	OR	97403
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Sunset High School		09/2000-06/2004	
Address	**City**	**State**	**Zip**
13840 NW Cornell Rd	Portland	OR	97229
Diploma/Degree obtained, if any			
High School Diploma			

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

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

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2021-present	[redacted]shewmaker ct	reno	nv	89509
07/2020-07/2021	[redacted]Ridgeview Dr	Reno	NV	89511
05/2018-06/2020	[redacted]Downington Ave	Salt Lake City	UT	84105
06/2017-05/2018	[redacted]S MCCLELLAND ST	Salt Lake City	UT	84105
05/2014-06/2017	[redacted]S 1100 E	Salt Lake City	UT	84105
03/2012-05/2014	[redacted]n atlantic ave	Portland	OR	97217
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 RA

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)	
Surgery Nevada			03/2022-current	
Business Address		**City**	**State**	**Zip**
5560 Kietzke Lane		Reno	NV	89511
Phone	**Title**			
775.433.6020	Securitary			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Urology Nevada			08/2020-current	
Business Address		**City**	**State**	**Zip**
5560 Kietzke Lane		Reno	NV	89511
Phone	**Title**			
775.322.7811	Urologist; Urology Nevada partner and shareholder			
Description of Duties				
Attending urologist - clinical and surgical duties. Shareholder: Urology Nevada LTD, G.U. properties,				

Business Name			From - To (MM/YY – MM/YY)	
University of Utah, Urology Division			07/2019-06/2020	
Business Address		**City**	**State**	**Zip**
50 N Medical Dr		Salt Lake City	UT	84132
Phone	**Title**			
(801) 581-2121	Fellow - Reconstructive Urology			
Description of Duties				
Urology Fellowship - additional urology training				

Business Name			From - To (MM/YY – MM/YY)	
University of Utah, Urology Division			06/2014-06/2019	
Business Address		**City**	**State**	**Zip**
50 N Medical Dr		Salt Lake City	UT	84132
Phone	**Title**			
(801) 581-2121	Resident			
Description of Duties				
urology residency (training program) - learning urology				

Business Name			From - To (MM/YY – MM/YY)	
Medical student OHSU 2009-2014				
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) Date

Applicant's initials RA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ross, Anderson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/6/22

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Washoe

I, Ross Anderson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/6/22

Date

Subscribed and Sworn to before me this 6 day of April.

Notary Public Signature

SENDY RAMOS-HERNANDEZ
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 21-2782-02
My Appt. Expires Aug. 20, 2025

(Seal)

Applicant's initials RA

7B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Y

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	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 7, 8, 9)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 4, 7, 8, 9)
☐ Location Change *		☐ Partnership (complete sections 1, 2, 5, 7, 8, 9)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 6, 7, 8, 9)

Section 1: General Information

ASC/RC Name: Queensridge Surgery Center, LLC

Physical Address: 10040 Alta Dr., #250

City: Las Vegas State: Nevada Zip: 89145

Mailing Address (if different from physical address): 2779 W. Horizon Ridge Pkwy., Suite 140

City: Henderson State: NV Zip: 89052

Telephone: 702-408-1526 Fax: pending

Contact Email: [redacted]@gmail.com Website pending

Nevada Business License # NV20212030448

Employed/Contracted Pharmacist Name: Mary Grear NV Pharmacist License #: 10687

Medical Director Name: Caleb Pinegar, DO

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 3: 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 4: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): N/A

Corporation/Organization Name: Queensridge Surgery Center, LLC

Mailing Address: 2779 W. Horizon Ridge Pkwy., Suite 140

City: Henderson State: NV Zip: 89052

Telephone: 702-408-1526 Email: [redacted]@gmail.com

Contact Person Name: Katie Krueger

Does the number of members or stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ■ No

Section 5: 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 6: Sole Owner

Owner's Name: N/A

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): Queensridge Surgery Center, LLC :

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)

6/15/2022
Date

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Mary Grear, LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☑ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
[redacted] Shootout Place

Requester's name and address (optional)

6 City, state, and ZIP code
Henderson, NV 89002-9374

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
[redacted]

or

Employer identification number
[redacted]

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ Mary R Grear Date ▶ 1/20/2022

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

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.

Richard J. Cronin Jr. DO

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)

6/27/22

Date

Board Use Only	Date Received: _____	Amount: $500 check 5851

Queensridge Surgery Center

List of Officers and Directors

Michael Crovetti, DO – President/Chairman

Caleb Pinegar, DO – Vice-President

Angelina Vera, MD – Secretary/Treasurer

Queensridge Surgery Center

List of Stockholders and % Owned / Stockholders with 10% or more of Shares

Michael Crovetti, DO – 90%

Caleb Pinegar, DO – 10%

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Queensridge Surgery Center, LLC

Nevada Business Identification # NV20212030448

Expiration Date: 03/31/2023

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 03/01/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202203012449854
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Queensridge Surgery Center, LLC,** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/02/2021, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/29/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202206292790056
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

Y

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Queensridge Surgery Center, LLC

Physical Address: 10040 Alta Drive, #250

City: Las Vegas State: NV Zip: 89145

Mailing Address (if different from physical address): 2779 W. Horizon Ridge Pkwy., Suite 140

City: Henderson State: NV Zip: 89052

Telephone: 702-776-6465 Website: N/A

Licensing Company Email: rlerma@coronadosurgery.com

Section 2: Personal Information

First: Michael Middle: James Last: Crovetti, Jr.

Alias(es, nicknames, name changes, etc.): Mike

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Desert View St.

City: Las Vegas State: NV Zip: 89107

Telephone: [redacted] Email: mcrovetti@crovettiortho.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: mc

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
UMDNJ School of Osteopathic Medicine			11/90 - 11/94	
Address		City	State	Zip
One Medical Center Dr.		Stratford	NJ	08084
Diploma/Degree obtained, if any				
D.O.				

School Name			From - To (MM/YY – MM/YY)	
Albright College			9/84 - 6/88	
Address		City	State	Zip
1621 N. 13th St.		Reading	PA	19612
Diploma/Degree obtained, if any				
B.S.				

School Name			From - To (MM/YY – MM/YY)	
Cherry Hill West			8/80 - 6/84	
Address		City	State	Zip
2101 Chapel Ave.		Cherry Hill	NJ	08002
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
5/21 - present	[redacted] Desert View St.	Las Vegas	NV	89107
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/17 - 5/21	[redacted] Reims	Henderson	NV	89012
From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/16 - 11/17	[redacted] MacDonald Ranch Dr.	Henderson	NV	89052
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2004 - 10/16	[redacted] Kithansett Loop	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

Applicant's initials MC

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: Crovetti Orthopaedics & Sports Medicine			From - To (MM/YY – MM/YY): 8/2000 – present	
Business Address: 2779 W. Horizon Ridge Pkwy #200	City: Henderson		State: NV	Zip: 89052
Phone: 702 990 2290	Title: owner			
Description of Duties: orthopaedic surgeon, patient care				

Business Name: Coronado Surgery Center			From - To (MM/YY – MM/YY): 1/08 – present	
Business Address: 2779 W. Horizon Ridge Pkwy. #140	City: Henderson		State: NV	Zip: 89052
Phone: 702 589 9250	Title: owner			
Description of Duties: orthopaedic surgeon				

Business Name: Coronado Surgical Recovery Suites			From - To (MM/YY – MM/YY): 12/10 – present	
Business Address: 2779 W. Horizon Ridge Pkwy. #130	City: Henderson		State: NV	Zip: 89052
Phone: 702 589 4975	Title: owner			
Description of Duties: orthopaedic surgeon – patient recovery post-op				

Business Name: Coronado Surgical LLC			From - To (MM/YY – MM/YY): 12/10 – present	
Business Address: 2779 W. Horizon Ridge Pkwy. #130	City: Henderson		State: NV	Zip: 89052
Phone: 702. 932. 8370	Title: owner			
Description of Duties: company operations				

Business Name: SRS Home Health			From - To (MM/YY – MM/YY): 3/20 – present	
Business Address: 2779 W. Horizon Ridge Pkwy. #130	City: Henderson		State: NV	Zip: 89052
Phone: 702 589 4975	Title: owner			
Description of Duties: company operations				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Queensridge surgery center			5/22 ~ present	
Business Address	City		State	Zip
10040 Alta Dr.	Las Vegas		NV	89145
Phone	Title			
702 589 9250	owner			
Description of Duties				
orthopaedic surgery				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	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 MC

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
8/15/12		NV	Las Vegas	clark
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
19171				
Reason/Charge				
Dr. Quesada, former employee, claiming back wages are owed to him				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
claimant - Mario Quesada		lawsuit		
Name of Business/Industry/Entity				
Michael J. Crovetti / Crovetti Bone & Joint Institute of Southern Nevada				

Provide explanation below: please see attached – case now closed

Original Signature (electronic, copies or stamps not accepted)

6/29/22
Date

Applicant's initials MC

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to 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 Crovetti

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/29/22

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Nicole M. Austad, 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

Notary Public Signature

NICOLE M. AUSTAD
Notary Public, State of Nevada
No. 18-1683-1
My Appt. Exp. Feb. 24, 2026

(Seal)

Applicant's initials MC

BEFORE THE NEVADA STATE LABOR COMMISSIONER

LAS VEGAS, NEVADA

IN THE MATTER OF: MARIO QUESADA, MD v. MICHAEL J CROVETTI AND CROVETTI BONE & JOINT INSTITUTE OF SOUTHERN NEVADA, LTD Case No: 19171	**NOTICE OF PRE-HEARING CONFERENCE**

NOTICE OF PRE-HEARING CONFERENCE

On August 15, 2012 a Notice of Claim for Wages was served upon Michael J Crovetti Jr. the Registered Agent for Crovetti Bone & Joint Institute of Southern Nevada Ltd alleging that back wages in the amount of $55,000.00 were due to the claimant, Mario Quesada. Following an investigation, a Determination was issued on November 20, 2012 finding that $176,075.24 in back wages were due to Mario Quesada after he amended the original claim. In addition, pursuant to the provisions of NRS 608.040, penalties in the amount of $28,845.60 were assessed. Since that time, the parties have attempted to reach an amicable resolution to this claim. It appears as though those efforts have been unsuccessful.

NOTICE IS HEREBY GIVEN that a Pre-hearing Conference will be held before Deputy Labor Commissioner Keith Sakelhide, commencing on the **22nd day of August, 2013 at the hour of 9:00 AM**, at 555 E. Washington Ave., Suite 4100, Las Vegas, Nevada.

The matters to be addressed at the Pre-hearing Conference will include but not be limited to:

Clearly identifying the issue(s) in dispute.

1. Establishing a formal discovery schedule.
2. Setting a date for the exchange of witness lists and exhibit packets.
3. Setting a date and time for the Final Hearing.

DATED THIS 1st DAY OF July, 2013

Keith Sakelhide
Deputy Labor Commissioner
State of Nevada

CERTIFICATE OF MAILING

I HEREBY CERTIFY that on this date, I deposited into the U.S. Mail, postage prepaid thereon, a copy of the foregoing NOTICE OF PRE-HEARING CONFERENCE to the persons listed below at their last known addresses:

HipandKnee@me.com
Mario Quesada
[redacted] Grey Eagle Street
Henderson NV 89012-3602

office@danielmarks.net
Adam Levine Esq.
Daniel Marks Attorneys at Law
530 S Las Vegas Blvd, Suite 300
Las Vegas, NV 89101

Fax: 702-932-8377-C/O Karen Burris
Michael J Crovetti Jr. and Crovetti Bone
& Joint Institute of Southern Nevada Ltd.
2779 W Horizon Ridge Parkway Suite 200
Henderson NV 89052

agolden@laborlawyers.com
Anthony B Golden Esq
Fisher & Phillips LLC
3800 Howard Hughes Parkway Suite 950
Las Vegas NV 89169

DATED this 1st day of JULY, 2013

An Employee of the Nevada State Labor Commissioner

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
6/2/22		NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-22-853443-C	Clark County District Court

Reason/Charge
claimant's complaints attached

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Claimant Jessi Lee Jaech	Lawsuit

Name of Business/Industry/Entity
Michael J. Crovetti / Crovetti Bone & Joint Institute of Southern Nevada

Provide explanation below: please see attached summons

Original Signature (electronic, copies or stamps not accepted)

6/29/22
Date

Applicant's initials JC

SEI
Paul D. Powell (7488)
Ryan T. O'Malley (12461)
Tom W. Stewart (14280)
Jared D. Powell (15086)
Traysen N. Turner (16017)
THE POWELL LAW FIRM
8918 Spanish Ridge Avenue, Suite 100
Las Vegas, Nevada 89148
paul@tplf.com | romalley@tplf.com
tstewart@tplf.com | jared@tplf.com | tturner@tplf.com
Phone: 702.728.5500 | Facsimile: 702.728.5501
Attorneys for Plaintiff

EIGHTH JUDICIAL DISTRICT COURT

CLARK COUNTY, NEVADA

JESSI JAECH, individually; Plaintiff, vs. MICHAEL CROVETTI, D.O., individually; CROVETTI BONE AND JOINT INSTITUTE OF SOUTHERN NEVADA, LTD., a Nevada Professional Corporation; DOE INDIVIDUALS I-X, and ROE ENTITIES I-X, inclusive, Defendants.	Case No. A-22-853443-C Dept. No. **SUMMONS**

NOTICE! YOU HAVE BEEN SUED, THE COURT MAY DECIDE AGAINST YOU WITHOUT YOUR BEING HEARD UNLESS YOU RESPOND WITHIN 20 DAYS, READ THE INFORMATION BELOW.

MICHAEL CROVETTI, D.O.

TO THE DEFENDANT(S): A civil Complaint has been filed by the Plaintiff(s) against you for the relief set forth in the Complaint.

1. If you intend to defend this lawsuit, within 20 days after this Summons is served on you, exclusive of the day of service, you must do the following:
   a. File with the Clerk of this Court, whose address is shown below, a formal written response to the Complaint in accordance with the rules of the Court, with the appropriate filing fee.
   b. Serve a copy of your response upon the attorney whose name and address is shown below.
2. Unless you respond, your default will be entered upon application of the Plaintiff(s) and this Court may enter a judgment against you for the relief demanded in the Complaint, which could result in the taking of money or property or other relief requested in the Complaint
3. If you intend to seek the advice of an attorney in this matter, you should do so promptly so that your response may be filed on time.

4. The State of Nevada, its political subdivisions, agencies, officers, board members, commission members and legislators, each have 45 days after service of this summons within which to file an answer or other responsive pleading to the complaint.

Issued at the direction of:

CLERK OF THE COURT

6/2/2022

Paul D. Powell (7448)
Traysen N. Turner (16017)
THE POWELL LAW FIRM
8918 Spanish Ridge Avenue, Suite 100
Las Vegas, Nevada 89148

DEPUTY CLERK DATE
County Courthouse
200 Lewis Avenue, 3rd Floor, Suite 3125
Las Vegas, Nevada 89155

Demond Palmer

Electronically Filed
6/1/2022 5:18 PM
Steven D. Grierson
CLERK OF THE COURT

Paul D. Powell (#7488)
Ryan T. O'Malley (#12461)
Tom W. Stewart, Esq. (#14280)
Jared D. Powell, Esq. (#15086)
The Powell Law Firm
8918 Spanish Ridge Avenue, Suite 100
Las Vegas, Nevada 89148
paul@tplf.com; romalley@tplf.com; tstewart@tplf.com; jared@tplf.com
Phone: (702) 728-5500
Facsimile: (702) 728-5501
Attorneys for Plaintiff

CASE NO: A-22-853443-C
Department 4

EIGHTH JUDICIAL DISTRICT COURT

CLARK COUNTY, NEVADA

JESSI JAECH, individually; Plaintiff, vs. MICHAEL CROVETTI, D.O., individually; CROVETTI BONE AND JOINT INSTITUTE OF SOUTHERN NEVADA, LTD., a Nevada Professional Corporation; DOE INDIVIDUALS I-X, and ROE ENTITIES I-X, inclusive, Defendants.	Case No. Dept. No. **COMPLAINT** **DEMAND FOR JURY TRIAL** **ARBITRATION EXEMPT:** **Medical Malpractice/Professional Negligence** **Amount in Controversy Exceeds $50,000**

Plaintiff Jessi Jaech ("Jessi") complains against Defendants as follows:

THE PARTIES

1. Jessi is and was a resident of the State of Nevada for all times relevant.

2. Defendant Michael Crovetti, D.O. ("Dr. Crovetti") is a physician who is and was practicing medicine in the State of Nevada for all times relevant.

3. Defendant Crovetti Bone and Joint Institute of Southern Nevada, Ltd. is and was a Nevada Professional Corporation for all times relevant. Plaintiff is informed and believes that Dr. Crovetti provides medical services through this entity.

4. At all times relevant hereto, Doe Individuals I through X, inclusive, were and are now physicians, residents, registered nurses, licensed occupational nurses, practical nurses, certified nursing assistants, registered technicians, aides, attendants and/or other medical staff holding themselves out as competently qualified and duly licensed to practice their professions under and by virtue of laws of the State of Nevada; the true names and capacities, whether individual, corporate, associate, or otherwise of Defendants Does 1 through 10, inclusive, are presently unknown to Plaintiff, who therefore sues those Defendants by such fictitious names. The Plaintiff is informed and believes, and thereupon alleges, that each of the Defendants sued herein as Does 1 through 10 is responsible in some manner for the events and happenings herein referred to and which thereby proximately caused the injuries and damages to Plaintiff as alleged herein; that when the true names and capacities of such Defendants become known, Plaintiff will ask leave of the Court to amend this Complaint to insert the true names, identities and capacities, together with proper claims and allegations.

5. At all times relevant hereto, Roe Entities I through X, inclusive, were and/or are corporations, firms, partnerships, associations, or other legal entities involved in the care and treatment of Plaintiff that the true names, identities or capacities of Defendants Roe Corporations 1 through 10, inclusive, are presently unknown to Plaintiff, who therefore sues said Defendants by such fictitious names; that the Plaintiff is informed and believes and thereupon alleges that each of said Defendants are responsible in some manner for the events and happenings referred to herein and which proximately caused the injuries and damages to Plaintiff alleged herein that when the true names and capacities of such Defendants become known, Plaintiff will ask leave of the Court to amend this Complaint to insert the true names, identities and capacities, together with proper claims and allegations.

6. At all relevant times, Defendants, and each of them, were the agents, ostensible agents, servants, employees, employers, partners, co-owners and/or joint venturers of each other and of their co-defendants, and were acting within the color, purpose and scope of their employment, agency, ownership, and/or joint ventures, and by reason of such relationships the Defendants, and each of them, are vicariously and jointly and severally responsible and liable for the acts and/or omissions of their co-defendants.

JURISDICTION AND VENUE

7. This Court possesses personal jurisdiction over Defendants because (1) Defendants' residence, domicile, and/or business activities and contacts in Nevada have been and continue to be so substantial, continuous, and systematic that the defendants are deemed present in the forum; and (2) the obligations, acts, and omissions complained of in this Complaint were incurred and committed, in whole or in part, in Nevada, and thus, Defendants have had sufficient minimum contacts with this forum such that the exercise of personal jurisdiction over them will not offend traditional notions of fair play and substantial justice.

8. This Court possesses subject-matter jurisdiction over this matter because Clark County, Nevada is the judicial district in which a substantial part of the events or omissions giving rise to the claims set forth herein occurred.

9. Venue is proper in this Court because a substantial part of the events or omissions giving rise to this action occurred in this District, the alleged acts took place in this District, and Defendants are otherwise subject to the Court's personal jurisdiction.

GENERAL ALLEGATIONS

10. On or around January 29, 2021, Jessi injured her left knee while playing indoor soccer.

11. Jessi was 29 years old at the time that she suffered her injury.

12. Jessi presented to Dr. Crovetti on or around February 3, 2021, seeking treatment for her knee.

13. Jessi informed Dr. Crovetti that she was an athlete and that she injured her knee while playing indoor soccer.

14. Dr. Crovetti ordered an MRI of Plaintiff's left knee, which was performed on or around February 4, 2021.

15. The MRI showed a complete tear of Jessi's left anterior cruciate ligament ("ACL").

16. On June 1, 2021, Dr. Crovetti performed an endoscopic anterior cruciate ligament reconstruction bone-tendon-bone allograft procedure to repair Jessi's left ACL.

17. An "allograft" refers to the grafting of tissue from a cadaver.

18. An allograft may be contrasted with an "autograft," which refers to the grafting of tissue from elsewhere in a patient's body.

19. An allograft is not appropriate for a young, active individual who engages in sports because cadaver allografts have an increased failure rate for such patient populations.

20. Jessi was 29 years old at the time that Dr. Corvetti performed her ACL reconstruction procedure.

21. Dr. Corvetti knew that Jessi played soccer at the time that he performed her ACL reconstruction procedure.

22. Dr. Corvetti performed an allograft procedure rather than an autograft procedure.

23. An endoscopic ACL reconstruction involves the creation of a tunnel in the femur.

24. The medical standard of care calls for the femoral tunnel to be set at an oblique angle rather than vertically.

25. Vertical placement of the femoral tunnel does not provide adequate rotational stability for the knee, which increases the chance that the graft will fail.

26. Dr. Crovetti placed the femoral tunnel vertically while performing Jessi's ACL reconstruction procedure.

27. Moreover, an endoscopic ACL reconstruction involves the placement of an interference screw in the femur.

28. An improperly seated interference screw leads to fixation issues and a loose graft, which increases the chance of failure.

29. Dr. Crovetti did not fully seat the interference screw while performing Jessi's ACL reconstruction procedure.

30. On or around October 20, 2021, the allograft failed and Jessi's surgically repaired knee ruptured.

31. On or around November 12, 2021, Jessi presented to Michael Miao, M.D. ("Dr. Miao") at Desert Orthopaedic Center for further orthopedic treatment of her left knee.

32. Dr. Miao ordered a second MRI of Jessi's left knee, which was performed on or around November 29, 2021.

33. The second MRI showed that Jessi's left ACL graft had failed, and that one of the screws used in the procedure was not fully seated.

34. Dr. Miao performed a second endoscopic anterior cruciate ligament reconstruction procedure on or around January 11, 2022.

FIRST CAUSE OF ACTION

(Professional Negligence—NRS 41A)

35. Plaintiff here incorporates all prior paragraphs as though fully set forth.

36. Dr. Crovetti owed Jessi a duty to perform her June 1, 2021, ACL reconstruction procedure in a manner consistent with the medical standard of care.

37. As set forth in the attached Declaration of Dean Wang, M.D. (**Exhibit 1**), Dr. Crovetti's performance of the Procedure deviated from the standard of care in the following ways:

a. Dr. Crovetti placed the femoral tunnel vertically rather than at an oblique angle, which results in persistent knee laxity. Vertical tunnel placement does not provide rotational stability of the knee, which increases the chance of failure.

b. The femoral screw was not fully seated; instead, the interference screw protruded by approximately 7 to 8 millimeters. An improperly seated interference screw leads to fixation issues and a loose graft.

c. Dr. Crovetti's use of an allograft from a cadaver as opposed to an autograft was not appropriate for a young, active individual who engages in sports. Ms. Jaech was a 29-year-old soccer player at the time that Dr. Crovetti performed the procedure. Abundant medical literature demonstrates that cadaver allografts have an increased failure rate for such patient populations.

38. Defendants' negligence and gross negligence caused Plaintiff to suffer damages in an amount in excess of $15,000.

DEMAND FOR JURY TRIAL

39. Pursuant to NRCP 38, Plaintiff demands a jury trial on the issues and claims in this complaint.

PRAYER FOR RELIEF

Plaintiff prays for relief against Defendants as follows:

1. For general damages sustained by Plaintiff in an amount in excess of $15,000;
2. For special damages sustained by Plaintiff in an amount in excess of $15,000;
3. For punitive damages in an amount in excess of $15,000;
4. For reasonable attorney's fees and costs;
5. For interest at the statutory rate; and
6. For such other further relief as the Court deems just and proper.

Dated this 1st day of June, 2022.

THE POWELL LAW FIRM

/s/ Ryan T. O'Malley
Paul D. Powell (#7488)
Ryan T. O'Malley (#12461)
The Powell Law Firm
8918 Spanish Ridge Avenue, Suite 100
Las Vegas, Nevada 89148

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
9/18/08		NV	Las Vegas	Clark
Case #	**Governing, licensing, Arresting Presiding Body/Agency/Court**			
A-09-598075-C				
Reason/Charge				
allegation of neglecting evidence of foreign body at L-spine area				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Claimant Marion Ainsworth		Lawsuit		
Name of Business/Industry/Entity				
Michael J. Coretti, D.O.				

Provide explanation below: please see attached

Original Signature (electronic, copies or stamps not accepted)

6/29/22
Date

Applicant's initials _____

MALPRACTICE CLAIM INFORMATION WORKSHEET

Please duplicate this form and complete for EACH case. Also, for each case that has been settled or dismissed, supply court documentation.

Practitioner Name Michael J. Crovetti Jr., D.O.

1. Patient Name Marion Ainsworth
2. Diagnosis Lt hip pain with back and groin pain
3. Your involvement in the case (attending, consulting, etc.) consulting
4. Allegation(s) Neglect of evidence of foreign body at L-spine area.
5. Clinical Case Summary (Include additional pages or inserts if necessary)
   See attached.
6. Patient Outcome
7. Other Pertinent Details Case A-09-598075-C
8. Date of Incident 9/18/08 Date Filed 8/27/09 Date Closed 5/9/12
9. Resolution of Case (dismissed, settled out of court, litigated, other)
   NOTE: All cases litigated must include legal documentation.
   Dismissed
10. Settlement amount paid on your behalf, if any
    none
11. Professional liability insurer involved:
    A. Name of Insurer Independent Nevada B. Policy # 0094813
    B. Address of Insurer Doctors Exchange
    3230 S. Buffalo Dr. #103B
    Las Vegas, NV 89117

Name: Michael J. Crovetti Jr., D.O.

Signature [signature] **Date** 6/29/22

☐ No claims to report

Regardless of whether you have had any claims, this form must be signed and dated.

Diagnosis- Left hip pain, back pain and groin pain.

Involvement- Care after alleged injury took place.

Allegations- It is alleged that on September 18, 2008, Michael Fishell, M.D. left a foreign substance other than medication or a prosthetic device unintentionally within Marion Ainsworth's body during a lumbar injection procedure. It is alleged that on September 19, 2008, Ms. Ainsworth visited my office with complaints of back pain and that I failed to diagnose the presence of the foreign objection. It is alleged that this caused damages.

Clinical Case Summary- On September 19, 2008, Ms. Ainsworth visited my office complaining of hip pain, back pain and groin pain. I was advised that she had received epidural shots the day before. upon physical examination there was no significant discomfort with range of motion in her hip. An x-ray of the hip showed the joint space to be preserved. An object appeared in the x-ray near the middle of the pelvis. At the time, I did not believe that the object was a unintentionally left behind foreign object. I recommended that Ms. Ainsworth follow-up with my office as needed and recommended that she have further workup of her back and return to her spine surgeon.

Date of injury- September 18, 2008.

Date Complaint filed- August 27, 2009.

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
3/8/05		NV	Las Vegas	Clark
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
06-A-519989-C				
Reason/Charge				
allegation of misplacement of left knee artificial implant				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Claimant John Hankins			Lawsuit	
Name of Business/Industry/Entity				
Michael J. Crovetti, D.O.				

Provide explanation below: please see attached

Original Signature (electronic, copies or stamps not accepted)

6/29/22
Date

Applicant's initials _____

MALPRACTICE CLAIM INFORMATION WORKSHEET

Please duplicate this form and complete for EACH case. Also, for each case that has been settled or dismissed, supply court documentation.

Practitioner Name Michael J. Crovetti Jr., D.O.

1. Patient Name John Hankins
2. Diagnosis degeneration of medial compartment and medial meniscus.
3. Your involvement in the case (attending, consulting, etc.) primary surgeon (attending)
4. Allegation(s) misplacement of artificial implant into the left knee
5. Clinical Case Summary (Include additional pages or inserts if necessary)
   See attached
6. Patient Outcome Good health and improved range of motion in both knees, case settled 6/19/09
7. Other Pertinent Details Case No: 06-A-519989-C
8. Date of Incident 3/8/05 Date Filed 4/5/06 Date Closed 6/19/09
9. Resolution of Case (dismissed, settled out of court, litigated, other)
   NOTE: All cases litigated must include legal documentation.
   settled in court
10. Settlement amount paid on your behalf, if any
    $475,000.00
11. Professional liability insurer involved:
    A. Name of Insurer Independent Nevada B. Policy # 0094808
    B. Address of Insurer Doctors Exchange
    3230 S. Buffalo Dr. Ste. 103B
    Las Vegas, NV 89117

Name: Michael J. Crovetti Jr.

Signature [signature] **Date** 6/29/22

☐ No claims to report

Regardless of whether you have had any claims, this form must be signed and dated.

Patient Name: John Hankins

Dx- degeneration of medial compartment and medial meniscus

Involvement- lead/primary surgeon

Allegations- if you mean the Complaint then it would be "negligence, fraud, loss of consortium to spouse of patient";
if you mean substantive facts then it would be "misplacement of an artificial *right*-side specific implant into the *left* knee"

Clinical Case Summary- On 3/8/05, patient presented for left knee arthroplasty, wherein a right-side specific femoral component was mistakenly implanted. Patient then engaged in physical therapy, and unilaterally discontinued the same on 6/14/05. On 9/27/05, patient presented to Todd Swanson, M.D. for a left knee arthroplasty and replacement of the femoral component. No scar tissue was noted intra-operatively. Post-operatively, knee cellutiis was suspected. Cultures were drawn but never evidenced infection. Due to the possible presence of fungal elements, on 9/28/06, the patient finished a staged exchange knee arthroplasty revision, performed by Richard Walker, M.D. Cultures were drawn but never evidenced infection. The patient is in good health with improved range of motion in both knees.

D/I- 3/8/05

Date filed- 4/5/06

FULL GENERAL RELEASE, CONFIDENTIAL SETTLEMENT AGREEMENTAND INDEMNITY AGREEMENT
("The Agreement")

1. For and in consideration of the total and sole sum of one million three hundred seventy-five thousand dollars ($1,375,000.000) allocated as follows:: four hundred seventy-five thousand dollars ($475,000.00) of which to be paid by MICHAEL CROVETTI, D.O. and CROVETTI BONE & JOINT INSTITUTE OF SOUTHERN NEVADA, a Nevada Corporation, d/b/a THE BONE & JOINT INSTITUTE OF SOUTHERN NEVADA, four hundred twenty-five thousand dollars ($425,000) to be paid by CATHOLIC HEALTHCARE WEST d/b/a ST. ROSE DOMINICAN HOSPITALS, and four hundred seventy-five thousand dollars ($475,000) to be (collectively) paid by SMITH & NEPHEW, INC. and CHRISTOPHER SMITH, to be paid within thirty (30) days after receipt by them of a fully executed copy of this Agreement to JOHN G. HANKINS and PATRICIA J. HANKINS, ("Releasors"), on behalf of their predecessors, successors, assigns, heirs, executors, administrators, beneficiaries, and all others in privity with said Releasors, hereby unconditionally and irrevocably RELEASE AND FOREVER DISCHARGE MICHAEL CROVETTI, D.O., CROVETTI BONE & JOINT INSTITUTE OF SOUTHERN NEVADA, a Nevada Corporation, d/b/a THE BONE & JOINT INSTITUTE OF SOUTHERN NEVADA, CATHOLIC HEALTHCARE WEST d/b/a ST. ROSE DOMINICAN HOSPITALS, SMITH & NEPHEW, INC., and CHRISTOPHER SMITH and any and all past, present and future related medical corporations, partnerships and/or associations; subsidiaries, administrators, affiliates, principals, partners, officers, directors, employees, employers, agents, servants, lawyers, sureties, claims administrators, guarantors, indemnitors, representatives, insurers, successors, spouses, and assigns, and all others in privity with them ("Releasees") from

and against any and all liability, claims, demands, rights, liens, actions, damages, injuries, losses, contracts, covenants, suits, causes of action, expenses, judgments, orders and liabilities of any kind and nature, whether now known or unknown, suspected or unsuspected, foreseen or unforeseen, and whether or not concealed and hidden, which they had, now have, or may have existed, or which can, may or shall hereafter exist, or which have accrued or may hereafter accrue, which arise or may hereafter arise out of statute, contract, tort, or equity resulting from, relating to or arising out of, directly or indirectly, the care and treatment of JOHN G. HANKINS on or about March 8, 2005 as more fully set forth in District Court Case Number A519989, in Department I, District Court, Clark County Nevada (hereafter "the Incident(s)") inoluding, but not limited to, all claims asserted in Case No A519989 or that could have been asserted in that action. The Releasors expressly agree to direct their agents or attorneys to execute any and all documents necessary to ensure that the Releasees are dismissed from the above-entitled District Court Action with prejudice. The payment made herein constitutes damages on account of physical injuries within the meaning of Section 104(a)(2) of the Internal Revenue Code of 1986, as amended.

2. It is the specific intent of the parties hereto that the execution of this Agreement by the Releasors shall unconditionally and irrevocably release all of their claims, demands and causes of action of any kind whatsoever against Releasees including, without limitation, claims, demands, and causes of action for any lost earnings, loss of consortium or similar claims, any personal injuries, complications and consequences of any injuries even though presently unsuspected or unknown, including wrongful death, or any damages arising out of tort, contract, statute, or equity in connection with or arising out of the above-mentioned Incident(s).

3. In addition, the Releasors hereby RELEASE AND FOREVER DISCHARGE each insurance company and corporations above named, including INDEPENDENT NEVADA DOCTORS' INSURANCE EXCHANGE (formerly known as MEDICAL LIABILITY ASSOCIATES OF NEVADA), CATHOLIC HEALTHCARE WEST d/b/a ST. ROSE DOMINICAN HOSPITALS, SMITH & NEPHEW, INC., and CHRISTOPHER SMITH, their adjusters, claims personnel, agents, employees, attorneys, successors, parent corporations, and all other persons, entities, corporations, and insurance companies in privity with them, of and from any and all claims, demands, rights liens, damages, injuries, losses, contracts, covenants, suits, causes of action, expenses, judgments, orders, and liabilities of any kind and nature, whether now known or unknown, suspected or unsuspected, foreseen or unforeseen, whether or not concealed and hidden, which have existed or may have existed, or which can, may or shall hereafter exist, and which have occurred or may hereafter accrue on account of, or in any way relating to, said insurance companys or corporation's investigation, evaluation, negotiation, compromising, settlement, disbursement of funds, and all other activities in relation to the handling of these claims including, but not limited to, any claimed violations of the Unfair Claims Settlement Practices Act (as set forth in N.R.S. 686A.010 et. seq. and any Nevada Insurance Regulations) or any other statute or regulation pertaining to said insurance company promulgated by the State of Nevada or any other state, or for the breach of any promise, oral or written, express or implied, or the breach of any duty of good faith and fair dealing implied by law or contract.

4. The parties to this Agreement recognize and understand that Releasors may have sustained injuries as a result of the Incident(s) which are unknown at the time of the execution of

this Agreement or that may be discovered or develop in the future. The parties have contemplated and discussed said injuries and complications, and intend that the execution of this Agreement, among other things, applies to and releases all claims for all unknown injuries and any injuries or complications or conditions, including death, that may be discovered or developed in the future. Accordingly, Releasors expressly agree that this Release is intended to and shall cover all injuries, complications, and conditions whether known or unknown to the Releasors at the time of the execution of this Release or which may develop or be discovered in the future which may have been caused or claimed to have been caused by the Incident(s) or follow as a consequence of, or relate to, the Incident(s).

5. The Releasors agree and acknowledge that no representation of any kind concerning any subject has been made to the Releasors by any party hereby released, nor by any agent, representative or attorney of any such party, which has in any way influenced the Releasors' decision to enter into this Agreement.

6. The Releasors shall defend, indemnify, and hold the Releasee's harmless from and against: (i) any and all claims, demands, actions, causes of action, damages, and costs (including attorney's fees) arising out of or by reason of the Incilden(s)t that have been or may hereafter be brought by or on behalf of such Plaintiff, or by any entity or person claiming subrogation or lien rights against any Releasees or against any party other than the Releasees and the Insurer, including without limitation, any state accident fund or injured worker's insurance fund; and (ii) any and all liens or claims that may apply to the settlement payments provided for in this Agreement. The Releasors represent that there are no statutory (including, but not limited to, Medicare or State Worker's Comp) liens, claims by any provider healthcare services, or

insurance or healthcare benefits, or liens (or claims) by any health insurance providerapplicable to this caseand should any exist now or in the future, Releasors shall be solely responsible for payment of same.

7. It is understood and agreed that the payment of this sum is not to be construed as an admission of liability on the part of any of the Releasees mentioned in this Agreement, liability being expressly denied, but is a compromise and settlement of a disputed claim.

8. Releasors acknowledge that they have been represented by legal counsel and have consulted with, and been advised by, counsel with respect to the effect and legal significance of this Agreement. The Releasors acknowledge that they have thoroughly and carefully read this document and fully understands it and are signing it voluntarily after being fully advised by legal counsel. The Releasors specifically acknowledge that the sum set forth in this Agreement is all of the money that the Releasors will receive from the Releasees, despite any costs or fees that may be claimed by their attorneys or any other person or entity and that no individual releasee shall be responsible for more than payment of their allocated amount of the total settlement as set forth in this Agreement..

9. It is further agreed and understood that the existence and terms of this Agreement, the facts relating to this lawsuit, and any amounts paid hereunder will be maintained entirely confidential by Releasors, their attorneys, agents and all others in privity with them, and will not be disclosed to any written or electronic media, to any jury or trial reporting service, association of attorneys or the like, in any manner whatsoever or to any other person or entity without the prior written permission of all of the parties released herein, except as required by law.

10. This Agreement may be executed in one or more counterparts, which together shall constitute one instrument, and shall be binding upon all parties hereto, including Releasors, their heirs, representatives, successors, assigns and all others in privity or claiming privity with said Releasors.

11. If any part of this Agreement is found to be invalid, it shall be severable from the remainder of the Agreement, which shall be unaffected by the invalidity of said part or paragraph, and shall remain binding and of full effect on the parties hereto.

12. The parties hereto expressly agree that the laws of the State of Nevada shall govern the terms and provisions, and enforceabilityof this Agreement.

13. The Parties hereby agree and stipulate that all settlement proceeds are on account of pain and suffering within the meaning of 26 USC section 104(a)(2). No amount paid in this compromise is for punitive damages; punitive damages were not proven or found by a court of law to apply to this case. Applicable state law requires that a finding of punitive damages be adjudicated by a court of competent jurisdiction under specific guidelines; there has been no such finding.

14. The Releasees release each other from any and all claims for indemnity/ contribution against one another, and are entering into this Release with the intention of fully resolving this matter, and agree to dismiss with prejudice the cross/third party claims asserted in Case No. A519989. INDEPENDENT NEVADA DOCTORS' INSURANCE EXCHANGE shall only be responsible for $475,000 towards this global settlement, CATHOLIC HEALTHCARE WEST d/b/a ST. ROSE DOMINICAN HOSPITALS shall only be responsible for $425,000

towards this global settlement, and SMITH & NEPHEW, INC. and CHRISTOPHER SMITH shall only be (collectively) responsible for $475,000 toward this global settlement.

15. The Agreement may be executed in any number of counterparts, each of which shall be deemed to be an original and all of which together shall be deemed one and the same instrument.

IN WITNESS WHEREOF, I hereunto set my hands on the date noted next to my signatures below:

DATE: 6-25-09

TED G. HANKINS

Subscribed and Sworn this 25 day June of 2009.

Notary Public

My commission expires: 11-9-09

DATE: 6-25-09

PATRICIA J. HANKINS

Subscribed and Sworn this 25 day June 2009.

Notary Public

My commission expires: 11-9-09

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
4/12/04		NV	Las Vegas	Clark
Case #	**Governing, licensing, Arresting Presiding Body/Agency/Court**			
05-A-507597-C				
Reason/Charge				
allegation of neglect of patient's condition after arthroscopic surgery				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Claimant Brittney Burden McDonald		Lawsuit		
Name of Business/Industry/Entity				
Michael J. Crovetti, D.O.				

Provide explanation below: please see attached

Original Signature (electronic, copies or stamps not accepted)

6/29/22
Date

Applicant's initials

MALPRACTICE CLAIM INFORMATION WORKSHEET

Please duplicate this form and complete for EACH case. Also, for each case that has been settled or dismissed, supply court documentation.

Practitioner Name Michael J. Chovetti Jr., D.O.

1. Patient Name Brittney Burden McDonald
2. Diagnosis
3. Your involvement in the case (attending, consulting, etc.) Attending
4. Allegation(s) Negligence and carelessness
5. Clinical Case Summary (Include additional pages or inserts if necessary)
   Pt's mother claimed pt's condition was not assessed after her arthroscopic procedure, resulting in a severe burn to her knee.
6. Patient Outcome
7. Other Pertinent Details Case No: 05-A-507597-C
8. Date of Incident 4/12/04 Date Filed 7/27/05 Date Closed 11/08/07
9. Resolution of Case (dismissed, settled out of court, litigated, other)
   NOTE: All cases litigated must include legal documentation.
   Dismissed
10. Settlement amount paid on your behalf, if any
    none
11. Professional liability insurer involved:
    A. Name of Insurer Independent Nevada B. Policy # 0094813
    B. Address of Insurer Doctors Exchange
    3230 S. Buffalo Dr. #103B
    Las Vegas, NV 89117

Name: Michael J. Chovetti Jr., D.O.

Signature [signature] **Date** 6/29/22

☐ No claims to report

Regardless of whether you have had any claims, this form must be signed and dated.

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: Queensridge Surgery Center, LLC

Physical Address: 10040 Alta Drive, #250

City: Las Vegas State: NV Zip: 89145

Mailing Address (if different from physical address): 2779 W. Horizon Ridge Pkwy., Suite 140

City: Henderson State: NV Zip: 89052

Telephone: 702-776-6465 Website: N/A

Licensing Company Email: rlerma@coronadosurgery.com

Section 2: Personal Information

First: Caleb Middle: Ogden Last: Pinegar

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Candelaria Dr.

City: Henderson State: NV Zip: 89074

Telephone: [redacted] Email: cpinegar@crowleyortho.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: CP

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Des Moines University		7/07 – 5/11	
Address	**City**	**State**	**Zip**
3200 Grand Avenue	Des Moines	IA	50312
Diploma/Degree obtained, if any			
D.O.			

School Name		From - To (MM/YY – MM/YY)	
Brigham Young University		8/02 – 12/06	
Address	**City**	**State**	**Zip**
150 E. Bulldog Blvd.	Provo	UT	84602
Diploma/Degree obtained, if any			
B.S.			

School Name		From - To (MM/YY – MM/YY)	
Orem High School		8/96 – 05/99	
Address	**City**	**State**	**Zip**
175 S. 400 E.	Orem	UT	84097
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
6/2021 – now	[redacted] Candelaria Dr.	Henderson	NV	89074
08/2017 – 6/2021	[redacted] Monte Bianco Pl.	Henderson	NV	89044
07/2016 – 06/2017	[redacted] Ngn Points Blvd	Gulf Breeze	FL	32563
1/2012 – 6/2016	[redacted] Clarke D.	Stow	OH	44224
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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: Crovetti Orthopaedics & Sports Medicine		From - To (MM/YY – MM/YY): 9/17 – present	
Business Address: 2779 W. Horizon Ridge PKwy. #300	City: Henderson	State: NV	Zip: 89052
Phone: 702 990 2290	Title: Orthopaedic surgeon		
Description of Duties: Surgery, patient care			

Business Name: Baptist Physician Group		From - To (MM/YY – MM/YY): 8/16 – 6/17	
Business Address: P.O. Box 30532,	City: Pensacola	State: FL	Zip: 32503
Phone: 850.916.3700	Title: Orthopaedic surgeon		
Description of Duties: Fellow of Sports Medicine			

Business Name: Western Reserve Hospital		From - To (MM/YY – MM/YY): 8/2011 – 7/2016	
Business Address: 1900 23rd St.	City: Cuyahoga Falls	State: OH	Zip: 44223
Phone: 330.971.7000	Title: Resident Physician		
Description of Duties: Resident of Orthopedic Surgery / Trauma			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	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 CAP

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	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 CDV

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.)		ϕ
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?		ϕ
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		ϕ
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)?		ϕ
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		ϕ
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?		ϕ

Applicant's initials COP

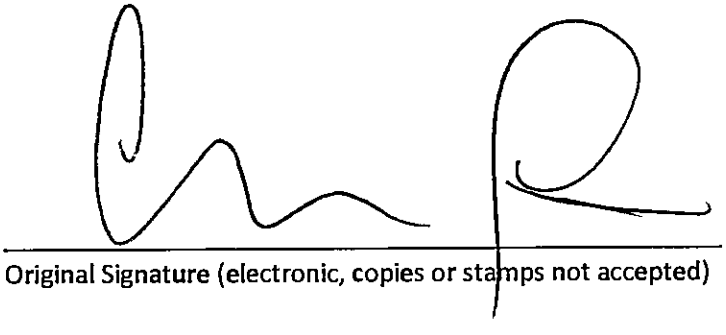
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

N/a

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)

4/29/22

Date

Applicant's initials CVP

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Caleb Pinegar
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/29/22
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Caleb Pinega, 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

7/7/2022
Date

Subscribed and Sworn to before me this 7th day of July 2022

Notary Public Signature

STEPHANIE AMMAR
Notary Public, State of Nevada
Appointment No. 21-0307-01
My Appt. Expires Aug 26, 2025

(Seal)

Applicant's initials CP

Queensridge Surgery Center

Queensridge Surgery Center is pending its State ASC licensure from the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.
We need the State Board of Pharmacy license in order to obtain the State ASC license.
We will submit a copy of our State ASC license once we obtain it.

Thank you.

8

8A

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: NDOC ESP Pharmacy

Physical Address: 4569 North State Route 490

City: Ely State: NV Zip: 89301

Mailing Address (if different from physical address): 3955 W. Russell Road

City: Las Vegas State: NV Zip: 89118

Telephone: 725-216-6736 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 702-486-9982 Contact Email: pharmacyorders@doc.nv.gov

Website: www.doc.nv.gov

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Helen Park

Supervising/Managing Pharmacist NV Pharmacist Registration #: 18138

Type of Pharmacy (check all applicable)

- ☐ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ■ Other: Correctional Institution

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: Kathryn C. Lopez Chirino	NV Pharmacist Registration #: 17679
Name: Kara K. Kim	NV Pharmacist Registration #: 18317
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

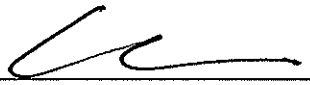
Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Holon Park (title) for NDOC ESP 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).

Helen Park

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

7/7/2022

Date

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: Helen Park Pharmacist Registration #: 18138

Pharmacy Name: NDOC ESP Pharmacy

Initial each statement below to indicate you have read and agree with the following:

HP 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.

HP 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.

HP 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.

HP 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)).

HP 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)

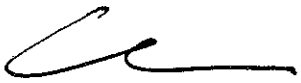
7/7/2022
Date

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	Partnership	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.

Helen Park

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)

7/7/2022

Date

Board Use Only	Date Received: _____ Amount: _____

8B

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: NDOC FMWCC Pharmacy

Physical Address: 4370 Smiley Road

City: Las Vegas State: NV Zip: 89115

Mailing Address (if different from physical address): 3955 W. Russell Road

City: Las Vegas State: NV Zip: 89118

Telephone: 725-216-6736 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 702-486-9982 Contact Email: pharmacyorders@doc.nv.gov

Website: www.doc.nv.gov

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Helen Park

Supervising/Managing Pharmacist NV Pharmacist Registration #: 18138

Type of Pharmacy (check all applicable)

- ☐ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Other: Correctional Institution

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: Kathryn C. Lopez Chirino	NV Pharmacist Registration #: 17679
Name: Kara K. Kim	NV Pharmacist Registration #: 18317
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: _____

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 Helen Park (title) for NDOC FMWCC 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).

Helen Park

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

7/7/2022

Date

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: Helen Park Pharmacist Registration #: 18138

Pharmacy Name: NDOC FMWCC Pharmacy

Initial each statement below to indicate you have read and agree with the following:

HP 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.

HP 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.

HP 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.

HP 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)).

HP 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)

7/7/2022
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.

Helen Park

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)

7/7/2022

Date

Board Use Only	Date Received: _____	Amount: _____

8C

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: NDOC HDSP Pharmacy

Physical Address: 22010 Cold Creek Road

City: Indian Springs State: NV Zip: 89070

Mailing Address (if different from physical address): 3955 W. Russell Road

City: Las Vegas State: NV Zip: 89118

Telephone: 725-216-6736 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 702-486-9982 Contact Email: pharmacyorders@doc.nv.gov

Website: www.doc.nv.gov

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Helen Park

Supervising/Managing Pharmacist NV Pharmacist Registration #: 18138

Type of Pharmacy (check all applicable)

- ☐ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Other: Correctional Institution

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: Kathryn C. Lopez Chirino	NV Pharmacist Registration #: 17679
Name: Kara K. Kim	NV Pharmacist Registration #: 18317
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

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 Helen Park (title) for NDOC HDSP 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).

Helen Park

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

7/7/2022

Date

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: Helen Park Pharmacist Registration #: 18138

Pharmacy Name: NDOC HDSP Pharmacy

Initial each statement below to indicate you have read and agree with the following:

HP — 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.

HP — 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.

HP — 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.

HP — 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)).

HP — 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)

7/7/2022
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.

Helen Park

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)

7/7/2022

Date

Board Use Only	Date Received: _____ Amount: _____

8D

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: NDOC LCC Pharmacy

Physical Address: 1200 Prison Road

City: Lovelock State: NV Zip: 89419

Mailing Address (if different from physical address): 3955 W. Russell Road

City: Las Vegas State: NV Zip: 89118

Telephone: 725-216-6736 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 702-486-9982 Contact Email: pharmacyorders@doc.nv.gov

Website: www.doc.nv.gov

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Helen Park

Supervising/Managing Pharmacist NV Pharmacist Registration #: 18138

Type of Pharmacy (check all applicable)

- ☐ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Other: Correctional Institution

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: Kathryn C. Lopez Chirino	NV Pharmacist Registration #: 17679
Name: Kara K. Kim	NV Pharmacist Registration #: 18317
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: _____

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: _____

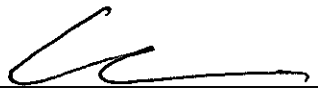
Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Helen Park (title) for NDOC LCC 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).

Helen Park

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

7/7/2022

Date

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: Helen Park Pharmacist Registration #: 18138

Pharmacy Name: NDOC LCC Pharmacy

Initial each statement below to indicate you have read and agree with the following:

HP	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.
HP	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.
HP	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.
HP	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)).
HP	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)

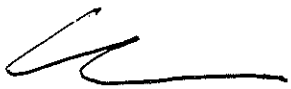
7/7/2022
Date

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.

Helen Park

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)

7/7/2022

Date

Board Use Only	Date Received: _____ Amount: _____

8E

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: NDOC NNCC Pharmacy

Physical Address: 1721 E. Snyder Ave.

City: Carson City State: NV Zip: 89701

Mailing Address (if different from physical address): 3955 W. Russell Road

City: Las Vegas State: NV Zip: 89118

Telephone: 725-216-6736 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 702-486-9982 Contact Email: pharmacyorders@doc.nv.gov

Website: www.doc.nv.gov

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Helen Park

Supervising/Managing Pharmacist NV Pharmacist Registration #: 18138

Type of Pharmacy (check all applicable)

- ☐ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Other: Correctional Institution

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: Kathryn C. Lopez Chirino	NV Pharmacist Registration #: 17679
Name: Kara K. Kim	NV Pharmacist Registration #: 18317
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

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 Helen Park (title) for NDOC NNCC 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).

Helen Park

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

7/7/2022

Date

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: Helen Park Pharmacist Registration #: 18138

Pharmacy Name: NDOC NNCC Pharmacy

Initial each statement below to indicate you have read and agree with the following:

HP — 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.

HP — 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.

HP — 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.

HP — 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)).

HP — 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)

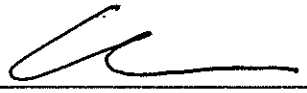
7/7/2022
Date

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.

Helen Park

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)

7/7/2022

Date

Board Use Only	Date Received: _____ Amount: _____

8F

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: NDOC SDCC Pharmacy

Physical Address: 20825 Cold Creek Road

City: Indian Springs State: NV Zip: 89070

Mailing Address (if different from physical address): 3955 W. Russell Road

City: Las Vegas State: NV Zip: 89118

Telephone: 725-216-6736 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 702-486-9982 Contact Email: pharmacyorders@doc.nv.gov

Website: www.doc.nv.gov

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Helen Park

Supervising/Managing Pharmacist NV Pharmacist Registration #: 18138

Type of Pharmacy (check all applicable)

- ☐ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Other: Correctional Institution

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: Kathryn C. Lopez Chirino	NV Pharmacist Registration #: 17679
Name: Kara K. Kim	NV Pharmacist Registration #: 18317
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: _____

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 Helen Park (title) for NDOC SDCC 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).

Helen Park

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

7/7/2022

Date

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: Helen Park Pharmacist Registration #: 18138

Pharmacy Name: NDOC SDCC Pharmacy

Initial each statement below to indicate you have read and agree with the following:

HP 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.

HP 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.

HP 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.

HP 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)).

HP 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)

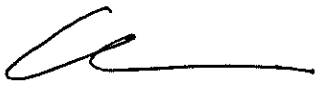
7/7/2022
Date

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.

Helen Park

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)

7/7/2022

Date

Board Use Only	Date Received: _____	Amount: _____

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: Accumix Pharmacy

Physical Address: 655 W Grand, Suite 240

City: Elmhurst State: IL Zip: 60126

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 630-749-2771 Toll Free # (NAC 639.708, NRS 639.23286): 866-817-5303

Fax: 630-749-2772 Contact Email: marcoo@accumixrx.com

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Tracey Posadas ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 15009 ✓

Type of Pharmacy (check all applicable)

- ☐ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ■ Other: Compounding

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: Tracey Posadas	NV Pharmacist Registration #: 15009
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): _____

Corporation/Organization Name: Accumix Pharmacy, LLC

Mailing Address: 655 W Grand, Suite 240

City: Elmhurst State: IL Zip: 60126

Telephone: 847-452-7226 Email: kamg@accumixrx.com

Contact Person Name: Kamyar Ghazvini

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 Accumix 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).

Tracey Posadas

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

03/14/22

Date

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: Tracey Posadas Pharmacist Registration #: 15009

Pharmacy Name: Accumix Pharmacy

Initial each statement below to indicate you have read and agree with the following:

TP 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.

TP 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.

TP 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.

TP 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)).

TP 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)

3/14/2022
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.

Kamyar Ghazvini, President

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

3/14/2022

Date

Board Use Only	Date Received: _____	Amount: 500 MO # 9130306370 ✓

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
054.022076
051.286496

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

LICENSED PHARMACY

COMMUNITY, STERILE COMPOUNDING

ACCUMIX PHARMACY LLC
MARCO ONORATO
655 W GRAND AVE STE 240
ELMHURST, IL 60126-1063

MARIO TRETO, JR.
SECRETARY

CECILIA ABUNDIS
DIRECTOR

The official status of this license can be verified at www.idfpr.com

16560225

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: 4478285

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
320.013612
054.022076

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

LICENSED CONTROLLED SUBSTANCE

II III IV V

ACCUMIX PHARMACY LLC
655 W GRAND AVE. SUITE 240
ELMHURST, IL 60126

MARIO TRETO, JR.
SECRETARY

CECILIA ABUNDIS
DIRECTOR

The official status of this license can be verified at www.idfpr.com

16508297

Cut on Dotted Line

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DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA1313282	06-30-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	03-29-2022

ACCUMIX PHARMACY LLC
655 W GRAND AVE STE 240
ELMHURST, IL 601261063

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
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ACCUMIX PHARMACY LLC
655 W GRAND AVE STE 240
ELMHURST, IL 601261063

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Form DEA-223 (9/2016)

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

JB Pritzker
Governor

Mario Treto, Jr.
Acting Secretary

Cecilia Abundis
Director
Division of
Professional
Regulation

CERTIFICATION OF LICENSURE

Marco Onorato
655 W Grand Ave Ste 240
Elmhurst, IL 60126-1063

Licensee: License	ACCUMIX PHARMACY LLC
Number:	054.022076
Profession:	LICENSED PHARMACY
Date of Issuance:	11/29/2021
Expiration Date:	05/31/2022
License Status:	ACTIVE
License Method:	NON-EXAM
Disciplinary History:	Has not been disciplined

This document is a certified copy of the records maintained and kept by this department in the regular course of business as of 02/24/2022

Cecilia Abundis
Director
Division of Professional Regulation

02/24/2022
Date

Refer to the Department's Web Site at www.idfpr.com to verify professional licenses via License Look-Up.

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

JB Pritzker
Governor

Mario Treto, Jr.
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Cecilia Abundis
Director
Division of
Professional
Regulation

CERTIFICATION OF LICENSURE

MARCO ONOROTO
2512 FOREST AVE
NORTH RIVERSIDE, IL 60546

Licensee: License	Marco Vicente Onoroto
Number:	051.286496
Profession:	REGISTERED PHARMACIST
Date of Issuance:	04/09/1998
Expiration Date:	07/31/2022
License Status:	ACTIVE
License Method:	Endorsement
Disciplinary History:	Has not been disciplined

This document is a certified copy of the records maintained and kept by this department in the regular course of business as of 02/24/2022

Cecilia Abundis
Director
Division of Professional Regulation

02/24/2022
Date

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STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION
Drug Compliance Unit
9511 Harrison Street, Suite 300
Des Plaines, IL 60016-1563
PHONE NUMBER: 847-294-4900
FAX NUMBER: 847-294-4904

New Pharmacy Inspection

COMMUNITY PHARMACY

BUSINESS NAME	HOURS		DEA LICENSE	EXPIRES	DATE OF INSPECTION
ACCUMIX PHARMACY LLC	M	8:30a-5:30p	Pending	Pending	11/23/21
	T	8:30a-5:30p			
	W	8:30a-5:30p			
ADDRESS	T	8:30a-5:30p	**ICSA LICENSE**	**EXPIRES**	**LICENSE NUMBER**
655 W Grand Ave. Suite 240	F	8:30a-5:30p			
	SAT	Closed	**320.013612**	3/31/22	**054.022076**
	SUN	Closed			

CITY	ZIP CODE	OTHER HOURS EXCEP	TELEPHONE
Elmhurst	60126		(630) 749-2771 / (866) 817-5303

OWNERSHIP	OWNERS	TELEPHONE AFTER HOURS	E-MAIL ADDRESS
☐ Individual pharmacist ☐ Individual Non-pharmacist ☐ Partnership ☐ Corporation ☒ LLC	Kamyar Ghazvini/ Jaber Niknam	( )	marcoo@accumixrx.com
	PERSON IN CHARGE: MARCO ONOROTO	FAX NUMBER: (630) 749-2772 ~~(866) 817-5303~~	COUNTY: DuPage

NAME OF LICENSEE OR REGISTRANTS	LICENSE/REGISTRATION NO.
R Ph IN CHARGE MARCO ONOROTO	051.286496
Mark Aguilar	~~051~~ 049.106434
	049.
	049.
	049.
	049.
* = Present during inspection	

PIC ALSO PHARMACIST-IN-CHARGE AT THE FOLLOWING PHARMACIES:

	NAME	ADDRESS	PHONE NUMBER
1.	N/A		( )
2.			( )

SECTION	COMPLIANCE REQUIREMENT	YES	NO
225 ILCS 85/15 (5)	All required current licenses are posted in a conspicuous location. (in front reception area.)	☑	☐
225 ILCS 85/22	When a drug, medicine or poison is sold pursuant to a prescription a label must be affixed containing the following:		
	a) Pharmacy name and address	☑	☐
	b) Name, initials, and unique identification of the person authorized to dispense	☑	☐
	c) Date on which such prescription was filled	☑	☐
	d) The name of the patient	☑	☐
	e) Serial number of such prescription	☑	☐
	f) Last name of the prescriber who prescribed the same	☑	☐
	g) Directions for use	☑	☐
	h) Name of patient and name(s) of drug(s) and quantity, unless otherwise directed by practitioner	☑	☐
1330.30(k)	Registrants must wear identification bearing his or her name and designation.	☑	☐
1330.500(b)	Whenever the hours of the pharmacy differ from those of the establishment in which the pharmacy is located, the schedule during which pharmacy services are provided shall be conspicuously displayed.	☑	☐
	Whenever a pharmacy is open and a pharmacist is not present and available to provide pharmacy services, a sign stating that situation shall be conspicuously displayed.	☑	☐
225 ILCS 85/3(e)	A prescription for medication other than controlled substances shall be valid for up to 15 months from the date issued for the purpose of refills, unless the prescription states otherwise. **Computer Software: Xtract** | Summit	☑	☐
225 ILCS 85/15	Security provisions must be provided for all drugs and devices during the absence of a pharmacist. **Alarm System: ADT (See C.S. Inspection Narrative)**	☑	☐
1330.610	All dispensing and drug storage areas of the pharmacy must be contiguous.	☑	☐
	The pharmacy area and all storerooms shall be well-lighted and properly ventilated.	☑	☐
	Refrigerators shall be for the exclusive use of prescription drugs. **1 Fridge for Drugs with Temperature Gauge**	☑	☐

SECTION	COMPLIANCE REQUIREMENT	YES	NO
1330.610	The pharmacy area shall not be used for storage of merchandise that interferes with the practice of pharmacy.	☑	☐
	Current reference books and copy of laws and rules in hard copy or readily available electronic data format. **Online: Facts and Comparisons, Pharmacy Acts/Rules**	☑	☐
410 ILCS 620/14(b)	Expired medications are stored separately from active medication stock.	☑	☐
1330.630	Pharmacy must be clean and sanitary.	☑	☐
	Pharmacy must have a sink with hot and cold water.	☑	☐
	Food and/or beverages shall be placed in designated area away from dispensing activities. Separate breakroom Place place sign for food/beverage only.	☑	☐
1330.700	An offer to counsel shall be made on all REFILL prescriptions. Verbal counseling by a registered pharmacist or a student pharmacist under the direct supervision of a registered pharmacist is **REQUIRED for all NEW prescriptions.** Patients will be contacted prior to preparation is compounded-delivered. Pharmacy will send board-advise cancelling signage with delivery.	☑	☐
	Counseling sign printed in COLOR or displayed electronically in COLOR, measuring at least 8½ x 11 inches, & posted so the sign is clearly visible to patients. Posted in receptionarea	☑	☐
1330.730(b)	Any prepackaged drugs must have a label affixed that contains the name and strength of the drug, the name of the manufacturer or distributor, beyond use date and lot number on each container. **(Remove Patient's Name off the label on Return to Stock Vials prior to placing back in active stock.)**	☑	☐
1330.50(c)	Vaccination/immunization records are properly maintained for a minimum of 5 years.	N/A ☐	☐
1330.800	Every licensed pharmacy shall conduct an annual self-inspection using forms provided by the Division. Discussed.	☑	☐
	Last community self-inspection date: / Last sterile self-inspection date: / Last non-sterile self-inspection date:		
225 ILCS 85/15.1	A pharmacist who works 6 continuous hours or longer per day shall be allowed to take at least one 30-minute uninterrupted meal break & one 15-minute break during that 6-hour period.	☑	☐
	A pharmacy shall maintain a complete & accurate record showing its pharmacists' daily break periods.	☑	☐

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

CONTROLLED SUBSTANCE INSPECTION

Date: 11/23/2021 Inspector: Aarti Parikh #852

Name: ACCUMIX PHARMACY LLC

ILCS No.: 320.013612 Exp: 3/31/22

DEA No.: Pending Exp: Pending

3100.310 Applicants and licensees shall provide effective controls and procedures to guard against theft and diversion. ☑ Yes ☐ No

Security System that detects unauthorized entry. ☑ Yes ☐ No

Security System Used: ADT

Security System includes any of the following:

☑ Separate key code access for each licensee ☑ Cameras

☑ Motion Sensors ☑ Glass Break Sensors

Personal bags in a designated area away from CS handling and storage. ☑ Yes ☐ No

(breakroom)

3100.340 Controlled Substances shall be stored in a securely locked substantially constructed cabinet. Type of cabinet utilized by the licensee:

☑ Safe ☐ Substantially Constructed Cabinet

☑ Affixed to Floor and/or Wall ☑ Keys + ☑ Combination

☐ Electronic Pin Code

Discussed with pharm

CII medications are locked and secure unless actively dispensing. ☑ Yes ☐ No

CII safe keys or combinations is limited to Pharmacist access only. ☑ Yes ☐ No

21 CFR 1304.04 (h)(1) (2) CII Inventories and Prescriptions maintained in separate files. ☐ Yes ☐ No

21 CFR 1304.04 (h)(3) (4) CIII – CV Inventories and Prescriptions maintained in separate files or readily retrievable from the ordinary business records of the pharmacy. ☐ Yes ☐ No

filed separately from general drugs

21 CFR 1304.21 (c) Return Records properly maintained in a separate file. - discussed ☐ Yes ☐ No

21 CFR 1305.04 & 05 CII orders completed with; DEA 222 Forms ✓ initially

CSOS_____

If CSOS is used, who orders CII medications? PIC Onorato

Is there a POA(s) on-site? - Discussed. ☐ Yes ☐ No ☐ N/A

DO NOT share digital key & CSOS is used.

3100.360 Every licensee shall conduct an annual inventory that includes an inventory with an actual count of the inventory on hand for all Schedule II Controlled Substances and an approximate inventory for all Schedule III, IV and V Controlled Substances. The inventory shall be maintained for a period of not less than 5 years. Inventory requirements are listed in 21 CFR 1304.11.

Date of Last Annual Inventory: Initially thereafter

Signed by: then annually thereafter

Discussed

In every instance that a licensee is required by 21 CFR 1301.76 (April 1, 2014) to file with the DEA a Report of Theft or Loss of Controlled Substances (Form 106), a copy shall be sent to the Division within one business day after submission to the DEA, along with the printed name of the person who signed the form.

How many DEA 106 Forms submitted in the last year: Loss _____

Theft _____

Was the loss due to employee diversion? ☐ Yes ☐ No ☐ N/A

For theft, was a police report filed with Local PD? ☐ Yes ☐ No ☐ N/A

720 ILCS 570/312 Controlled Substances are dispensed in Good Faith? ☐ Yes ☐ No

Does the Pharmacy regularly access PMP data? ☐ Yes ☐ No

Controlled Substance Prescriptions must contain the following:

1. Name and Address of the Patient ☐ Yes ☐ No ☐ N/A
2. Date of Issuance ☐ Yes ☐ No ☐ N/A
3. Practitioner's Name/Written Signature and DEA Number ☐ Yes ☐ No ☐ N/A
4. Dispensing Pharmacist's Written Signature or Initials ☐ Yes ☐ No ☐ N/A
5. Date of Filling ☐ Yes ☐ No ☐ N/A

	6.	A prescription for a Schedule II controlled substance must include both a written and numerical notation of quantity on the face of the prescription 720 ILCS 570/309	☐ Yes ☐ No ☐ N/A
	7.	No Schedule III, IV, V controlled substance filled or refilled more than 5 times more than 6 months after the date thereof or refilled more than 5 times unless renewed, in writing, by the prescriber.	☐ Yes ☐ No ☐ N/A
	8.	A prescription for a Schedule II controlled substance shall not be filled more than 90 days after the date of issuance	☐ Yes ☐ No ☐ N/A
	9.	All prescriptions written and signed by an advanced practice nurse or a physician's assistant shall indicate the name of the collaborating/supervising physician. The collaborating physician's or podiatric physician's signature is not required. 1300.430 (NPA) 1350.55 (PAPA)	☐ Yes ☐ No ☐ N/A
		Schedule V Controlled Substances Dispensed in Good Faith	☐ Yes ☐ No ☑ N/A
	1.	Dispensed only by a pharmacist to a person over 21 with two sources of identification	☐ Yes ☐ No ☑ N/A
	2.	RPH shall record the name and address, name and quantity of the product, the date and time of the sale, and the dispenser's signature.	☐ Yes ☐ No ☑ N/A
	3.	No more than 120 milliliters dispensed in any 96 hour period	☐ Yes ☐ No ☑ N/A
		CV sales records are appropriately maintained	☐ Yes ☐ No ☑ N/A
3100.410		Each refilling of a prescription of a controlled substance listed in Schedules III, IV or V:	
	1.	Be entered on the back of the prescription or in the electronic prescription record;	☐ Yes ☐ No ☐ N/A
	2.	Indicate the date, quantity and name or initials of the dispensing pharmacist for each prescription;	☐ Yes ☐ No ☐ N/A
	3.	Be dated by the pharmacist as of the date of dispensing	☐ Yes ☐ No ☐ N/A
	4.	State the amount dispensed.	☐ Yes ☐ No ☐ N/A
21 CFR 1306.22		Maintains a daily printout verifying the accuracy of each days CS refills signed by the dispensing RPH(s) or a bound logbook or a separate file in which each pharmacist involved in the day's dispensing signs a statement, verifying that the refill information entered into the computer that day has been reviewed by him/her and is correct as shown.	☑ Yes ☐ No ☐ N/A

Pharmacist Signature Log

Notes:

Security:
- Alarm System: ADT — office area is separately alarmed from pharmacy dispensing room/cleanroom.
  * Pharmacy is alarmed separately from other businesses.
  * Keypad located within pharmacy and 2 by entrances.
  * Individual Alarm codes with PIC Onoroto and Pharm Tech Mark Aguilar, ~~RPh~~ RPh/owner Kam Ghaemi.
  * If there is unauthorized access, PIC Onoroto, Pharm Tech Mark Aguilar, and then Elmhurst police/fire dept are notified. RPh/owner Kam Ghaemi.
  * Keys for pharmacy are with PIC Onoroto and Pharm Tech Mark Aguilar, RPh/owner Kam Ghaemi.
- Security Cameras: ~~2~~ 4 (2 within pharmacy)
- Motion Detectors: 2 within pharmacy & 4 within office space.
- Glass Break Sensor: 3
- CII safe: Blu steel safe, bolted ~~with~~ with cabinet in under fixed counter. For CII. Safe within locked cabinet.
  -Keys to the CII cabinet are with only PIC Onoroto. and RPh/owner Kam Ghaemi. CIII to CV within separate locked cabinet.
- Entry points into Pharmacy:
  - All exterior doors have alarm sensor + dead-bolt lock.
  - Front entrance leads to reception desk which leads to hallways to office space that surround outer boarder of suite. with pharmacy in center.
  - Pharmacy is separately alarmed.
    - 1 entrance: wooden door with alarm sensor, keylock, and deadbolt:
    - 2nd entrance: Steel double-doors with alarm sensor, keylock, and dead-bolt lock.
  - There is a back steel double door, alarm sensors, keylock, & dead-bolt that leads to shared loading dock.

Investigator Signature #852 — Date 11/23/21

PIC/RPH Signature — Date 11/23/21

Supervisor Signature — Date

NARRATIVE

This is a New Community Pharmacy and Sterile Compounding Pharmacy License Inspection by DCI Aarti Parikh on 11/23/21. Present for inspection is PIC Marco Onoroto and RPh/Owner Kam Ghazvini. This pharmacy is located within a single-story office complex. This pharmacy will focus on providing sterile and non-sterile compounded preparations. Initially focus will be on allergy immunotherapy (ASCIS), non-sterile preparations and move towards other forms of compounding. Intends applying for non-resident pharmacy applications in other states.

STERILE COMPOUNDING:

* Must meet USP standards*

- Risk Level of Compounding: Low to Medium
- Compounding with Cytotoxic drugs: Yes
- Delivery of prescriptions through FedEx and UPS
- Vendors: Greer, ALK, McKesson
- Reverse Distributors: Pharma Logistics
- References: Online: Facts & Comparison, Trissel's (17th edition) Hardcopy books must be the most current edition. Extended Stability of Parenteral Drugs, Stability of Compounded Formulations
- Fridge: 2 fridges with temp gauges. (Monitored thru Lacrosse) 1st refrigerator

-see next page of narrative.

Clean Room Suite

Setup:

Positive pressure anteroom leads into positive pressure IV room with 2 LAFHs and negative pressure HD room with 1 BSC. (exhausted out)

- ☑ Air Supply from HEPA filters in ceiling
- ☑ No sink or floor drain in Buffer/Clean room
- ☑ Incoming air ducts near ceiling and return ducts low on wall
- ☑ Pressure differential monitoring system
- ☑ Ante-Room with Line of Demarcation to separate clean and dirty sides
- ☑ Sink with hot/cold water is located on the clean side of the line of demarcation in the ante room
- ☑ Ante-Room is entered on Dirty side, clean side enters into buffer space
- ☐ ~~Passthroughs have interlocking doors (cannot open at same time)~~ No passthroughs.
- ☐ Access doors should be hands free
- ☑ Surfaces, carts, shelves, stools, chairs, etc. are stainless steel, or non-permeable, non-carpeted, non-upholstered, low particles
- ☑ Walls are epoxy painted or impermeable and seamless, without cracks
- ☑ Floors of wide sheet vinyl or impermeable surface, seamless or heat sealed seems,
- ☑ Light fixtures smooth, flush mounted, sealed
- ☑ Ceiling tiles vinyl, impermeable with seams caulked and sealed
- ☑ Separate carts for dirty side and clean side
- ☑ Manipulations for non-sterile ingredients in ISO 8 or better environment
- ☑ Temperature/Humidity monitored
- ☑ Supplies: Sterile Gloves, hair cover, shoe cover, beard cover

INVESTIGATOR'S SIGNATURE AND DATE		LICENSEE OR REPRESENTATIVE'S SIGNATURE AND DATE		DHP SUPERVISOR REVIEW AND DATE	
Aarti #1652	11/23/21	[signature]	11/23/21		

NARRATIVE

Documentation/Recordkeeping:

- ☑ Temperature/Humidity Log – monitored thru Lacrosse
- ☑ Pressure Differential Log – paper log reviewed
- ☑ Hood and Room Certifications (every 6 months)
  - ☑ Particle Count
  - ☑ Smoke Pattern Testing
  - ☑ HEPA filter Leak Test
  - ☑ ACPH

  } Passed + reviewed
- ☑ Air/Surface Sampling Results – Passed + reviewed
- ☑ Training Records (Initial & Annual)
  - ☐ Calculations
  - ☑ Written Competencies including competences for allergen extracts
  - ☑ Hand Hygiene
  - ☑ Gowning Competency
  - ☑ Aseptic Technique
  - ☑ Equipment, Cleaning, & Disinfecting
  - ☑ Media Fill Test – reviewed

  } reviewed
- ☑ Gloved Fingertip Test – reviewed
- ☑ Corrective Action Plan and re-evaluation for failure of any testing – Discussed
- ☑ Cleaning and Disinfecting Logs
  - ☑ PEC-Each shift, before and after each batch, after spills Q 30 min during use, contamination
  - ☑ Floors, Counters and Work Surfaces - Daily
  - ☐ Walls, ceilings and storage shelves/compartments – Monthly
  - ☐ Cleaning tools are non-shedding, labeled and dedicated to buffer/clean room use
  - ☑ HD-Cuvette/Renolux RTU/SIPA
- ☑ SOPs for compounding
- ☑ Master Formulation Record-prepared in a batch for more than 1 patient or non-sterile ingredients.
- ☑ Compounding record created for all CSP's with dates, times, lot#, Exp, BUD, personnel, etc. including records for allergy immunotherapy
- ☑ Every admixture visually examined for clarity, particles, identity and ingredients.

-PIC Conroto and Pharmacist Graziani explained full process from order, recordkeeping (i.e. Mixing ~~report~~ instructions, mixing receipt.)

-Monitored by Lacrosse are the following room temp/humidity for pharmacy, clean room, and fridges. If it goes out of range, PIC Conroto; Pharmacist Graziani, + Tech Mgr are notified by text + email.

- Immunotherapy training thru American Allergy Association.
- No bulk compounding; no office use ⇒ all patient-specific Rx.
- BUD based off ~~test~~ literature and/or USP.
- PI unspecified anteroom, HD room, & IV room.

INVESTIGATOR'S SIGNATURE AND DATE		LICENSEE OR REPRESENTATIVE'S SIGNATURE AND DATE		DOPR SUPERVISOR REVIEW AND DATE	
#852	11/23/21		11/23/21		

1579

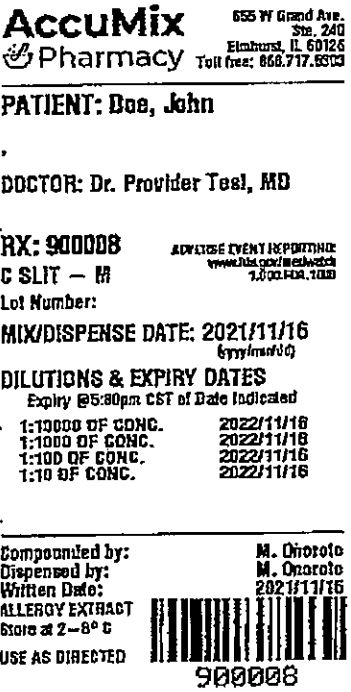
10/10

NARRATIVE

Non-Sterile compounding.
- Meet USP Standards.
- Powder Hood – certified. 9/2/21
- Balance: Hanchen Analytical Balance.
Model #: JJ224BC
SN: W14242007025 3
- Graduated cylinders, beakers, mortar/pestles, weighing apparatus Spatulas
- SDS online/paper
& COA
- Delivery Service:
  - Pharmacy will use a tracker (temp) to test twice a year for deliveries.
- USP Compounding compendium ☑
- Auxiliary label: "The prescription was specifically compounded in our pharmacy for you at the direction of your prescriber." - ☑
- Anticipates compounding sublingual immunotherapy, topical preparations and hormone replacement therapies.
- Opening date: November 30, 2021

Sample labels:





INVESTIGATOR'S SIGNATURE AND DATE		LICENSER OR REPRESENTATIVE'S SIGNATURE AND DATE		ILDEPI
#5a	11/23/21		11/23/21	

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Tracey Posadas

Date: 10/24/2021
Amount: $ 210.00
License #: 15009

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2023

Tracey Posadas

License #
15009
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 #: 15009

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Tracey Posadas

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

ACCUMIX PHARMACY LLC

Ownership Structure

ACCUMIX PHARMACY, LLC
655 W Grand Ave. Suite 240
Elmhurst, IL 60126
FEIN: 86-3630570

Owner		Percentage	Title	NPI
KAMCO CAPITAL LLC 1516 N. Elmhurst Rd. Ste. 2131 Mount Prospect, IL 60056-1011 (847) 452-7226 EIN: 86-2864547	Kamyar Ghazvini [redacted] Long Grove, IL 60047 [redacted]	50%	President	[redacted] IL Pharmacist Lic. 051-040315
NIKRX HOLDINGS, LLC 820 Locust Rd. Wlimette, IL 60091 (832) 758-2616 EIN: 86-3766631	Jaber Niknam [redacted] Wlimette, IL 60091 [redacted]	50%	Partner	N/A

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 AccuMix Pharmacy

Physical Address 655 W Grand Ave

City Elmhurst State IL Zip 60126

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 630-749-2771 Website accumixrx.com

Licensing Company Email marcoo@accumixrx.com

Section 2: Personal Information

First Jaber Middle _____ Last Niknam

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN _____ Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Locust Rd

City Wilmette State IL Zip 60091

Telephone [redacted] Email jabern@accumixrx.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 JW

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Kashef High school			From - To (MM/YY – MM/YY): 08/93 - 06/97
Address	City: Tehran - Iran	State	Zip
Diploma/Degree obtained, if any: High school diploma			
School Name: Azad University			From - To (MM/YY – MM/YY): 08/97-07/2001
Address	City: Tehran - Iran	State	Zip
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
08/18 - recent	[redacted]Locust Rd	Wilmette	IL	60091
08/14 - 07/18	[redacted]Woodrose Ct	Allen	TX	75013
5/11-7/14	[redacted]New Territory Blvd TX	Sugar Land	TX	77479
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 P.N

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: NIK Health Services				From - To (MM/YY – MM/YY): 08/14 - recent
Business Address: 820 Locust Rd		City: Wilmette	State: IL	Zip: 60091
Phone: 8327582616	Title: Manager			
Description of Duties: Business development				

Business Name: AccuRx Holdings				From - To (MM/YY – MM/YY): 11/18 - recent
Business Address: 820 Locust Rd		City: Wilmette	State: IL	Zip: 60091
Phone: 8327582616	Title: President			
Description of Duties: Business management				

Business Name: AccuSpeed Health Solutions				From - To (MM/YY – MM/YY): 09/17 - recent
Business Address: 820 Locust Rd		City: Wilmette	State: IL	Zip: 60091
Phone: 8327582616	Title: President			
Description of Duties: Business management				

Business Name: Augustus laboratory				From - To (MM/YY – MM/YY): 05/21 - recent
Business Address: 2801 Finley Rd Suite 101		City: Downers Grove	State: IL	Zip: 60515
Phone: (630) 672-8100	Title: Member			
Description of Duties: Managing molecular department				

Business Name: Pacific Toxicology Laboratories				From - To (MM/YY – MM/YY): 01/2017 - recent
Business Address: 9348 De Soto Ave		City: Chatsworth	State: CA	Zip: 91311
Phone: (800) 328 6942	Title: Employee			
Description of Duties: Business Development				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Innovative GX Laboratories			03-21 - recent	
Business Address		City	State	Zip
5410 Fredericksburg Rd		San Antonio	TX	78229
Phone	Title			
(866) 372-7362	Employee			
Description of Duties				
Business development				

Business Name			From - To (MM/YY – MM/YY)	
Next Health			03/14 - 11/16	
Business Address		City	State	Zip
5710 Lyndon B Johnson Fwy #300		Dallas	TX	75240
Phone	Title			
303-893-0552	employee			
Description of Duties				
Business development				

Business Name			From - To (MM/YY – MM/YY)	
Altus Healthcare			08/11 - 03/14	
Business Address		City	State	Zip
11233 Shadow Creek Pkwy #313		Pearland	TX	77584
Phone	Title			
(832) 230-8100	Employee			
Description of Duties				
DME Rep				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	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?		✓

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:

Original Signature (electronic, copies or stamps not accepted)

5/10/22
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.

Jaber Niknam

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05/10/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Cook

I, Jaber Niknam, 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

05/10/2022

Date

Subscribed and Sworn to before me this 10TH day of MAY 2022

Notary Public Signature

OFFICIAL SEAL
JAY N ZELMAN (Seal)
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 1/26/2025

Applicant's initials JN

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 AccuMix Pharmacy, LLC

Physical Address 655 W Grand Ave. Ste. 240

City Elmhurst State IL Zip 60126

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 866-817-5303 Website _____

Licensing Company Email _____

Section 2: Personal Information

First Kamyar Middle _____ Last Ghazvini

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Stayton Ln.

City Long Grove State IL Zip 60047

Telephone [redacted] Email [redacted]@comcast.net

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

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	

Applicant's initials KG

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Great Neck South High School		09/84-06/86	
Address	City	State	Zip
349 Lakeville Rd.	Great Neck	NY	11020
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Queens College		09/86 - 06/90	
Address	City	State	Zip
65-30 Kissena Blvd	Kew-Gardens	NY	11367
Diploma/Degree obtained, if any			
BS-Biology			

School Name		From - To (MM/YY – MM/YY)	
St. John's University		09/90 - 06/94	
Address	City	State	Zip
8000 Utopia Pkwy	Queens	NY	11439
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
01/13-Present	[redacted] Stayton Ln.	Long Grove	IL	60047
05/99-12/12	[redacted] Sherwood Dr	Wheeling	IL	60090

Applicant's initials KG

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: AccuMix Pharmacy, LLC			From - To (MM/YY – MM/YY): 04/21-Present	
Business Address: 655 W Grand Ave. Ste. 240		City: Elmhurst	State: IL	Zip: 60126
Phone: 866-817-5303	Title: Owner			
Description of Duties: Oversee business operations				

Business Name: CarePartners Pharmacy, LLC			From - To (MM/YY – MM/YY): 01/19-Present	
Business Address: 326 Peterson Rd.		City: Libertyvile	State: IL	Zip: 60048
Phone: 866-832-7171	Title: President			
Description of Duties: Oversee day to day operations of the business				

Business Name: MedChoice Group, LLC			From - To (MM/YY – MM/YY): 11/17-Present	
Business Address: 318 Half Day Rd. Ste. 301		City: Buffalo Grove	State: IL	Zip: 60089
Phone: 847-452-7226	Title: Partner/Officer			
Description of Duties: Oversee relations with partners related to operations				

Business Name: Superior Biologics			From - To (MM/YY – MM/YY): 02/10 -09/17	
Business Address: 2050 E Algonquin Rd. Ste 606		City: Schaumburg	State: IL	Zip: 60173
Phone: 866-416-3655	Title: VP of Operations			
Description of Duties: Oversaw day to day operations				

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 KG

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	N/A	
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*: 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)

5/2/2022
Date

Applicant's initials KG

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kamyar Ghazvini

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/2/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of DuPage

I, Kamyar Ghazvini, 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

5/2/2022

Date

Subscribed and Sworn to before me this 2nd day of MAY 2022.

Notary Public Signature

OFFICIAL SEAL
JAY N ZELMAN
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 1/26/2025

(Seal)

Applicant's initials KG

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: Accumix Pharmacy

Physical Address: 655 W Grand Suite 240

City: Elmhurst State: IL Zip: 60126

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 630-749-2771 Website:

Licensing Company Email: marcoo@accumixrx.com

Section 2: Personal Information

First: Marco Middle: Last: Onoroto

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Forest Ave

City: North Riverside State: IL Zip: 60546

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 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the 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: MCO

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Midwestern University College of Pharmacy		09/95 - 05/99	
Address	**City**	**State**	**Zip**
555 31st St.	Downers Grove	IL	60515
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
St. Xavier University		09/90-05/94	
Address	**City**	**State**	**Zip**
10300 S Central Park	Chicago	IL	
Diploma/Degree obtained, if any			
Pre-Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Quigley South High School		09/86 - 05/90	
Address	**City**	**State**	**Zip**
7900 S Western Ave	Chicago	IL	60629
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/2018 - Present	[redacted] Forest ; Ave	North Riverside	IL	60546
03/2015 - 11/2018	[redacted] Kent St.	Brookline	MA	02446
07/2007 - 03/2015	[redacted] W Beach	Chicago	IL	60622
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
Accumix Pharmacy			to Present
Business Address	**City**	**State**	**Zip**
655 W Grand Suite 240	Elmhurst	IL	60126
Phone	**Title**	**Number of Employed Hours**	
630-749-2771	Pharmacy Manager	1600	
Description of Duties			
Oversight of daily pharmacy operations			

Business Name			From - To (MM/YY – MM/YY)
La Rabida Children's Hospital			08/19 - 03/21
Business Address	**City**	**State**	**Zip**
6500 S Promontory Drive	Chicago	IL	60632
Phone	**Title**	**Number of Employed Hours**	
773-217-6000	Director of Pharmacy	2900	
Description of Duties			
Oversight of daily pharmacy operations			

Business Name			From - To (MM/YY – MM/YY)
Loretto Hospital			09/18-08/19
Business Address	**City**	**State**	**Zip**
645 S Central Ave	Chicago	IL	60649
Phone	**Title**	**Number of Employed Hours**	
	Director of Pharmacy	1760	
Description of Duties			
Oversight of daily pharmacy operations			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

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.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials _____

I, Marco Onoroto, **certify that as the designated representative for**

Accumix 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

Marco Onoroto

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/14/2022

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.

Marco Onoroto

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/14/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Cook

I, Marco Onoroto, 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

3/14/22

Date

Subscribed and Sworn to before me this 14th day of MARCH 2022

Notary Public Signature

OFFICIAL SEAL
JAY N ZELMAN
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 1/26/2025

(Seal)

Applicant's initials

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?

- ☐ 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 02005	■ 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: American Outcomes Management, LP

Physical Address: 6310 Southwest Blvd, STE 204

City: Fort Worth State: TX Zip: 76109

Mailing Address (if different from physical address): Same as mailing

City: State: Zip:

Telephone: 817-361-7699 Toll Free # (NAC 639.708, NRS 639.23286): 866-869-7307

Fax: 800-528-9860 Contact Email: mfadeyi@aomofny.com

Website: mfadeyi@aomofny.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Michael Olumuyiwa Fadeyi

Supervising/Managing Pharmacist NV Pharmacist Registration #: Michael Olumuyiwa Fadeyi; Pending 22180 Temp

Type of Pharmacy (check all applicable)

- ■ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ■ Other: Home Health Care

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: Parenteral(outpatient);Intravenous Therapy;Home Infusion

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: Michael Olumuyiwa Fadeyi	NV Pharmacist Registration # 22180 Temp
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: N/A

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: American Outcomes Management, LP

Mailing Address: 6310 Southwest Blvd, STE 204

City: Fort Worth State: TX Zip: 76109

Telephone: 817-263-4700 Email: kstowe@aomofny.com

Contact Person Name: Karmen Stowe

Please check type of partnership (NAC 639.214) ☐ General ■ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ■ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for American Outcomes Management, LP (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).

Sherri Benson

Print Name of Authorized Person

Sherri Benson

Original signature of Authorized Person (copies or stamps not accepted)

11/03/2021

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Sherri Benson hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for American Outcomes Management, LP (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.

Sherri Benson
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 23 day of November, 20 21

Pamela J Mallory
Notary Public

PAMELA J. MALLORY
My Notary ID # 5626398
Expires February 21, 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: Michael Olumuyiwa Fadeyi Pharmacist Registration #: Pending

Pharmacy Name: American Outcomes Management, LP

Initial each statement below to indicate you have read and agree with the following:

MF 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.

MF 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.

MF 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.

MF 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)).

MF 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.

Michael O Fadeyi
Original signature of Managing Pharmacist (copies or stamps not accepted)

11/03/2021
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 <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)):** ○ **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.

Sherri Benson

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

Sherri Benson

Original signature of Authorized Person (copies or stamps not accepted)

11/23/2021

Date

Board Use Only	Date Received: _____	Amount: 500	Check # 870575

Processed 12/7/21

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Michael O. Fadeyi

Date: 12/14/2021
Amount:
License #: 22180

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:06/14/2022

Michael O. Fadeyi

License #
22180
Temporary

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 #: 22180

Expires: 06/14/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Michael O. Fadeyi

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

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, Certificate Of Limited Partnership for American Outcomes Management, LP (file number 13653210), a Domestic Limited Partnership (LP), was filed in this office on July 03, 2000.

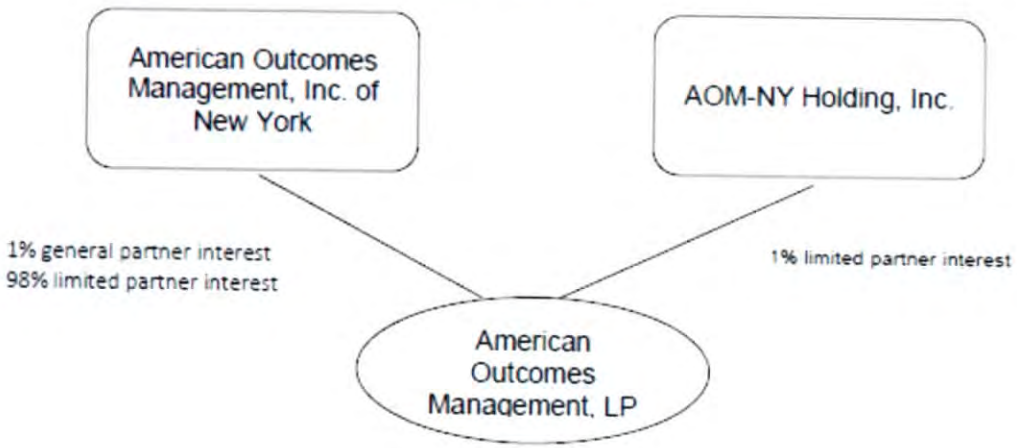
It is further certified that the entity status in Texas is in existence.

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 November 18, 2021.

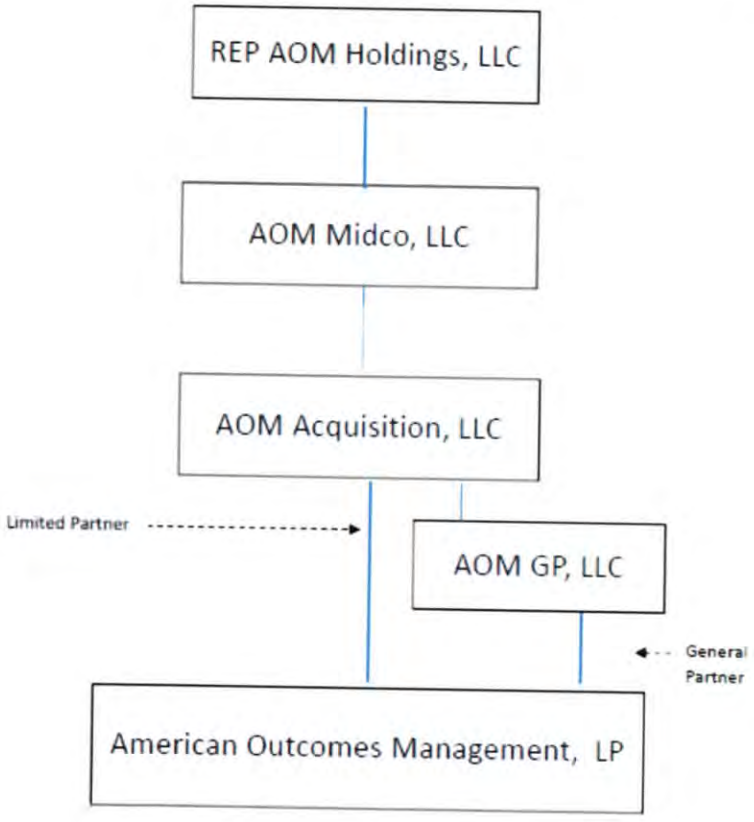
John B. Scott
Secretary of State

American Outcomes Management, LP

Pre-Organizational Chart



American Outcomes Management, LP
Post-Closing Organization Chart (Effective 12/15/2021)



TEXAS STATE BOARD OF PHARMACY
333 GUADALUPE ST STE 3 500
AUSTIN TX 78701

AMERICAN OUTCOMES MANAGEMENT I
6310 SOUTHWEST BLVD STE 204
FORT WORTH TX 76109



This certifies that the pharmacy named below is hereby licensed to operate as a Class **AS** pharmacy.

License No. **23328** Expiration Date: **7/31/2022**

Balances: **1**

AMERICAN OUTCOMES MANAGEMENT LP
6310 SOUTHWEST BLVD STE 204
FORT WORTH TX 76109

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 23328

AMERICAN OUTCOMES MANAGEMENT LP

License Information

License Status Active
License # 23328
Expiration Date 07/31/2022
Date License Issued 07/29/2004

Address

6310 SOUTHWEST BLVD STE 204
FORT WORTH, TX 76109
County TARRANT
Phone (817) 361-7699

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Sterile Compounding
Type of Ownership Partnership
Type of Pharmacy Community Independent
# of Hospital beds 0

Employment Information

Pharmacist in Charge
FADEYI, MICHAEL OLUMUYIWA

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	Yes

Translating services (Listed Below If Available)

Spanish
Vietnamese
Telecomm. for the deaf (TDD)
Other

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and Inspection Reports

- 280989 23328 AMERICANOUTCOMESMANAGEMENTLP 2021-03 03-2026.pdf
- 280989 23328 AmericanOutcomesManagementLP 2018-01 01-2023.pdf
- 280989 23328 AmericanOutcomesManagementLP 2019-12 12-2024.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

No	**Nuclear**
Yes	**Out-Patient Prescriptions**
Yes	**Ship Prescription Out of State**
No	**Class D (Expanded Formulary)**
No	**Class D (Alternative Visit Schedule)**
Yes	**Compounding Sterile-Risk Level Low**
Yes	**Compounding Sterile-Risk Level Med**
No	**Compounding Sterile-Risk Level High**
No	**Compounding Non-Sterile**
No	**24 Hour Service**
Yes	**Closed Door**
No	**Compounding, Office Use**
Yes	**Home Delivery**

Yes	**Infusion**
No	**Pharmacist Administered Immunizations**
No	**Veterinary Prescriptions**
No	**In-Patient Medication Orders**
No	**Out-Patient Surgery**
No	**Rural Hospital**
No	**Tech Check Tech**
No	**503b Outsourcing Facility**
No	**Other Services**

Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
FADEYI, MICHAEL OLUMUYIWA	26313	12/16/1991	01/31/2022	PIC	Active
LENSING, LYNN ANN	44736	09/15/2006	08/31/2022	Relief	Active
MONTGOMERY, VANESSA JEAN	45264	07/12/2007	08/31/2023	Staff	Active
UNTERWAGNER, WHITNEY	53188	07/04/2013	04/30/2023	Staff	Active

Page 1 of 1 20 View 1 - 4 of 4

Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
GARTNER, ERICA PAIGE	183146	09/08/2010	05/31/2022	Staff	Active
JIMENEZ, EFREDY	216147	01/30/2013	09/30/2023	Staff	Active
RIVERA, ROGELIO	153773	03/31/2010	01/31/2022	Staff	Active
SCOTT, SHANNON	103586	04/01/2004	08/31/2022	Staff	Active

Page 1 of 1 20 View 1 - 4 of 4

Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
AMERICAN OUTCOMES MANAGEMENT	OWNER	,			
BENSON, SHERRI LYNN	OFFICER	,			
JAMPOLIS, SAMUEL	OFFICER	,			
CANNON, CATHY A	OFFICER	,			

Page 1 of 1 20 View 1 - 4 of 4

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BA8929967	06-30-2022	$731.00

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5	RETAIL PHARMACY	05-21-2019

AMERICAN OUTCOMES MANAGEMENT, L.P.
6310 SOUTHWEST BLVD., STE 204
FORT WORTH, TX 76109

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
BA8929967	06-30-2022	$731.00

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5	RETAIL PHARMACY	05-21-2019

AMERICAN OUTCOMES MANAGEMENT, L.P.
6310 SOUTHWEST BLVD., STE 204
FORT WORTH, TX 76109

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 - American Outcomes Management, LP - Texas Location

Officers and Partners

Name	Title	Percentage of Ownership
Chris York	President	0%
Sherri Benson	Vice President	0%
AOM, GP, LLC	General Partner	1%
AOM Acquisition, LLC	Limited Partner	99%

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: American Outcomes Management, LP dba AOM Infusion

NV Pharmacy or Outsourcing facility license # (if applicable): PH02005

Physical Address: 6310 Southwest Blvd, STE 204

City: Fort Worth State: TX Zip: 76109

Mailing Address (if different from physical address): 6310 Southwest Blvd, STE 204

City: Fort Worth State: TX Zip: 76109

Telephone: 817-361-7699 Toll Free # (NAC 639.708, NRS 639.23286): 866-869-7307

Fax: 800-528-9860 Contact Email: mfadeyi@aomofny.com

Website: mfadeyi@aomofny.com

Nevada Business License # (if applicable)

Supervising/Managing Pharmacist Name (NRS 639.220): Michael Olumuyiwa Fadeyi

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22180

Name of Person with direct knowledge of compounding procedures: Michael Olumuyiwa Fadeyi

Email of Person with direct knowledge of compounding procedures: mfadeyi@aomofny.com

Telephone of Person with direct knowledge of compounding procedures: 817-361-7699

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☑ Low ☑ Medium ☐ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☐ Yes ☑ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:
Only IVIG/Specialty Drugs and/or parenteral antibiotics

4. Will you be utilizing beyond use dates in excess of USP-797? ☐ Yes ☑ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:
N/A

6. What laboratory performs this additional testing?
Name: N/A
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____

7. What is your procedure for visual inspection of compounded sterile products?
Pharmacist's visual observation of the compounded drug product as soon as completed using our lighted area of the clean room, in addition to supervising the compounding process. When the finished product is released from the clean room, the pharmacist will visual check the quality/ascertain there are no particulates in the compounded product, and sign the release of the preparation.

8. How often do you perform glove fingertip and medial fill testing?

Media fill testing and glove fingertip testing are done every 6 months by all compounders. Moreover, glove fingertip may be required as needed basis.

9. What is your policy if an employee fails a glove fingertip or media-fill test?

Employee who failed the test may retrain/re-test. During this time, the employee may not compound until the re-training and testing are completed.

10. Describe your initial and annual training program for all personnel performing sterile compounding:

For Initial:
A. A media fill test (PATT) using QI Medical GM7020 is done. We also ask that end product testing be performed using a QT Micro (QI Medical test TM6000) with our Repeater pump and sample compound.
2. Glove fingertip test is done three times during a dynamic compounding environment (prior to, mid-way through compounding, and post-compounding)
B. Every 6 months/Annual:
1. A media fill test (PATT) using QI Medical GM7020 is done. We also ask that end product testing be performed using a QT Micro (QI Medical test TM6000) with our Repeater pump and sample compound.
2. Glove fingertip test is done once. Supervisor may decide three times during a dynamic compounding environment

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Daily: Daily cleaning procedures include the cleaning of all work surfaces in the ISO Class 5, 7 & 8 areas, counters, and the clean room floors. All work surfaces are cleaned with 70% isopropyl alcohol. All floors are cleaned with both Peridox RTU and alcohol alternating with both Virex RTU or TexTab and alcohol. Moreover, sinks are cleaned daily. Empty trash and replace liners, change tacky mat and discard soiled layers.
Monthly: Monthly cleaning procedures include cleaning of the walls, ceilings and storage shelving (bins, trash can, ante room bench, and shelves). The walls and ceilings are cleaned with TexTab or Virex RTU and alcohol. The shelves, bins, can, and ante room bench are cleaned with alcohol.
Weekly: The TX pharmacy will perform WEEKLY cleaning of walls, ceilings, curtains, step stool, and storage shelving (bins, trash can, ante room bench, and shelves).
Peridox RTU and TexTab are antiseptic/antiinfective detergents which are disinfectants, sporicidal and/or decontamination agents.

12. Who performs the sterile compounding process at your facility?

Technicians:
Erica Gartner, Registered/Certified Pharmacy Technician
Rogelia Rivera, Registered/Certified Pharmacy Technician
Efredy Jimenez, Registered/Certified Pharmacy Technician

13. Who is responsible and accountable for the sterile compounding process at your facility?

Pharmacist in charge - Dr. Michael Fadeyi

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

We have a cold-chain shipping policy that is followed to ensure product safety/efficacy. The pharmacy performs test yearly of shipments to other states with sample products and temperature tags used to measure hourly temperatures in the box. Results allows pharmacy to know how much ice packs to use in shipping products. Results are documented when done during summer and winter months.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.) N/A		
1. What type of primary engineering controls will you be using in your facility?		
2. Is your BSC or CACI vented 100% to the outside?	☐ Yes	☐ No
3. Do you have a negative pressure buffer room at your facility?	☐ Yes	☐ No
4. Will you be compounding with antineoplastic HDs or HD API?	☐ Yes	☐ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☐ Yes	☐ No
6. Will you be utilizing a closed system transfer device?	☐ Yes	☐ No
7. If yes, list the name of the device:		
8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?		
9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?		

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.) N/A

1. List the specific high risk sterile products that your facility compounds:

2. What sterilization methods are utilized at your facility?

3. Does your facility utilize biological indicators? ☐ Yes ☐ No

4. If yes, describe how they are utilized:

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Fadeyi, MS, PharmD

Name of Person who Completed the Form

Director of Pharmacy

Title

Michael O Fadeyi

Signature (copies or stamps not accepted)

09/22/2022

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: American Outcomes Management, LP

Physical Address: 6310 Southwest Blvd, STE 204

City: Fort Worth State: TX Zip: 76109

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 817-361-7699 Website: www.americanoutcomes.com

Licensing Company Email: mfadeyi@aomofny.com

Section 2: Personal Information

First: Michael Middle: Olumuyiwa Last: Fadeyi

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 6310 Southwest Blvd, STE 204

City: Fort Worth State: TX Zip: 76109

Telephone: [redacted] Email: mfadeyi@aomofny.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?		

Applicant's initials MF

Section 5: List your high school and college experience 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		06/1998 - 05/2000	
Address	City	State	Zip
600 Forbes Ave.	Pittsburgh	PA	15282
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
University of Houston		08/1981 - 06/1983	
Address	City	State	Zip
4800 Calhoun Rd.	Houston	TX	77004
Diploma/Degree obtained, if any			
MS Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Southwestern Oklahoma State University		08/1978 - 05/1981	
Address	City	State	Zip
100 W. Campus Dr.	Weatherford	OK	73096
Diploma/Degree obtained, if any			
B.A Chemistry, BS Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Baptist Academy (High School)		01/1970 - 12/1974	
Address	City	State	Zip
Obanikoro Rd.	Palmgrove	Lagos	
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
09/19 - Present	[redacted] Magic Valley Lane	Cedar Hill	TX	75104
05/1996 - 09/2019	[redacted] Concho Trail	Fort Worth	TX	76118

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: American Outcomes Management, LP				From - To (MM/YY – MM/YY): August 2010 - present
Business Address: 6310 Southwest Blvd, STE 204		City: Fort Worth	State: TX	Zip: 76109
Phone: 817-361-7699	Title: Director of Pharmacy/Pharmacist In Charge			Number of Employed Hours: 23,440
Description of Duties: Managing all pharmacy operations in the corporate office. Shipped to patients in all 50 states licensed. I am licensed in 16 states. Manages ACHC accredited pharmacies. Faculty Practitioner (Preceptor) for University of Texas, Texas State University, University of North Texas, Texas A&M College of Pharmacy and Presbyterian College School of pharmacy in South Carolina.				
Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				
Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				
Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description 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*: 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:

Michael O Fadeyi
Original Signature (electronic, copies or stamps not accepted)

11/22/21
Date

Applicant's initials MF

I, Michael Olumuyiwa Fadeyi, **certify that as the designated representative for** American Outcomes Management, LP,

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

Michael Olumuyiwa Fadeyi

Print Name (First, Last)

Michael O Fadeyi

Original Signature (electronic, copies or stamps not accepted)

11/22/21

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Olumuyiwa Fadeyi

Print Name (First, Last)

Michael O Fadeyi — 11/23/21

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Tarrant

I, Michael O Fadeyi, 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 O Fadeyi — 11/23/2021

Original Signature — **Date**

Subscribed and Sworn to before me this 23rd day of November.

Pamela J Mallory

Notary Public Signature

PAMELA J. MALLORY
My Notary ID # 5626398
Expires February 21, 2023

Applicant's initials MF

TEXAS STATE BOARD OF PHARMACY

Pharmacist-in-Charge Attestation:

I hereby attest the following statements are true and accurate (*initial each statement below*):

✓✓ I am the Pharmacist-in-Charge (PIC) of American Outcome Management (*Name of Pharmacy*), pharmacy license number 27324 (*Pharmacy License Number*) and I ☑ was / ☐ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on 3-27-2021 (*Date of Inspection*);

✓✓ I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector;

✓✓ I reviewed the document titled *Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF* (on the reverse side of this attestation);

✓✓ If applicable, the Warning Notice issued contains 0 deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice;

✓ I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please 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: Michael Fadeyi (*Signature of PIC*) **Date:** 3/23/2021

Printed Name: MICHAEL FADEYI **License No.:** 26313 TX

Texas State Board of Pharmacy
Inspection Report for Pharmacies Compounding Sterile Preparations

Circle One: (Class A-S) Class B Class C-S

Name of Pharmacy: American Outcome Management LP **TSBP License #** 23328

Each item is assessed as Satisfactory, Unsatisfactory, or Not Applicable (N/A). Unsatisfactory indicates a Warning Notice requiring corrective action within a designated time frame or Refer to Legal Team for review and possible discipline. For an explanation of specific violations noted, refer to the Remarks section of the Inspection Report.

	Compounded Dosage Forms: Check which of the following dosage forms are being compounded by the pharmacy
N/A	Allergen extracts
N/A	Parenteral solutions
N/A	Parenteral suspensions
N/A	Preservative-free parenterals
N/A	Ophthalmic preparations
N/A	Oral or nasal inhalation preparations (not topical sprays)
N/A	Baths or soaks for live organs/tissues
N/A	Irrigations for wounds or body cavities
N/A	Any other sterile preparations (implants, pellets, etc.) [list]
N/A	Investigational drugs
N/A	Blood products or other biological materials (wound care, autologous eye drops, etc.)
N/A	Any compounds using federally controlled substances Schedule I-V (list and percentage)
N/A	Does the pharmacy use lyophilizer?

Satisfactory	Code	Unsatisfactory	N/A	Environment
✓	109			Is the cleanroom clean and free of objects that shed particles?
✓	110			Is the cleanroom used only for sterile preparations?
✓	119			Does the cleanroom contain only appropriate supplies?
✓	101			Does the ante-area provide at least ISO Class 8 air quality under dynamic conditions?
✓	115			Does the ante-area contain a hands-free sink with hot and cold running water?
✓	102			Does the buffer area provide at least ISO Class 7 air quality under dynamic conditions?
✓	106			Is the buffer area free from sources of water (e.g., sink, floor drains)?
✓	108			Is there hands-free access to the buffer area?
✓	113			Are floors, walls, ceilings & fixtures smooth, impervious and free from cracks & crevices?
✓	112			Does the floor covering enable regular disinfection?
✓	118			Are supplies stored above the floor to permit adequate floor cleaning?
✓	127			Does the clean room have a pressure gauge or velocity meter to monitor pressure differential between buffer area and ante-area and between the ante-area and the general environment? Is the pressure differential at least 0.02" wc?
	116	✓		Are temperature and humidity monitored, documented and within the required range?
✓	167			Is there a thermometer available for the cleanroom and refrigerator(s)?

Satisfactory	Code	Unsatisfactory	N/A	Primary Engineering Control (PEC) Device – i.e., LAFH, BSC, CAI, CACI
✓	126			Is the laminar air flow hood located in a buffer area that has a minimum differential positive pressure of 0.02" wc?
✓	121			Is the PEC able to maintain at least ISO Class 5 conditions while compounding sterile preparations?
	246			Are hazardous drugs prepared in a Class II/III vertical flow BSC or CACI located in an ISO Class 7 area physically separated from other areas?
✓	247			Does the area where the BSC or CACI is located have not less than 0.01" wc negative pressure adjacent to the positive pressure ISO Class 7 area?
	105		✓	Does the CAI or CACI provide unidirectional airflow?
	104		✓	If the CAI or CACI is used for high-risk sterile compounding, is it placed in an ISO Class 8 area?
	122		✓	If the CAI is not required to be placed in an ISO Class 7 area, does the pharmacy maintain documentation from the manufacturer?
✓	124			Is the PEC certified by an independent contractor every 6 months and when relocated?
✓	125			Are prefilters inspected periodically and replaced as needed?
✓	128			Are differential pressures monitored and documented at least every work shift (at a minimum daily) or by a continuous recording device?

Satisfactory	Code	Unsatisfactory	N/A	Equipment and Supplies
✓	174			Does the pharmacy have disposable needles, syringes, and other required or applicable supplies?
✓	177			Does the pharmacy have lint-free towels or wipes?
✓	180			Does the pharmacy have masks, caps, gowns with tight cuffs, shoes covers, and beard covers (if applicable)?
✓	176			Does the pharmacy have handwashing agents with bactericidal action?
✓	175			Does the pharmacy have disinfectant cleaning solutions and dedicated cleaning supplies?
✓	179			Does the pharmacy have hazardous spill kits, if applicable?
✓	171			Does the pharmacy have appropriate containers for needles and syringes?
✓	170			Does the pharmacy have sterile isopropyl alcohol, sterile gloves, and waterless alcohol-based surgical hand scrub?
✓	178			Does the pharmacy have appropriate filters and filtration equipment?
✓	181			If an automated compounding device is used, does the pharmacy calibrate & verify the device for accuracy, and document at least daily?
✓	172			Does the pharmacy have packaging or delivery containers to maintain proper storage conditions for sterile preparations?

Satisfactory	Code	Unsatisfactory	N/A	High-Risk Compounded Sterile Preparations (CSPs)
	103		✓	If high-risk CSPs are compounded, does the buffer area provide physical separation from other compounding areas?
	231		✓	Is sterility testing performed if CSPs are prepared in groups > 25, or
	232		✓	If MDVs are prepared for multiple patients or when exposed > 12 hours at 2-8 degrees C before sterilized, or
	233		✓	If exposed > 6 hours at warmer than 8 degrees C before sterilized?
	237		✓	Are all non-sterile measuring, mixing, and purifying devices rinsed thoroughly with pyrogen-free or depyrogenated sterile water, and then thoroughly drained or dried immediately before use for high-risk sterile compounding?
	238		✓	Are all high-risk sterile solutions subjected to terminal sterilization prefiltered using no larger than a 1.2-micron filter to remove particulate matter? Is sterilization by filtration performed with a sterile 0.2 – 0.22 micrometer pore size filter within an ISO Class 5 environment or better?
	165		✓	Are filter integrity tests being performed and documented (e.g., bubble point test)?
	239		✓	Are pre-sterilization procedures (weighing and mixing) completed in an ISO Class 8 environment or better?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**Library**
✓	154			Does the pharmacy have a reference on injectable drugs?
✓	155			Does the pharmacy have a specialty reference?
✓	156			Does the pharmacy have all of the required (USP chapters 71, 85, 795, 797, 1163) and applicable USP chapters?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**Hazardous Compounded Sterile Preparations**
	242		✓	Do personnel wear protective apparel at all times when hazardous drugs are handled?
	243		✓	Do personnel use appropriate safety and containment techniques when preparing hazardous CSPs?
	244		✓	Do personnel dispose of hazardous waste in compliance with local, state, and federal regulations?
	245		✓	Do personnel affix a proper label, including proper precautions inside and outside of the packaging?
	248		✓	Does the pharmacy have a pressure indicator that can be readily monitored for correct room pressurization?
	249		✓	Does the pharmacy meet the requirements for low volume preparation of hazardous drugs by using a device that provides two-tiers of containment (e.g., closed-system vial transfer device within a BSC)?
	250		✓	Are hazardous drugs stored separately from other inventory in a manner to prevent contamination and personnel exposure?
	None		✓	Does the pharmacy have a plan to comply with USP <800> by the implementation date?
	None		✓	Are hazardous drugs stored separately in compliance with USP <800> (negative pressure at least -0.01" wc to adjacent areas and with at least 12 ACPH)?
	None		✓	Is hazardous drug waste quarantined in a designated area?
	None		✓	Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**Personnel Cleansing, Garbing and Hand Hygiene**
✓	202			Does hand sanitizing and gowning occur in the ante-area (outside of the buffer area)?
✓	180			Do compounding personnel don clean non-shedding gowns with sleeves that fit snugly around the wrists and enclose at the neck? Is the order of garbing appropriate (dirtiest to cleanest)?
✓	194			Before entering the buffer area, do compounding personnel remove cosmetics?
✓	195			Before entering the buffer area, do compounding personnel remove all hand, wrist, and other body jewelry/piercings?
✓	196			Are natural nails kept neat and trim and no wearing of artificial nails or extenders?
✓	200			Do compounding personnel remove debris from underneath fingernails using a nail cleaner under running warm water?
✓	192			Are personnel with an apparent illness or open lesions compounding sterile preparations?
✓	241			When compounding personnel temporarily exit the ISO Class 7 environment, are re-donning procedures properly followed?
✓	201			Do compounding personnel engage in proper hand hygiene?
✓	203			Do compounding personnel completely dry hands and forearms using lint-free disposable towels or hand dryer?
✓	204			Is antiseptic hand cleansing performed using waterless alcohol-based surgical scrub once inside the buffer area and prior to donning sterile gloves?
✓	206			Is sterile isopropyl alcohol applied to gloves throughout the day and when non-sterile surfaces are touched?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**Cleaning and Disinfection Procedures**
✓	182			Does the pharmacy have written procedures on the cleaning and disinfecting of the direct and contiguous compounding areas (e.g., beginning of shift, every 30 minutes, before each batch, spills)?
✓	230			Is cleaning performed by trained personnel using approved agents (described in written SOPs)?
✓	228			Are supplies & equipment that are removed from shipping cartons wiped with a disinfecting agent (e.g., sterile IPA)?
✓	226			Are work surfaces and floors in the ante-area and buffer area cleaned and disinfected daily with dedicated supplies?
✓	227			Are walls, ceilings and shelving in the ante-area and buffer area cleaned and disinfected at least monthly?
✓	229			Does the pharmacy maintain documentation of cleaning procedures (i.e., date/time of cleaning, type of cleaning, name of individual who performed the cleaning)?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**Environmental Sampling**
✓	270			Is surface sampling conducted in all ISO classified areas on a periodic basis?
✓	272			Is viable air sampling performed?
✓	273			Is viable air sampling documented by properly trained individuals for all risk levels every 6 months? ✓
✓	271			Are environmental sampling results evaluated and addressed (i.e., action levels followed)?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**Records of Compounded Sterile Preparations (CSP)**
✓	252			Does the pharmacy maintain records relating to CSPs for a minimum of 2 years?
✓	253			Do compounding records include the date and time of preparation of a CSP?
✓	254			Do compounding records include the complete formula of a CSP?
✓	257			Do compounding records include the quantities of materials used in a CSP?

✓	255			Do compounding records include the signature or initials of who prepared a CSP?
✓	256			Do compounding records include the signature or initials of who conducted the final check of a CSP?
✓	258			Do compounding records include the container used and the number of units prepared for a CSP?
✓	259			Do compounding records include the criteria used to determine the beyond-use date of a CSP?
✓	260			Do compounding records include the documentation of performance of quality control procedures?
✓	261			Are master worksheets and preparation worksheets for batch compounding complete?
✓	262			Are master worksheets developed and approved by a pharmacist?
Satisfactory	Code	Unsatisfactory	N/A	General Operational Requirements
✓	166			Is a pharmacist available at all times (24/7)?
✓	187			Are written SOPs developed and implemented for all significant procedures in the compounding area to include at a minimum: the facility, equipment, personnel, preparation evaluation, quality assurance, preparation recall, packaging, and storage of CSPs?
✓	188			Does the pharmacy have all required written policies (e.g., pharmaceutical care services, sampling plan, recalls)?
	158		✓	If the pharmacy compounds commercially available products, does the pharmacy document the need by verifying and monitoring a drug shortage list (including if the preparation is quarantined/not available once removed from the shortage list)? Or,
	158		✓	Does the pharmacy document the need for compounding commercially available products by individual patient needs determined by the prescribing practitioner (i.e, hypersensitivity to inactive ingredients or alternate dosage form)?
✓	275			If the pharmacy dispenses prescriptions to patients in other states, does the pharmacy have proper licensure in those states?
Satisfactory	Code	Unsatisfactory	N/A	Office Use Compounding & Distribution of CSPs
	163		✓	Does the pharmacy have a written agreement with the prescriber that meets all requirements to distribute compounded sterile preparations to practitioners for office use?
	162		✓	If the pharmacy is distributing CSPs to another pharmacy, does the pharmacy meet the requirements for such distribution?
	None		✓	Is the pharmacy registered with the FDA as an Outsourcing Facility (503B)?
Satisfactory	Code	Unsatisfactory	N/A	Quality Control and Verification of Compounding Accuracy
✓	207			Does a pharmacist review all compounding records for accuracy and perform the final check of a CSP?
✓	185			Are periodic in-process checks for CSPs defined in written procedures and conducted as defined?
✓	191			Are all drug components USP/NF grade substances manufactured in an FDA-registered facility? If USP/NF grade substances are not available, are the drug components of chemical grade in CP, AR, ACS, or Food Chemical Codex categories?
	191		✓	*Is a Certificate of Analysis available for all components of the preparation if materials are not purchased through an* FDA-registered facility?
	191		✓	Are any CSPs prepared by the pharmacy listed on the federal FDA list of drug products that are withdrawn or removed from the market for safety reasons?
Satisfactory	Code	Unsatisfactory	N/A	Veterinary Compounding
	None		✓	Are APIs or other components labeled for veterinary use segregated or marked to prevent use for human compounding?
	None		✓	Does the pharmacy meet the same standards for animal compounding as human compounding?
	None		✓	Is the pharmacist knowledgeable or does the pharmacy have up-to-date references regarding species limits that can result in toxicity when compounding with particular drugs/excipients?
	None		✓	Does the pharmacy document if the animal is a pet or used for food?
	None		✓	Is the pharmacist familiar with, or does the pharmacy have the most up-to date references regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals?
	None		✓	Does the pharmacy have a list of drugs and components that have been designated by state or federal authorities as prohibited ingredients in CSPs for food-producing animals?
	None		✓	Is the pharmacist familiar with, or does the pharmacy have the most up-to-date reference regarding regulations for drug use in performance animals?
Satisfactory	Code	Unsatisfactory	N/A	Label
✓	209			Is the CSP properly labeled to include the generic name(s), and
✓	210			For outpatient prescriptions, does the label include a statement that the CSP has been compounded by the pharmacy?
✓	211			Does the label include a beyond-use date?
	213			If the CSP is compounded as a batch, does the label contain a unique lot number assigned to the batch, and
✓	214			Quantity, and
✓	215			Appropriate ancillary instructions, such as storage or cautionary statements, and
✓	216			Any device-specific instructions, if appropriate? ✓
✓	220			Are CSPs assigned a beyond-use date based on the specified labeling for the drug, appropriate literature sources, or direct testing?
				Training and Competency Testing
✓	129			Has each pharmacist completed the required education and training prior to engaging in sterile compounding?
✓	130			Has each pharmacy technician completed the required education and training prior to engaging in sterile compounding?
✓	142			Does the pharmacy maintain documentation to demonstrate that all compounding personnel have successfully passed initial competency evaluation/testing (e.g., media-fill testing, gloved fingertip/thumb testing)? Does the pharmacy have an on-the-job training program?
✓	144			Does the pharmacy maintain documentation of on-going training and testing for all compounding personnel (e.g., observation of aseptic technique, media-fill testing, gloved fingertip/thumb testing, continuing education)?

TEXAS STATE BOARD OF PHARMACY INSPECTION REPORT

CLASS: A (A-S) B C C-S (BEDS____) D Other____

Name of Pharmacy American Outcome Management — **TSBP License #** 23124

Pharmacist in Charge Michael O. Fadeyi — **Lic** 26313 **Exp** 1-31-22

Personnel _____ — **Lic**_____ **Exp**_____

_____ — **Lic**_____ **Exp**_____

See Attached — **Lic**_____ **Exp**_____

KEY: Circled items need improvement, √ items in Column One Refer to Legal Division (R/L) for review and possible discipline.
√ items in Column Two receive a Warning Notice (W/N).
For an explanation of specific violations noted, refer to remarks section of inspection report.

R/L		W/N	
	1		Licenses not posted
	2		Insufficient Equipment
	3		Orderly/Clean
	4		Balance Failed
	5		Equipment Inspection
	6		Inadequate Library
	7		Improper security
	8		Environment
	9		Delinquent licenses/certifications
	36		No notification of substitution
	90		No complaint notification
	38		Area for non sterile compounding
	43		Records for non sterile compounding
	47		Out of date/mislabeled drug stock
	48		Improper drug storage
	53		Illegal possession of C/S
	57		Corresponding Responsibility
	59		Improper drug destruction
	61		Improper supervision of supportive personnel
	62		Aiding and abetting
	65		Improper registration procedures
	66		Grey Market diversion/ Samples
	76		No PIC
	34		Notification Violation
	79		Nametags
	60		Improper documentation of training
	92		Improper automated dispensing procedures

R/L		W/N	
			Date of last inventory
	15		No PIC inventory
	69		No annual inventory
	68		No change of ownership inventory
	31		Closed Phcy/Change of owner improper
	17		Incomplete inventory
	18		Records not available
	46		Improper distribution
	54		Improper prepackaging procedures
	24		Theft/Loss not reported
	30		Invoices not dated/initialed
	86		Absence of RPh pick up records
	19		Rx lacks proper information
	25		No documentation of refill authorization
	32		Rx label is incorrect
	40		Non emergency C-II Rx
	26		C II Rx noncompliance
	37		Illegal dispensing
	45		Improper dispensing/ labeling
	44		Refill CIII-V over 5x/6mo
	55		Refill prn past one year
	78		Counseling area
	80		No counseling by RPh
	56		Improper transfer of Rx
	50		Out of state verbal Rx for C/S
	49		Substitution noncompliance
	33		Rx records not in numerical order

R/L		W/N	
	10		Rxs not separated
	35		Invoices not separated
	67		No written information
	21		Computer records incomplete
	22		Computer system noncompliance
	82		PMR Incomplete
	83		PMR Absent
	84		No drug regimen review
	16		No perpetual inventory
	27		Improper inpatient records
	51		Improper ER dispensing
	75		Improper absence of RPh procedures
	70		No P&P manual
	71		Incomplete P&P manual
	72		Improper procedures for IV preparation
	81		Area for preparation of sterile products
	85		Patient Care Guidelines incomplete
	87		Quality Control/Assurance
	88		Cytotoxic/Biohazardous Procedures
	89		Refrigerator Temperature Log
	28		No provision log
	29		Incomplete provision log
	52		Improper provision/ dispensing in Class D
	63		Prohibited drugs in Class D pharmacy
	64		Violation of limited formulary
	91		RPh visits/contact documentation
	73		Formulary not complete

Remarks

PIC requested an in-house inspection to satisfy an out-of-state License.
Needs improvement.
Please Ensure ISO Rooms maintain humidity below 60% going forward.

Action Taken

(1) ✓ Inspection
(2) ___ Pre-Inspection
(3) ___ Partial Inspection
(4) ___ Visit
(5) ___ Other _____

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted. Items marked in Column One will be referred to the Legal Division for review and possible disciplinary action. Items marked in Column Two are conditions that have resulted in the issuance of a Warning Notice and must be corrected to ensure compliance with the laws and rules governing the practice of pharmacy. Circled items need improvement.

I acknowledge that the noted conditions, which are not in compliance, have been explained to me and I have received a copy of this report.

Agent of the Texas State Board of Pharmacy

Michael Fadeyi
Authorized Individual for the Pharmacy

3-23-2021
Date

1:15 p
Time of Exit

MICHAEL FADEYI - PIC
Printed Name and Title of Authorized Individual

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 23328

AMERICAN OUTCOMES MANAGEMENT LP

License Information

License Status Active
License # 23328
Expiration Date 07/31/2022
Date License Issued 07/29/2004

Address

6310 SOUTHWEST BLVD STE 204
FORT WORTH, TX 76109
County TARRANT
Phone (817) 361-7699

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Sterile Compounding
Type of Ownership Partnership
Type of Pharmacy Community Independent
# of Hospital beds 0

Employment Information

Pharmacist in Charge
FADEYI, MICHAEL OLUMUYIWA

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	Yes

Translating services (Listed Below If Available)

Spanish
Vietnamese
Telecomm. for the deaf (TDD)
Other

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and Inspection Reports

- 280989 23328 AmericanOutcomesManagementLP 2018-01 01-2023.pdf
- 280989 23328 AmericanOutcomesManagementLP 2019-12 12-2024.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

No	**Nuclear**
Yes	**Out-Patient Prescriptions**
Yes	**Ship Prescription Out of State**
No	**Class D (Expanded Formulary)**
No	**Class D (Alternative Visit Schedule)**
Yes	**Compounding Sterile-Risk Level Low**
Yes	**Compounding Sterile-Risk Level Med**
No	**Compounding Sterile-Risk Level High**
No	**Compounding Non-Sterile**
No	**24 Hour Service**
Yes	**Closed Door**
No	**Compounding, Office Use**
Yes	**Home Delivery**
Yes	**Infusion**
No	**Pharmacist Administered Immunizations**

No Veterinary Prescriptions

Texas Pharmacist Employment Information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
FADEYI, MICHAEL OLUMUYIWA ✓	26313	12/16/1991	01/31/2022	PIC	Active
LENSING, LYNN ANN ✓	44736	09/15/2006	08/31/2022	Relief	Active
MONTGOMERY, VANESSA JEAN ✓	45264	07/12/2007	08/31/2021	Staff	Active
UNTERWAGNER, WHITNEY	53188	07/04/2013	04/30/2021	Staff	Active

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Texas Registered Technicians/Trainees Employment Information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
GARTNER, ERICA PAIGE ✓	183146	09/08/2010	05/31/2022	Staff	Active
JIMENEZ, EFREDY (N/A) ✓	216147	01/30/2013	09/30/2021	Staff	Active
RIVERA, ROGELIO ✓	153773	03/31/2010	01/31/2022	Staff	Active
SCOTT, SHANNON ✓	103586	04/01/2004	08/31/2022	Staff	Active

Page 1 of 1 20 View 1 - 4 of 4

Texas Remote Pharmacy Information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner Information

Owner Name	Owner Title	Address	City	State	Zipcode
AMERICAN OUTCOMES MANAGEMENT	OWNER				
BENSON, SHERRI LYNN	OFFICER				
CANNON, CATHY A	OFFICER				
JAMPOLIS, SAMUEL	OFFICER				

Page 1 of 1 20 View 1 - 4 of 4

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

Phcy. Lic. # 23328

Expiration Date: 7/31/22

NOTICE OF INSPECTION
Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, Texas 78701-3942
(512) 305-8000

✓ **Compliance**

___ **Investigation**

Name of Individual	Title	R.Ph. Lic. #	Expires
Michael O. Fadeyi	PIC	26317	1-31-22
Name of Facility		**Class of Pharmacy License**	
American Outcome Management		AS	
Address			
6310 Southwest Blvd Ste			
City/State	**Zip**	**Phone #**	
Fort Worth, TX	76109	(817) 361 7699	
DEA Registration #		**Expiration Date**	
BA8929967		6-30-22	
Date	**Time of Entry**		
March 23, 2021	10:00 am		

PURPOSE OF INSPECTION

___ Routine ___ Pre-Inspection ___ Rank Change

___ New Pharmacy ___ Change of Ownership ___ Reverse Rank Change

___ Complaint ___ Follow-up to Complaint ✓ Licensee Request

___ Follow-up to Warning Notice ___ Follow-up to Theft/Loss Report ___ Sterile Compounding (High Risk)

___ Follow-up to Disciplinary Order ___ Other_____

ACKNOWLEDGEMENT

This is to acknowledge that Texas State Board of Pharmacy Agent Robert Moura 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 am the PIC for the above-described facility;
2. I have read this Notice of Inspection and understand its contents and purpose;
3. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
4. I have had the purpose of the entry into the above-described facility by the Board's agent stated to me; and
5. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

Michael O Fadeyi
Signature

Witnesses:

Signature

Signature

Quarles & Brady LLP

One Renaissance Square
Two North Central Avenue
Suite 600
Phoenix, Arizona 85004-2322
602-229-5200
Fax 602-229-5690
www.quarles.com

RECEIVED
JAN 31 2022
NEVADA STATE BOARD OF PHARMACY

Writer's Direct Dial: 602-229-5530
E-Mail: Amy.CottonPeterson@quarle

January 28

VIA UPS OVERNIGHT

Mr. Dave Wuest
Nevada Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

RE: Change of ownership and officers for American Outcomes Management, LP; Non-resident Pharmacy Permit No.: PH02005

Dear Mr. Wuest:

Please accept this correspondence as a supplement to the application we submitted on November 29, 2021 regarding a change of ownership of the above-referenced permit number.

After submission of the application, the new ownership (as set forth in the change of ownership application) became aware of an issue that occurred approximately eighteen (18) years ago impacting American Outcomes Management, LP ("AOM") and its New York location. The issue may have required disclosure under the disciplinary questions in the change of ownership application. While this occurred eighteen years ago and may not be required to be disclosed, we are nevertheless disclosing the issue to you out of an abundance of caution.

As indicated above, the issue occurred from the pharmacy located in New York in early 2004. While this is not the pharmacy location applying for the change of ownership in your state, we are again disclosing to you to ensure you have all of the information you may require. Specifically, we understand that AOM self-discovered an issue whereby a certain individual (a former officer) signed a change of supervising pharmacist form on behalf of a pharmacist that was not the supervising pharmacist. As such, the pharmacy did not have a supervising pharmacist between January 23, 2004 and May 17, 2004. The pharmacy self-reported this issue to the appropriate regulatory agencies. The pharmacy was subsequently disciplined by the New York Board of Pharmacy and entered into a stipulation with New York Medicaid.

Importantly, the pharmacy complied with all terms of the order, immediately removed the individual from the board of directors and established a new chain of authority. In addition, it

developed and implemented a corporate compliance plan. Since that time, AOM has not had any disciplinary matters from any regulatory agency. Thus, it has not had any discipline in the past 18 years.

We have attached the documentation we have been provided. We are happy to provide any additional details to the extent possible if needed.

Very truly yours,



Amy R. Cotton Peterson

Enclosures

Stipulation of Settlement

This agreement is entered into by and between the New York State Department of Health ("DOH"), and American Outcomes Management, LP, previously known as American Outcomes Management of New York, LP ("the Provider"), as follows:

Witnesseth

Whereas, Provider, has been enrolled in the Medicaid Program as a provider of services to Medicaid recipients, and

Whereas, in the course of management oversight, Provider discovered(the Discovery) that certain claims (The Claims) had been inappropriately submitted to the New York State Department of Health (hereinafter "the Department ") during a multi-week period beginning January 23, 2004, and ending May 17, 2004; to wit, the Claims did not reflect a proper signature by a Supervising Pharmacist as defined in New York State Law;

Whereas, immediately upon discovery, Provider retained counsel and made arrangements to self disclose the Claims to the Department;

Whereas, Provider immediately upon the Discovery removed the person responsible for the Claims from her position of authority in the Provider entity, and established a new chain of authority;

Whereas, As soon as practicable, Provider removed the person responsible for the Claims from her position as a member of Provider's Board of Directors;

Whereas, Provider has engaged counsel to assist it in developing and implementing a corporate compliance plan;

Whereas, the parties are desirous of settling the above referenced matter.

NOW THEREFORE, the parties do stipulate and agree as follows:

FIRST, Provider agrees as full settlement and resolution of the matters set forth in this Stipulation, to pay, and DOH agrees to accept the sum equal to $3950; which sum represents $50 per day for each business day during the period when the Claims were developed, said amount of days being equal to 79 days (The Recovery).

SECOND, The Recovery shall be paid by Provider to the Department not later than 45 days after execution of this Stipulation.

THIRD, Provider agrees that it will complete the corrective action steps referred to in the recitals above in a timely fashion.

FOURTH: This Stipulation relates solely to the time period and practices referred to herein, and is not to be construed and interpreted to preclude the authority of the Department to conduct other audits not related thereto. The Department has no present intention to conduct any such audits, but reserves the right to do so.

FIFTH, Provider acknowledges that it is entering into this Stipulation freely and voluntarily; that it has ascertained and weighed all the facts and circumstances likely to influence its judgment herein; that it has had the opportunity to seek and obtain legal counsel and has been duly apprised of its legal rights; that all the provisions hereof, as well as any questions pertaining hereto have been fully and satisfactorily explained to Provider; that Provider has given due consideration to such provisions and questions, and clearly understands and consents to all provisions hereof.

SIXTH, all parties agree that no representations of any kind whatsoever have been made to them as an inducement to enter in to this Stipulation other than the representations set for herein, and that this Stipulation contains all of the terms of the agreement between the parties hereto.

SEVENTH, no modifications, termination or amendment to this Stipulation shall be effective unless in writing, signed by the parties hereto.

EIGHTH, the interpretation of this Stipulation shall be governed by the laws of the State of New York.

Stipulation of Settlement

This agreement is entered into by and between the New York State Department of Health ("DOH"), and American Outcomes Management, LP, previously known as American Outcomes Management of New York, LP ("the Provider"), as follows:

Witnesseth

Whereas, Provider, has been enrolled in the Medicaid Program as a provider of services to Medicaid recipients, and

Whereas, in the course of management oversight, Provider discovered(the Discovery) that certain claims (The Claims) had been inappropriately submitted to the New York State Department of Health (hereinafter "the Department ") during a multi-week period beginning January 23, 2004, and ending May 17, 2004; to wit, the Claims did not reflect a proper signature by a Supervising Pharmacist as defined in New York State Law;

Whereas, immediately upon discovery, Provider retained counsel and made arrangements to self disclose the Claims to the Department;

Whereas, Provider immediately upon the Discovery removed the person responsible for the Claims from her position of authority in the Provider entity, and established a new chain of authority;

Whereas, As soon as practicable, Provider removed the person responsible for the Claims from her position as a member of Provider's Board of Directors;

Whereas, Provider has engaged counsel to assist it in developing and implementing a corporate compliance plan;

Whereas, the parties are desirous of settling the above referenced matter.

NOW THEREFORE, the parties do stipulate and agree as follows:

FIRST, Provider agrees as full settlement and resolution of the matters set forth in this Stipulation, to pay, and DOH agrees to accept the sum equal to $3950; which sum represents $50 per day for each business day during the period when the Claims were developed, said amount of days being equal to 79 days (The Recovery).

NINTH, Provider has entered into this Stipulation of Settlement solely for the purpose of avoiding the burdens and expense of protracted litigation. The making of this Stipulation of Settlement and the conduct of any underlying negotiations is not intended, and shall not be construed, offered or received in evidence as an admission that Provider or any of its employees, agents, officers or directors have violated and federal, state or local law, ordinance or regulation.

IT IS FURTHER UNDERSTOOD that this Stipulation constitutes the entire understanding reached between the parties hereto and shall be binding upon them with the same force and effect as any other contract.

Dated: Albany, New York
November 8, 2004

New York State Department of Health

By: _____
Robert Tengeler
Office of Medicaid Management

Dated: New York, New York
Novemb 16, 2004

American Outcomes Management, LP.

By: Samuel Jampolis MD
Samuel Jampolis M.D.
Chief Executive Officer

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

AMERICAN OUTCOMES MANAGEMENT, L.P.

which is currently registered to operate
a retail pharmacy in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 22583

SAMUEL JAMPOLIS states:

That I am **Chief Executive Officer** of **AMERICAN OUTCOMES MANAGEMENT, L.P.**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about January 16, 2001, Respondent was registered to operate a retail pharmacy in the State of New York, having been issued Registration Number 024832 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate the aforesaid retail pharmacy in the State of New York from an address at 40 West 38th Street, New York, New York 10018.

Respondent has been charged with two (2) specifications of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A."

AMERICAN OUTCOMES MANAGEMENT, L.P.

Respondent does not contest the aforesaid two (2) specifications of professional misconduct, charging it with fraudulent practice and unprofessional conduct (failure to comply with regulations governing the practice).

Respondent hereby agrees to a penalty of a Censure and Reprimand; one (1) year probation, under the terms set forth in the exhibit annexed hereto, made a part hereof, and marked as Exhibit "B;" and a fine of ten thousand ($10,000) dollars, said fine to be paid in the manner set forth in the aforementioned terms of probation.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

AMERICAN OUTCOMES MANAGEMENT, L.P.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

SAMUEL JAMPOLIS
CHIEF EXECUTIVE OFFICER
AMERICAN OUTCOMES MANAGEMENT, L.P.

EXHIBIT "A"

AMERICAN OUTCOMES MANAGEMENT, L.P.

FIRST SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with practicing as a pharmacy fraudulently within the purview and meaning of New York Education Law section 6509(2), in that:

In or about January 2004, Catherine Cannon, an officer of Respondent pharmacy filed a false change of supervising pharmacist form with the New York State Education Department. The officer forged the signature of pharmacist Jeng-Hea Oh as the supervising pharmacist, when, in fact, she was not the supervising pharmacist and did not sign the form.

SECOND SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with unprofessional conduct within the purview and meaning of New York Education Law section 6509(9), in specific violation of 29.1(b)(1), in that the Respondent did not have a supervising pharmacist between January 23, 2004 and May 17, 2004, while it had indicated to the New York State Education Department that it did have a supervising pharmacist during that time.

EXHIBIT "B"

TERMS OF PROBATION

AMERICAN OUTCOMES MANAGEMENT, L.P.

CALENDAR NO. 22583

1. That Respondent shall conduct the retail pharmacy located at 40 West 38th Street, New York New York 10018 in compliance with the standards of conduct prescribed by the law governing Respondent's profession;

2. That Respondent, by its representative, shall make quarterly visits to an employee of the Office of Professional Discipline, New York State Education Department, unless otherwise agreed to by said employee, for the purpose of said employee monitoring Respondent's terms of probation to assure compliance therewith, and Respondent shall cooperate with said employee, including the submission of information requested by said employee, regarding the aforesaid monitoring;

3. That Respondent shall pay the ten thousand ($10,000) dollar fine imposed upon Respondent, by certified or bank cashier's check, payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, New York State Education Department, 475 Park Avenue South -- Second Floor, New York, New York 10016-6901 within the first three (3) months of the period of probation;

4. That so long as there is full compliance with every term herein set forth, Respondent may continue to conduct said retail pharmacy; provided, however, that upon receipt of evidence of noncompliance with or any other violation of any of the aforementioned terms of probation, the New York State Education Department may initiate a violation of probation proceeding and/or such other proceedings pursuant to the Education Law and/or Rules of the Board of Regents.

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

AMERICAN OUTCOMES MANAGEMENT, L.P.

which is currently registered to operate
a retail pharmacy in the State of New York.

----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 22583

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

AMERICAN OUTCOMES MANAGEMENT, L.P.

Dated: January 23, 2006

Samuel Jampolis
Respondent

BY: Samuel Jampolis
SAMUEL JAMPOLIS
CHIEF EXECUTIVE OFFICER

Dated: January 26, 2006

Attorney for Respondent

Dated: February 13, 2006

Member, State Board of Pharmacy

Dated: Feb. 16, 2006

Executive Secretary
State Board of Pharmacy

Dated: 3/15, 2006

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 3/21, 2006

Member, Board of Regents

KEC:gjt

The University of the State of New York

IN THE MATTER

OF

AMERICAN OUTCOMES MANAGEMENT, L.P.
(Retail Pharmacy)

ORIGINAL
VOTE AND ORDER
NO. 22583

Upon the application of AMERICAN OUTCOMES MANAGEMENT, L.P., under Calendar No. 22583, which application is made a part hereof, and in accordance with the provisions of Title VIII of the Education Law, **it was**

VOTED (May 23, 2006): That the application of AMERICAN OUTCOMES MANAGEMENT, L.P., respondent, for a consent order be granted; and that the Deputy Commissioner for the Professions be empowered to execute, for and on behalf of the Board of Regents, all orders necessary to carry out the terms of this vote;

and it is

ORDERED: That, pursuant to the above vote of the Board of Regents, said vote and the provisions thereof are hereby adopted and **SO ORDERED**, and it is further

ORDERED that this order shall take effect as of the date of the personal service of this order upon the respondent or five days after mailing by certified mail.

AMERICAN OUTCOMES MANAGEMENT, L.P. (22583)

IN WITNESS WHEREOF, I, Johanna Duncan-Poitier, Deputy Commissioner for the Professions, for and on behalf of the State Education Department and the Board of Regents, do hereunto set my hand, at the City of Albany, this 23rd day of May, 2006.

Johanna Duncan-Poitier

JOHANNA DUNCAN-POITIER
DEPUTY COMMISSIONER
FOR THE PROFESSIONS

CHASE

FOR YOUR PROTECTION SAVE THIS COPY
OFFICIAL CHECK

Customer Copy

236523842

07/10/2006

Texas

Remitter AOM

$ *********10,000.00 ***

Pay To The Order Of New York State Education Department
Order # 22583

Drawer: JPMORGAN CHASE BANK, N.A.
NON NEGOTIABLE

TERMS
KEEP THIS COPY FOR YOUR RECORD OF THE TRANSACTION. TO REPORT A LOSS OR FOR ANY OTHER INFORMATION ABOUT THE INSTRUMENT, CONTACT THE INSTITUTION FROM WHICH YOU RECEIVED THE INSTRUMENT.

499156143950 Rev.1 3/05 M 62807-M / 57307-N

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

OFFICIAL CHECK

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

CHASE

236523842 10-86 220

Date 07/10/2006

Texas

Remitter AOM

Pay: TEN THOUSAND DOLLARS AND 00 CENTS

$ *********10,000.00 ***

Pay To The Order Of New York State Education Department
Order # 22583

Drawer: JPMORGAN CHASE BANK, N.A.

Stephen L. Hughes

First Vice President
Issued by Integrated Payment Systems Inc., Englewood, Colorado
To Citibank, N.A., Buffalo, NY

⑈450918⑈ ⑆022000868⑆ 2500236523842 9⑈

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE, 195 MONTAGUE STREET, BROOKLYN, NY. 11201, 4TH FLOOR
Tel. (718) 246-3093
Fax (718) 246-3098

July 20, 2006

David P. Glasel, Esq.
Hiscock & Barclay
50 Beaver Street
Albany, N.Y. 12207-2830

RE: AMERICAN OUTCOMES MANAGEMENT
CALENDAR NUMBER 0022583

Dear Mr. Glasel,

This letter is to acknowledge receipt of the $10,000 fine payment imposed upon your above-named client pursuant to Calendar #0022583 payable no later than September 5, 2006.

Sincerely yours,

WILLIAM D. KLAUS
SUPERVISOR

By: Elizabeth Carr

Elizabeth Carr
Sr. Investigator

Quarles & Brady LLP

One Renaissance Square
Two North Central Avenue
Suite 600
Phoenix, AZ 85004-2322
602-229-5200
Fax 602-229-5690
www.quarles.com

Attorneys at Law in
Chicago
Indianapolis
Madison
Milwaukee
Minneapolis
Naples
Phoenix
Tampa
Tucson
Washington, D.C.

Writer's Direct Dial: 602-229-5608
E-Mail: Shaylynn.Veeder@quarles.com

November 29, 2021

VIA UPS OVERNIGHT

Nevada Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

RE: Change of ownership and officers for American Outcomes Management, LP; Non-resident Pharmacy Permit No.: PH02005

Dear Licensing Professional:

Enclosed, please find the Nevada Out-of-State Pharmacy Change of Ownership application for American Outcomes Management, L.P. (Permit No. PH02005). The change is anticipated to occur on **December 15, 2021**. There will be no change in the pharmacy's name, FEIN, NPI, NCPDP number, pharmacist-in-charge, operations, or location. The pharmacy will also undergo a change of ownership at the parent level. Attached, please find a copy of the new organization chart which outlines this change in more detail.

Please do not hesitate to let me know if you have any questions, or require more information, please contact me at 602-229-5608 or by email at Shaylynn.Veeder@quarles.com.

Very truly yours,

Shaylynn Veeder

Shaylynn Veeder

Encls.



10

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)

☒ New MDEG
☐ Ownership Change*
☐ Name Change*
☐ Location Change*

* If making a change, provide current license number:

M _____

MDEG Business Type (check applicable box)

☐ 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: Wellness Essentials Inc.

MDEG Physical Address: 2672 N Buffalo Dr. unit 100

City: Las Vegas, State: NV Zip: 89128

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-462-2458 Website: _____

Email: wellnessessentialsnv@gmail.com

Name of MDEG Administrator (NAC 639.694): Hripsime S. Madaryan

Entities the MDEG will Serve

☒ 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)

Type of MDEG products that will be sold (check all applicable)

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Parenteral and Enteral Equipment**
☒ Assistive Equipment
☒ Diabetic Supplies
☒ Orthotics and Prosthetics
☐ Others:

**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: Hripsime S. Madaryan

Telephone: 702-215-9408

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))

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.

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 9 to 5	■ Tue: 9 to 5	■ Wed: 9 to 5	■ Thurs: 9 to 5	■ Fri: 9 to 5
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))

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 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: Hripsime Sima Madaryan

Business Name: Wellness Essentials Inc.

Business Address: 2672 N. Buffalo Dr unit 100

City: Las Vegas State: NV Zip: 89128

Telephone: 702-462-2458 Email: wellnessessentials@gmail.com

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Hripsime S. Madaryan

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

June 14, 2022

Date

✓ PROCESSED 7/26/22 JA

Board Use Only	Date Received: _____	Amount: 500 CHECK # 1007

DRIVER LICENSE

NOT FOR REAL ID PURPOSES

1667



4d DL NO [redacted]
3 DOB [redacted]

1 MADARYAN-KHACHOYAN
2 HRIPSIME SIMA
8 [redacted]STERN DR
LAS VEGAS, NV 89117-0284

9 CLASS C
12 REST NONE

9a END NONE

4a ISS

4b EXP

[redacted]



The ComplianceTeam
Accreditation Organization

P.O. Box 160
905 Sheble Lane, Suite 102, Spring House, PA 19477
[215] 654-9110 | TheComplianceTeam.org

June 13, 2022

Hripsime Madaryan
Owner
Wellness Essentials, Inc.
Wellness Essentials
2672 N Buffalo #100
Las Vegas, NV 89128

LETTER OF ACCREDITATION

Dear Hripsime,

Congratulations on your outstanding achievement and demonstrated commitment to delivering healthcare excellence. Wellness Essentials, Inc. dba Wellness Essentials is now an official member of the League of Exemplary Providers®. Your official Accreditation Certificate and comprehensive scoring documentation are enclosed.

The Certificate of Accreditation verifies that Wellness Essentials, Inc. dba Wellness Essentials has established processes that conform to the Evidence of Compliance requirements of The Compliance Team's Exemplary Provider® DMEPOS Quality Standards.

The scoring document registers a Passing Final Score as a result of the recent on-site evaluation conducted on June 08, 2022 at 2672 N Buffalo #100, Las Vegas, NV 89128. Please review the documentation and comments and submit any follow-up action plan within 60 days.

Accreditation Period
Effective Date: June 08, 2022
Expiration Date: June 30, 2025

Leading up to your next on-site evaluation, The Compliance Team will review and evaluate Wellness Essentials, Inc. dba Wellness Essentials outcomes data as prescribed by the program's "Safety-Honesty-Caring®" quality standards. In the meantime, our entire team congratulates you on achieving your EP™ status and wishes your organization continued success.

Sincerely,

Steve Simmerman
COO
The Compliance Team, Inc.

The ComplianceTeam
Accreditation Organization

P.O. Box 160
905 Sheble Lane, Suite 102, Spring House, PA 19477
[215] 654-9110 | TheComplianceTeam.org

Product Category Addendum

The Compliance Team accredited the following Product Categories for

Wellness Essentials, Inc. dba Wellness Essentials
2672 N Buffalo #100 Las Vegas, NV 89128

June 08, 2022
DM02 Commodes/Urinals/Bedpans
DM05 Blood Glucose Monitors and Supplies (non-mail order)
DM09 Hospital Beds-Electric
DM10 Hospital Beds-Manual
M01 Canes and Crutches
M06 Wheelchairs-Standard Manual
M06A Manual Related Accessories
M10 Wheelchair Seating/Cushions
OR03 Off-The-Shelf Orthotics
S01 Surgical Dressings

Other Accredited Products & Services
Incontinence supplies
Shower chairs

Attachment to page 4

NoHo Medical Supply Inc.

Global Medical Supply

My Duties were to work with the list of products while working at NoHo Medical Supply Inc. and Global Medical Supply. Commodes/Urinals/ Bedpans, Hospital Beds both Electric and Manual, Blood glucose Monitors and supplies, Canes and crutches, wheelchairs standard and electric, wheelchair seating/cushions, All Shelf Orthotics, surgical dressings, incontinence supplies, shower chairs. By master all this product I am able to offer the best service I can for our patients.

Hripsime Sima Madaryan

[redacted]STERN DR. LAS VEGAS, NV 89117

[redacted]

[redacted]@GMAIL.COM

PROFILE

My name is Hripsime Sima Madaryan, but, for simplicity's sake, I go by Sima. My preference for simplicity goes well beyond my name; it is my life motto. My parents immigrated to America when I was a young teenager. I did not speak the language nor did I understand the culture. In the eyes of America, I was a simpleton. Instead of taking offense, I embraced the simplicity of my existence. A professional career was not in my parent's definition of my American Dream. In their eyes, my success was to be measured based on my success as a devout housewife. Although I desired the same, my ambitions did not end there. In addition, I desired financial success. Based on my fondness with simplicity, I established a two-step method for tackling my decisions 1. Yes, this decision will benefit both my family and me financially and emotionally. And, 2. No, this decision will not benefit both my family and me financially and emotionally. Inevitably, my method has led to failure on occasion. But, by continuously and consistently basing my decisions upon this guideline, I have accomplished both my parents version and my version of the American Dream.

EXPERIENCE

MANAGER, GLOBAL MEDICAL SUPPLY; VAN NUYS, CA — 1998—2002 As a manager at Global Medical Supply I was charged with checking the office paperwork after the patients visits were completed and before the files were processed for billing. I was charged with scheduling the employee hours and following up with employee questions and concerns. In addition to managing the current employees, I was charged with the hiring and firing process, which included hiring and firing the staff the office employed.

MANAGER, NEW MEDICAL SUPPLY; OXNARD, CA — 2002–2004

After spending four years in the medical industry, I had a better opportunity and I decided to move to a New Medical Supply. Thus, I not only managed the business aspects of the business, but I also served as the saleswoman and receptionist, so the job came with more responsibilities, but better pay. My charisma and personableness significantly increased overnight. In addition, I obtained the skills necessary in maintaining a financially viable business. My time with New Medical Supply allowed me to gauge what amounts to a profitable business and what amounts to better business management

skills.

REAL ESTATE AGENT, ELITE REALITY; LAS VEGAS NV — 2004—PRESENT Upon moving to Vegas, I desired a change not only in scenery, but also in career choice. By utilizing the skills I obtained as a manager and customer service experiences I have gained, I realized a certain market niche that had not received sufficient attention, the Armenian community. At that time there were no Armenian real estate agents working solely out of Las Vegas. By acknowledging and unearthing this gem, I quickly became one of the top saleswomen in Las Vegas. The services I provided to my own, ethnic community served as the stepping stone for establishing a large client base, which consistence of all ethnicities, economic standing, gender, sexual orientation, etc.

EDUCATION

California State University, Northridge; Northridge, CA

REFERENCES

1. Doctor Terry Pfau, Owner, Renaissance Health Center, Las Vegas, NV Phone: [redacted]

2. Aida Markarian, Real Estate Agent, Elite Realty, Las Vegas, NV
Phone [redacted]

3. Harut Khachoyan, Law Clerk, Legal Aid Center of Southern Nevada, Las Vegas, NV
Phone [redacted]

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 03-08-2022

Employer Identification Number: [redacted]

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WELLNESS ESSENTIALS INC
2656 N BUFFALO DR
LAS VEGAS, NV 89128

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 88-1103474. 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.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any 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 forms by the dates shown.

Form 1120 07/15/2022

If you have questions about the forms or the due dates 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 (corporation, partnership, etc.) 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 2020-1, 2020-1 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.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:
If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S, U.S. Income Tax Return for an S Corporation, must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/16/2022 mn

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER:	CONTACT NAME:	
Marc VanDeVoorde Superior Access	PHONE (A/C, No, Ext): 855-566-1011	FAX (A/C, No, Ext):
mvandevoorde@boltinsurance.com	E-MAIL ADDRESS: Support@coterieinsurance.com	

INSURED:	INSURER(S) AFFORDING COVERAGE	NAIC #
Wellness Essentials Inc 2656 N Buffalo Dr Las Vegas, NV 89128	INSURER A: Spinnaker Insurance Company	24376
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER REVISON 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 LTD	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 / PROJECT / LOC Other:	X	x	CSB-00029041-00	03/15/2022	03/15/2023	EACH OCCURRENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$100000.0000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$2,000,000
							PRODUCTS - COMP/OP AGG	$2,000,000
	AUTOMOBILE LIABILITY: ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE(Per accident)	$
	UMBRELLA LIAB / OCCUR EXCESS LIAB / CLAIMS-MADE DED / RETENTIONS $						EACH OCCURENCE	$
							AGGREGATE	$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDER? N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Please Describe Insurable Interest: Property Manager

CERTIFICATE HOLDER

Buffalo Peak Apts, LLC c/o Ovation Manager I, INC.
1645 Village Center Circle, Suite 170
Las Vegas, NV 89134

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

Evan Sharpshair

Evan Sharpshair

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SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Wellness Essentials inc

Nevada Business Identification # NV20222393801

Expiration Date: 03/31/2023

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 03/08/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202203082470972
You may verify this certificate online at http://www.nvsos.gov

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

Business Entity - Filing Acknowledgement

03/08/2022

Work Order Item Number:	W2022030802356 - 1970728
Filing Number:	20222158976
Filing Type:	Articles of Incorporation-For-Profit
Filing Date/Time:	03/08/2022 17:13:28 PM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: E21589772022-0

Entity Name: Wellness Essentials inc

Entity Status: Active

Expiration Date: None

Non-Commercial Registered Agent
hripsime madaryan
2656 North Buffalo Drive, Las Vegas, NV 89128, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

TheComplianceTeam™

Exemplary Provider® Accreditation Logos

The Compliance Team Exemplary Provider® logos are for use by our accredited providers on their websites and printed materials. We recommend putting a logo in the footer area of your website. This way, anyone going to your website will see the logo and will recognize you as an Exemplary Provider.

Link the logo to this web page
The information on this page explains what it means for your patients and clients who are using your products and services.

Using the Exemplary Provider® Accreditation Logos:

JPG and PNG files

The JPG and PNG files, either of which can be used on your website or electronic marketing materials, come in square and horizontal formats. Each format is available in color or white (which should be used on a dark background.) Use whichever version works best for your website. Feel free to reduce the images as necessary to fit the space on your site. **Please maintain the aspect ratio.** For sharpness and clarity reasons, we recommend that you do not enlarge these images.

EPS files

The EPS files should be used on all printed marketing materials. Unless you have Photoshop or Adobe illustrator you won't be able to open them. However, your graphic designer will have access to these programs so make certain he/she has access to them the next time you print new business cards or marketing materials.

If you need help, please contact Marilyn Bullock at mbullock@thecomplianceteam.org.

Congratulations on becoming an Exemplary Provider!

DOWNLOAD LOGOS

Gmail

Search mail

Compose

Inbox

Starred

Snoozed

Sent

Drafts 1

TONI ESPOSITO

More

Meet

New meeting

Join a meeting

Hangouts

Sima

No recent chats
Start a new one

16837 Inbox ×

Kelly Haggerty
to me

Effective date- 06.08.2022
Expiration Date 06.30.2025

The Compliance Team
Accreditation Organization

certified WBENC

Kelly Anne Haggerty
National Scheduler
(O) 215-654-9110
(F) 215-654-9068

www.TheComplianceTeam.org

E-MAIL CONFIDENTIALITY NOTICE: This e-mail, including any attachme including, but not limited to, protected health information (PHI) governed b and any files transmitted with it are confidential and intended solely for the recipient of this information should maintain its confidentiality in accordanc others may result in a waiver of the protections afforded any confidential ir recipient of this e-mail, please note that you have received this e-mail in e prohibited. If you have received this e-mail in error, please immediately full notify the sender of this message by email or by calling 215-654-9110.

BOND NUMBER: SC400316

Effective Date: Apr 06, 2022

Surety Bond
Suppliers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies
Medicare Program

KNOW ALL PERSONS BY THESE PRESENTS, that subject to the terms, conditions and limitations of this bond, WELLNESS ESSENTIALS INC, as Principal, and Hudson Insurance Company 1035 Greenwood Boulevard, Suite 265 LAKE MARY FL 32746, a corporation organized and existing under the laws of Delaware, as Surety, are held and firmly bound unto the Centers for Medicare & Medicaid Services ("CMS"), an agency of the United States Department of Health and Human Services, as Obligee, in the Penal Sum of fifty thousand dollars Dollars ($ $50,000.00) for the payment of which Principal and Surety bind themselves, their heirs, executors, administrators and assigns, jointly and severally, by these presents.

WHEREAS, Principal is enrolled in or is seeking to be enrolled in the Medicare program as a supplier of durable medical equipment, prosthetics, orthotics and supplies ("DMEPOS"); and

WHEREAS, pursuant to Section 4312(a) of the Balanced Budget Act of 1997 (Pub. L. 105-33) and 42 CFR § 424.57, the Principal is required to provide a surety bond as a condition of participation in the Medicare program, and this bond is provided in compliance with the supplier's obligations as set forth in those authorities.

NOW THEREFORE, the condition of this Bond is that if the Principal shall pay the Obligee any unpaid claims, civil money penalties and assessments (as such terms are defined by 42 CFR § 424.57(a)) then this Bond shall be null and void, otherwise to remain in full force and effect, subject, however, to the following:

1. Principal and Surety are liable under this Bond for only the amount of any unpaid claim, civil money penalty or assessment imposed by CMS or the Office of Inspector General, plus accrued interest, for which the Principal is responsible and for which, subject to Paragraph 7, the Obligee first demands payment from the Surety during the term of this Bond; provided, however, that any claim under this Bond must be related to overpayments or other events that occurred on or after March 3, 2009.

2. Surety agrees to pay a claim within 30 days of receiving written notice of the claim and sufficient evidence (as such term is defined by 42 CFR § 424.57(a)) to establish Surety's liability under this Bond.

3. CMS is the sole Obligee of this Bond, and no action may be brought on it by, or for the use or benefit of, any person or entity other than CMS or its contractors.

4. Regardless of the number of years this Bond is in effect, the number of premiums paid, or the number of claims made, the Surety's aggregate liability shall not be more than the penal sum of this Bond.

SECTION 5: COMPREHENSIVE LIABILITY INSURANCE INFORMATION

As required in 42 C.F.R. section 424.57(c)(10), all DMEPOS suppliers must have comprehensive liability insurance in the amount of at least $300,000 (for each incident) and the insurance must remain in force at all times. The NSC MAC, with full mailing address as shown on page 3, must be listed on the policy as a certificate holder. You must submit a copy of the liability insurance policy or evidence of self-insurance with this application. Failure to maintain the required insurance at all times will result in revocation of your Medicare supplier billing number retroactive to the date the insurance lapsed, and/or overpayment collection.

Malpractice insurance is not the same as comprehensive liability insurance and does not meet compliance for this requirement.

If you are changing your comprehensive liability insurance information, check the box below and furnish the effective date.

☐ **Change** **Effective Date** *(mm/dd/yyyy)*: _____

Name of Insurance Company			
Insurance Policy Number	Date Policy Issued *(mm/dd/yyyy)*		Expiration Date of Policy *(mm/dd/yyyy)*
Insurance Agent's First Name	Middle Initial	Last Name	Jr., Sr., M.D., etc.
Agent's Telephone Number	Agent's Fax Number *(if applicable)*		Agent's E-mail Address *(if applicable)*
Underwriter's Company Name			
Underwriter's Telephone Number	Underwriter's Fax Number *(if applicable)*		Underwriter's E-mail Address *(if applicable)*

SECTION 6: SURETY BOND INFORMATION

As required in 42 C.F.R. section 424.57(d), DMEPOS suppliers who are required to obtain a surety bond must complete this section. Furnish all requested information about the surety bond company and the surety bond. Submit a copy of the original surety bond, signed by a Delegated or Authorized Official, with this application.

☐ Check here if this supplier is not required to obtain a surety bond and skip to Section 7.

A. NAME AND ADDRESS OF SURETY BOND COMPANY

If you are changing your surety bond information, check the box below and furnish the effective date.

☐ **Change** **Effective Date** *(mm/dd/yyyy)*: _____

Legal Business Name of Surety Bond Company as Reported to the IRS	Tax Identification Number
Hudson Insurance Company	13-5150451

Business Address Line 1 *(Street Name and Number)*

1035 Greenwood Boulevard, Suite 265

Business Address Line 2 *(Suite, Room, Apt. #, etc.)*

City/Town	State	ZIP Code + 4
LAKE MARY	FL	32746

Telephone Number	Fax Number *(if applicable)*	E-mail Address *(if applicable)*
(877) 514-5146	(267) 362-4817	info@suretybonds.org

B. SURETY BOND INFORMATION

☐ **Change** **Effective Date** *(mm/dd/yyyy)*: _____

Amount of Surety Bond	Surety Bond Number
$ $50,000.00	SC400316
Effective Date of Surety Bond *(mm/dd/yyyy)*	If reporting a new bond, give cancellation date of the current bond *(mm/dd/yyyy)*
Apr 06, 2022	

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 Wellness Essentials Inc MDEG License # (if applicable) _____

Physical Address 2672 N. Buffalo Dr #100

City Las Vegas State NV Zip 89128

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-462-2458 Website _____

Licensing Company Email wellnessessentialsnv@gmail.com

Section 2: Personal Information

First Hripsime Middle Sima Last Madaryan

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] Stern Dr

City Las Vegas State NV Zip 89117

Telephone [redacted] Email wellnessessentialsnv@gmail.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Grant High School			09/1990 to 06/1994	
Address	**City**		**State**	**Zip**
13000 Oxnard St	Valley Glen		CA	91401
Diploma/Degree obtained, if any				
High school Diploma				

School Name			From - To (MM/YY – MM/YY)	
CSUN			08/1994 to 07/1997	
Address	**City**		**State**	**Zip**
18111 Nordhoff St	Northridge		CA	91330
Diploma/Degree obtained, if any				
2 year college				

School Name			From - To (MM/YY – MM/YY)	
Real Estate School			12/2005 to 03/2006	
Address	**City**		**State**	**Zip**
	Las Vegas		NV	
Diploma/Degree obtained, if any				
Real Estate License				

School Name			From - To (MM/YY – MM/YY)	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2004 to current	[redacted] Stern Dr	Las Vegas	NV	89117
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Wellness Essentials Inc			06/2022 to current	
Business Address		**City**	**State**	**Zip**
2672 N Buffalo Dr #100		Las Vegas	NV	89128
Phone	**Title**		**Number of Employed Hours**	
702-462-2458	Administrator		40	
Description of Duties				
Managing & operating, patient care, assisting pationt with a correct medical product, follow up. Sales.				

Business Name			From - To (MM/YY – MM/YY)	
Renaissance Health Centre			3/01/2016 to current	
Business Address		**City**	**State**	**Zip**
3455 N Cliff Shadows Pkwy #110		Las Vegas	NV	89129
Phone	**Title**		**Number of Employed Hours**	
702-258-7860	Technician Dispensing		5-7	
Description of Duties				
Compounding				

Business Name			From - To (MM/YY – MM/YY)	
Golden Cross Home Care			02/05/2020 to current	
Business Address		**City**	**State**	**Zip**
7762 W Sahara Av		Las Vegas	NV	89117
Phone	**Title**		**Number of Employed Hours**	
702-240-7711	PCA		25.5	
Description of Duties				
Helping patient with baiting, feeding, mobility, cooking, shoping and housekeeping.				

Business Name			From - To (MM/YY – MM/YY)	
NoHo Medical Supply Inc.			10/2019 to 01/2020	
Business Address		**City**	**State**	**Zip**
7950 Laurel Canyan Blvd Suit#D		North Hollywood	CA	91605
Phone	**Title**		**Number of Employed Hours**	
718-732-7330	Sales/Billing/Assisting		25	
Description of Duties				
Assisting pationts, reading prescriptions, billing medicare and medical.				

Business Name			From - To (MM/YY – MM/YY)	
Global Medical Supply			02/1998 to 05/2001	
Business Address		**City**	**State**	**Zip**
13521 Sherman Way #1		Van Nuys	CA	91405
Phone	**Title**		**Number of Employed Hours**	
	Sales/Billing /Assisting		40	
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)

June 14, 2022
Date

I, Hripsime Sima Madaryan, **certify that as the MDEG Administrator for**

Wellness Essentials,

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 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. 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.

Hripsime S Madaryan
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

June 14, 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: Wellness Essentials Inc

Physical Address: 2672 N. Buffalo Dr. #100

City: Las Vegas State: NV Zip: 89128

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-462-2458 Website:

Licensing Company Email: wellnessessentialsnv@gmail.com

Section 2: Personal Information

First: Hripsime Middle: Sima Last: Madaryan / Khachoyan

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] Stern Dr

City: Las Vegas State: NV Zip: 89117

Telephone: [redacted] Email: Wellnessessentialsnv@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 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the 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: HM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Grant High School		9/1990 to 06/1994	
Address	**City**	**State**	**Zip**
13000 Oxnard St	Valley Glen	CA	91401
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
CSUN		8/1994 to 07/1997	
Address	**City**	**State**	**Zip**
18111 Nordhoff St	Northridge	CA	91330
Diploma/Degree obtained, if any			
2 year college			

School Name		From - To (MM/YY – MM/YY)	
Real Estate School		12/2005 to 03/2006	
Address	**City**	**State**	**Zip**
Real Estate License	Las Vegas	NV	
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
08/2004 to current	[redacted] Stern Dr	Las Vegas	NV	89117
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 HM

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: Wellness Essentials Inc				From - To (MM/YY – MM/YY): 06/2022 to current
Business Address: 2672 N Buffalo Dr #100		City: Las Vegas	State: NV	Zip: 89128
Phone: 702-462-2458	Title: Administrator			Number of Employed Hours: 40
Description of Duties: Managing & operating, patient care, assisting patient with a correct medical product, follow up. Sales.				

Business Name: Renaissance Health Centre				From - To (MM/YY – MM/YY): 3/01/2016 to current
Business Address: 3455 N Cliff Shadows Pkwy #110		City: Las Vegas	State: NV	Zip: 89129
Phone: 702-258-7860	Title: Technician Dispensing			Number of Employed Hours: 5-7
Description of Duties: Compounding				

Business Name: Golden Cross Home Care				From - To (MM/YY – MM/YY): 02/05/2020 to current
Business Address: 7762 W Sahara Av		City: Las Vegas	State: NV	Zip: 89117
Phone: 702-240-7711	Title: PCA			Number of Employed Hours: 25.5
Description of Duties: Helping patient with baiting, feeding, mobility, cooking, shoping and housekeeping.				

Business Name: NoHo Medical Supply Inc.				From - To (MM/YY – MM/YY): 10/2019 to 01/2020
Business Address: 7950 Laurel Canyan Blvd Suit#D		City: North Hollywood	State: CA	Zip: 91605
Phone: 718-732-7330	Title: Sales/Billing/Assisting			Number of Employed Hours: 25
Description of Duties: Assisting patients, reading prescriptions, billing medicare and medical. I am traint to work with the following products See attached page for the discription.				

Business Name: Global Medical Supply				From - To (MM/YY – MM/YY): 02/1998 to 05/2001
Business Address: 13521 Sherman Way #1		City: Van Nuys	State: CA	Zip: 91405
Phone:	Title: Sales/Billing /Assisting			Number of Employed Hours: 40
Description of Duties: I am traint to work with the following products. See attached page for the discription.				

Continue on next page if additional space is needed.

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)
Wellness Essentials Inc			06/1/2022 to current
Business Address	**City**	**State**	**Zip**
2672 N Buffalo Dr #100	Las Vegas	NV	89128
Phone	**Title**		
702-462-2458	president		

Description of Duties

Managing and operating the office, patient care and assisting patient with a correct medical product, patient follow up. Sales,

Business Name			From - To (MM/YY – MM/YY)
Renaissance Health Centre			3/1/2016 to current
Business Address	**City**	**State**	**Zip**
3455 N Cliff Shadows Pkwy #110	Las Vegas	NV	89129
Phone	**Title**		
702-258-7860	Technician Dispensing		

Description of Duties

Compounding

Business Name			From - To (MM/YY – MM/YY)
Golden Cross Home Care			2/5/2020 to current
Business Address	**City**	**State**	**Zip**
7762 W Sahara Av	Las Vegas	NV	89117
Phone	**Title**		
702-240-7711	PCA		

Description of Duties

Helping patient with baiting, feeding, mobility, cooking, shoping and housekeeping.

Business Name			From - To (MM/YY – MM/YY)
NoHo Medical Supply Inc			10/2019 to 01/2020
Business Address	**City**	**State**	**Zip**
7950 Laurel Canyan Blvd Suit D	North Hollywood	CA	91605
Phone	**Title**		
718-732-7330	Sales/ Billing		

Description of Duties

Assisting patients, Reading prescriptions, billing medicare & medicade.

Business Name			From - To (MM/YY – MM/YY)
Global Medical Supply			02/1998 to 05/2001
Business Address	**City**	**State**	**Zip**
13521 Sherman Way #1	Van Nuys	CA	91405
Phone	**Title**		
	Sales/Billing		

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?		✔

Applicant's initials HM

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)

June 14, 2022

Date

Applicant's initials HM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Hripsime Sima Madaryan Khachoyan
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/15/2022
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Hripsime Sima Madaryan Khachoyan 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

6/15/2022
Date

State of Nevada, County of Clark

Subscribed and Sworn to before me this 15th day of June 2022 by Hripsime Sima Madaryan-Khachoyan

Juliana Holt
Notary Public Signature

JULIANA ELIZABETH HOLT
Notary Public - State of Nevada
Appointment Recorded in Clark County
No: 21-6400-01 - Expires August 22, 2025

(Seal)

Applicant's initials HSM.

11

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New OUTSOURCING FACILITY
■ Ownership Change (Provide current license number if making changes:) OUT OU00031
☐ 503a OR ☐ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4
■ Non Publicly Traded Corporation – Pages 1-3 & 5
☐ Partnership - Pages 1-3 & 6
☐ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: The Ritedose Corporation

Physical Address: 1 Technology Circle

City: Columbia State: SC Zip Code: 29203

Telephone: (803) 806-3300 Fax: (803) 935-4644

Toll Free Number: 1-866-994-4670 (Required per NAC 639.708)

E-mail: TRC@slsny.com Website: www.ritedose.com

Supervising Pharmacist: Julia Malinda Buchanan Bales ✓ Nevada License #: 20467 ✓

SERVICES PROVIDED

Yes/No

☐ ☐ Parenteral
■ ☐ Sterile Compounding
☐ ☐ Non Sterile Compounding
☐ ☐ Mail Service Sterile Compounding
☐ ☐ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

4/13/22

Board Use Only Date Processed: _____ Amount: 500 MO # 2778780841 7

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY **Page 2**

FEI Number (From FDA application): 3001237796 ✓

Please provide the name of the facility as registered with the FDA and the registration number:
The Ritedose Corporation - 3001237796

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
N/A

Please provide the name and Nevada license number of the supervising pharmacist:
Name: Julia Malinda Buchanan Bales Nevada License Number: 20467

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: N/A

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ■

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ■

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ■

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ■

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ■

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized OUTSOURCING FACILITY may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ■ ✓

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Jody Lee Chastain
Print Name of Authorized Person

03/11/2022
Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY **Page 5**

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: South Carolina

Parent Company if any: Rhea Parent, Inc.

Address: c/s Novo Holdings A/S, Tuborg Havbevej 19

City: Hellerup Country: ~~State~~: Denmark Zip: 2900

Telephone: (453) 527-6500 Fax: N/A

Contact Person: Jonathany Levy

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Rhea Parent, Inc. c/s Novo Holdings A/S, Tuborg Havnevej 19 Hellerup, Denmark 29000 - N/A 100% Sole Ownership
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A- 100% Sole Ownership

3) What was the price paid per share? N/A- 100% Sole Ownership

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information N/A

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Julia M. Bales

Date: 09/01/2021
Amount: $ 210.00
License #: 20467

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2023

Julia M. Bales

License #
20467
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 #: 20467

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Julia M. Bales

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

CHOW Docs

AGIC-HUMANWELL BLUE RIDGE (US) LIMITED
RITEDOSE HOLDINGS I, INC.
RITEDOSE HOLDINGS, INC.

Joint Written Consent of the Board of Directors Without a Meeting

February 17, 2022

Pursuant to Section 141(f) of the General Corporation Law of the State of Delaware, the undersigned, being all of the members of the board of directors (the "Board") of each of (x) AGIC-Humanwell Blue Ridge (US) Limited, a Delaware corporation ("AGIC-Humanwell"), (y) RiteDose Holdings I, Inc., a Delaware corporation ("RiteDose I") and (z) RiteDose Holdings, Inc., a Delaware corporation ("RiteDose Holdings," and collectively with AGIC-Humanwell and RiteDose I, the "Companies") hereby consent in writing by this Joint Written Consent of Board of Directors Without a Meeting (this "Consent") to the adoption of the following joint resolutions with the same force and effect as if they had been unanimously adopted by a duly convened meeting of the board of directors of each Company:

Closing; General Authorization

WHEREAS, AGIC-Humanwell has entered into that certain Purchase Agreement dated as of December 30, 2021 (the "Purchase Agreement") with Blue Ridge Holding (Cayman) Limited, Rhea Parent, Inc. ("Buyer"), and each holder of the AGIC-Humanwell's equity (each a "Seller" and, collectively, the "Sellers"), pursuant to which the Sellers will sell and assign to Buyer the AGIC-Humanwell's equity on the terms and conditions set forth therein;

WHEREAS, the Closing (as defined in the Purchase Agreement) will occur on February 18, 2022;

NOW, THEREFORE BE IT:

RESOLVED, that the officers of each of the Companies (the "Authorized Officers") be, and each of them hereby is, authorized and empowered to (i) execute and deliver, for and on behalf of such Company, the Ancillary Agreements (as defined in the Purchase Agreement), together with any agreements, documents and instruments to be executed and or delivered in connection with the Closing, in each case with such changes therein, additions thereto or omissions therefrom as such Authorized Officers or any such Authorized Officer may deem necessary, advisable or appropriate, such execution and delivery by any such Authorized Officer to be conclusive evidence of such authorization and approval and (ii) take any actions necessary or appropriate on behalf of the Companies necessary to in connection with the Closing;

FURTHER RESOLVED, that the Authorized Officers of each Company are, and each of them individually is, hereby authorized, empowered and directed, in the name and on behalf of the applicable Company, to execute and deliver or cause to be executed and delivered any and all agreements, amendments, certificates, reports, applications, notices, letters or other documents and to do or cause to be done any and all such other acts and things as, in the opinion of any such person, may be necessary, appropriate or desirable in order to enable such Company to fully and promptly carry out the purposes and intent of the foregoing resolutions and any such action taken or any agreement, amendment, certificate, report, application, notice, letter or other document executed and delivered by them or any of them in connection with any such action shall be conclusive evidence of their or his or her authority to take, execute and deliver the same; and

FURTHER RESOLVED, that all actions previously taken or caused to be taken by any of the Board, officers, representatives or agents of any of the applicable Company or any of its affiliates or subsidiaries in connection with the actions contemplated by the foregoing resolutions be, and each of the same hereby is, adopted, ratified, confirmed and approved in all respects as the act and deed of such Company.

Treatment of Company Options

WHEREAS, AGIC-Humanwell has granted to select individuals options to purchase one or more shares of its common stock ("Options") under the AGIC-Humanwell Blue Ridge (US) Limited 2017 Equity and Performance Incentive Plan (the "Option Plan");

WHEREAS, Section 1.7(a) of the Purchase Agreement provides that, immediately prior to the Closing, (i) each Exercisable Option (as defined in the Purchase Agreement) that is outstanding as of the Closing shall be cancelled in exchange for the right to receive an amount of cash, without interest, equal to the amount set forth on the Allocation Schedule (as defined in the Purchase Agreement), including a portion of the amount, if any, to be distributed to Sellers and holders of Exercisable Options pursuant to Section 1.4 and Section 1.6 of the Purchase Agreement and (ii) any Option that is not an "Exercisable Option" as of the Effective Time (as defined in the Purchase Agreement) shall be cancelled and terminated without the right to receive any amount under the Purchase Agreement or otherwise (the "Company Option Treatment");

WHEREAS, the Board of AGIC-Humanwell (or any committee or subcommittee to which the Board has delegated its authority under the Option Plan) has the authority to effect the Company Option Treatment pursuant to Section 11 of the Option Plan;

WHEREAS, Section 1.7(b) of the Purchase Agreement requires the AGIC-Humanwell, the Board of AGIC-Humanwell and the appropriate committees of the Board of AGIC-Humanwell, as applicable, to adopt any resolutions and take any actions which are necessary or appropriate to effectuate the provisions of Section 1.7 of the Purchase Agreement;

WHEREAS, Section 11 of the Option Plan provides that if the exercise price per share of an outstanding Option is greater than the fair market value of a share of the AGIC-Humanwell's common stock as of the date of the consummation of a Change of Control (as defined in the Option Plan), such Option shall immediately terminate upon such Change of Control; and

WHEREAS, the Board has determined that, as of the Closing, the fair market value of a share of AGIC-Humanwell common stock will be less than $18,600.

NOW, THEREFORE, BE IT RESOLVED, that the Board of AGIC-Humanwell hereby approves and authorizes the Company Option Treatment as described in the Purchase Agreement (and to the extent of any prior delegation revests itself in the authority to take such action);

FURTHER RESOLVED, that the Authorized Officers are hereby authorized to enter Option Waivers in the form attached as Exhibit C to the Purchase Agreement with the holders of Exercisable Options; and

FURTHER RESOLVED, that all Options granted with an exercise price of $18,600 will be terminated immediately prior to the Closing for no consideration in accordance with the Option Plan.

[*Signature Page Follows*]

This Consent may be executed in multiple counterparts, each of which shall constitute an original and all of which together shall form a single instrument. Delivery of an executed signature page to this Consent by facsimile or other electronic transmission will be effective as delivery of a manually executed counterpart to this Consent. This Consent shall be effective as of the date written above when executed by all of the directors in the places designated for their signatures below.

Heiko von Dewitz
Director

Arslan Mian
Director

Xiaofeng Meng
Director

Jody Lee Chastain
Director

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Heiko von Dewitz
Director

Arslan Mian
Director

Xiaofeng Meng
Director

Jody Lee Chastain
Director

Good Standing

The State of South Carolina

Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

THE RITEDOSE CORPORATION, a corporation duly organized under the laws of the State of South Carolina on May 4th, 1995, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 17th day of November, 2021.

Mark Hammond

Mark Hammond, Secretary of State

PRC 1053755

PERMIT NO. 20305
DATE ISSUED 10/01/2021

South Carolina Department of Labor, Licensing and Regulation

Board of Pharmacy

Outsourcing Facility Permit

2021-2022

Expires 06/30/2022

Robert Hubbard, Board Chair

Lauren Thomas, Vice Chair

THE RITEDOSE CORPORATION
Permit Holder: JODY CHASTAIN
1 TECHNOLOGY CIRCLE
COLUMBIA SC 29203

Outsourcing facility
Home state (SC)

PRC 1052201

PERMIT NO. 10351
DATE ISSUED: 05/06/2021

South Carolina Department of Labor, Licensing and Regulation

Board of Pharmacy

Non-Dispensing Drug Outlet Permit

2021-2022

Expires 06/30/2022

J. Addison Livingston, Board Chair

Robert Hubbard, Vice Chair

THE RITEDOSE CORPORATION
Permit Holder: JODY L. CHASTAIN
1 TECHNOLOGY CIR
COLUMBIA SC 29203-9591

Non-Dispensing Drug Outlet
Home state (SC)

Officer List

1710

RITEDOSE

TEL 855.806.3300
FAX 855.806.3301
www ritedose.com

1 Technology Circle
Columbia, South Carolina 29203

THE RITEDOSE CORPORATION - LIST OF OFFICERS

Jody Chastain – CEO, President, & Secretary



RITEDOSE

The Ritedose Corporation

Corporate Address: 1 Technology Circle, Columbia, SC 29203 USA
FEIN: 57-1023775
www.ritedose.com

Drug Labeler Code: N/A
Incorporation State: SC
Incorporation Date: 5-4-1995

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
TEC	1 Technology Circle Columbia, SC 29203 County: Richland	3001237796	N/A - No CS	837769546	No	(803) 806-3300	(803) 935-4644

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	
Jody Lee Chastain	1 Technology Circle Columbia, SC 29203	CEO, President	No	*TRC-TEC-SC and SC -1*
Terry Ansel Blakely Jr.	[redacted] Lothrop Hill Road Lexington, SC 29072-7747	Strategic Sourcing Manager	No	*TRC-TEC-FL, MN, MT, OH, OK*

PHARMACISTS IN CHARGE

Name	Address	Title	Prescribing Authority	
Julia Malinda Buchanan Bales	[redacted] Coatsdale Rd Columbia, SC 29209	Pharmacist In Charge	No	*TRC-TEC - 503B permits*

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Rhea Parent, Inc.	c/s Novo Holdings A/S, Tuborg Havnevej 19 Hellerup , 2900 DENMARK		100	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	
Jody Lee Chastain	1 Technology Circle Columbia, SC 29203	CEO, President	No	*TRC-TEC-SC and SC -1*

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
Incorp Services, Inc.

3PLS

Name	Address	Title	Prescribing Authority
None			

Company Particulars

FEI Registration

Drug Establishments Current Registration Site

f 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 **ritedose**

CSVExcel

Filter:

Firm Name	FDA Establishment Identi er	DUNS	Business Operations	Address	Expiration Date
The Ritedose Corporation	3001237796	117131349	LABEL; PACK; REPACK;	1135 Performance Parkway, Columbia, South Carolina (SC) 29203, United States (USA)	12/31/2021
The Ritedose Corporation	3001237796	837769546	ANALYSIS; LABEL; MANUFACTURE; PACK; REPACK;	1 Technology Circle, Columbia, South Carolina (SC) 29203, United States (USA)	12/31/2021

Showing 1 to 2 of 2 entries

Previous1Next

Data Current through: Tuesday, Sep 7, 2021

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Home State(sc) Inspection

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: THE RITEDOSE CORPORATION

Permit Number: 10351 **Date:** August 26, 2021

DBA:

Address: 1 TECHNOLOGY CIR **City:** COLUMBIA

State: SC **Zip:** 29203-9591 **County:** Richland

Pharmacist: **Pharmacist License #:**

Consultant: N/A **Consultant License #:** N/A

Permit Holder: Jody L. Chastain **Phone:** (803) 806-3300

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:

Warehouse/manufacturing/distribution/labs.

Type Wholesale Distributor Drug Outlet

S	U	N/A	Statute Inspection Items	Comment
X			40-43-83(F) - Permit Displayed	2022 - displayed in Guard Shack.
X			40-43-89(C)(2) - Refrigerator Temperature (36-46 degrees F)	TRC-SPC-0574. Cold Box - ~42F (there are 6 sensors). Temp. is continuously monitored with email alerts for out of range temps.
X			40-43-89(C)(1) - Suitable size & construction to facilitate cleaning, maintenance, operation	TRC-SOP-0042. Internal cleaning crew.
X			40-43-89(C)(2) - Lighting, ventilation, temperature, sanitation, humidity, space, equipment	TRC-SOP-0002 & 0042 & TRC-SPC-0574. Continuous temp. with email alert for out of range temps. Warehouse/Cold Box is temperature mapped. Reviewed electronic temp. report - ~71F (multiple sensors).

X			40-43-89(C)(3) - Quarantine area	TRC-SOP-0027. System driven quarantine - only physical quarantine type area is the QCI area, but if product actually goes into quarantine the status is changed electronically.
X			40-43-89(C)(4) - Clean and orderly condition	TRC-SOP-0042.
X			40-43-89(C)(5) - Free from infestation by insects, rodents, birds, vermin	TRC-SOP-0085. Pest contract w/EcoLab Pest Eliminiation Services.
X			40-43-89(D)(1) - Secure from unauthorized entry	TRC-SOP-0092. No visitors are allowed until badge is issued by the Guard Shack. Badge access for employees.
X			40-43-89(D)(2) - Alarm system to detect entry after hours	TRC-SOP-0092. 24/7 Operations - have 24/7 guard on site - guard controls parking lot access for visitors (blocked by electronic arms) and employees must use badge to access parking lots. ELI Controls controls the badge access.
X			40-43-89(D)(3) - Security system that provides suitable protection against theft and diversion	TRC-SOP-0092. Badge access, cameras.
X			40-43-89(E) - Drugs stored at appropriate temperatures and appropriate conditions	TRC-SOP-0002.
X			40-43-89(F) - Outside shipping container visually examined	TRC-WIN-0257.
X			40-43-89(F) - Outgoing shipment inspected	TRC-SOP-0214, -0298.
X			40-43-89(G)(1) - Drugs outdated, damaged, deteriorated, misbranded, or adulterated quarantined	TRC-SOP-0027. Electronic inventory control.
X			40-43-89(G)(2) - Drugs with sealed outer or secondary containers broken are quarantined	TRC-SOP-0027.
X			40-43-89(G)(3) - Drugs whose conditions are in doubt are quarantined	TRC-SOP-0027.
X			40-43-89(H)(1) - Establish and maintain inventories and records of all transactions	TRC-SOP-0769. Electronic inventory.
X			40-43-89(H)(1)(a) - Records contain source of drug, including name and principal address of the seller and address of location shipped from	Reviewed Bill of Lading, Packing Slip, Prescription Drug Pedigree, and Certificate of Destruction/Return Goods Authorization. *Need to check "shipped from" address on TRC Bill of Lading.*
X			40-43-89(H)(1)(b) - Records contain identity and quantity received, distributed, or disposed of drugs	
X			40-43-89(H)(1)(c) - Records contain dates of receipt, distribution or other disposition	
X			40-43-89(H)(2) - Records maintained for two years	TRC-SPC-0916, -SOP-0843.
X			40-43-89(H)(3) - Records must be readily available	TRC-SOP-0843.
X			40-43-89(I) - Written policy and procedure for receipt of drugs	TRC-SOP-0011.

X			40-43-89(I) - Written policy and procedure for security of drugs	TRC-SOP-0092.
X			40-43-89(I) - Written policy and procedure for storage of drugs	TRC-SOP-0002.
X			40-43-89(I) - Written policy and procedure for inventory of drugs	TRC-SOP-0769.
X			40-43-89(I) - Written policy and procedure for distribution of drugs	TRC-SOP-0298.
X			40-43-89(I)(1) - Written policy and procedure whereby oldest stock is distributed first	TRC-SOP-0027 / FEFO.
X			40-43-89(I)(2) - Written policy and procedure for drug recalls	TRC-SOP-0219. No recalls since last inspection per L. Valentine.
X			40-43-89(I)(3) - Written policy and procedure for disasters	TRC-SOP-0836.
X			40-43-89(I)(4) - Written policy and procedure to ensure outdated drugs are segregated	TRC-SOP-0027 - Raw materials, API, and drugs.
X			40-43-89(I)(4) - Documentation of disposition of outdated drugs maintained for two years	TRC-SPC-0916.
X			40-43-89(J) - Current list of officers, directors, managers	Management tree supplied is current as of August 2021.
X			40-43-89(J) - Description of duties of officers, directors, managers	Employee Job Descriptions.
X			40-43-89(J) - Summary of qualifications of officers, directors, managers	Employee Job Descriptions.
X			40-43-89(G)(4) - Recordkeeping requirements must be complied with for all outdated, damaged, deteriorated, misbranded, or adulterated drugs	TRC-SPC-0916. Electronic inventory tracking. Reviewed Certificate of Destruction from Material Matters (destruction company).
X			40-43-60(F) - No Drug or Device deemed adulterated	
X			40-43-60(F) - No Drug or Device deemed misbranded	
X			40-43-86(DD)(7) - Shall maintain complete and accurate records of all drugs received, dispensed or disposed	TRC-SPC-0916. Reviewed Bill of Lading, Packing Slip, Prescription Drug Pedigree, and Certificate of Destruction/Return Goods Authorization. Electronic inventory.

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

Alison Gratton

Inspector's Email

alison.gratton@llr.sc.gov

Contact Name

Linda Valentine

Contact Title

Director of Regulatory Affairs

Contact License

Contact Email(s)

valentinel@ritedose.com;
bradleyc@ritedose.com

Licensed Pharmacist/Designee Signature

FDA Inspection

CONFIDENTIAL

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration
60 8th Street, N.E.
Atlanta, Georgia 30309
404.253.1161 Office
404.253.1202 Fax
Atlanta District Office

08/04/2017

The Ritedose Corporation
1 Technology Cir.
Columbia, SC 29203-9591

Reference: Inspection Date(s): 02/27/2017 - 03/03/2017

Location: The Ritedose Corporation
1 Technology Cir.
Columbia, SC 29203-9591

Dear Linda Valentine, Director of Regulatory Affairs

We are enclosing a copy of the establishment inspection report (EIR) for the inspection that the U.S. Food and Drug Administration (FDA) conducted at your premises on the referenced locale and date(s). When the Agency concludes that an inspection is "closed" under 21 CFR 20.64(d)(3), it will release a copy of the EIR to the inspected establishment. This procedure is applicable to EIRs for inspections completed on or after April 1, 1997.

The Agency continually works to make its regulatory process and activities more transparent to the regulated industry. Releasing this EIR to you is part of this effort. The copy being provided to you comprises the narrative portion of the report; it may reflect redactions made by the Agency in accordance with the Freedom of Information Act (FOIA) and 21 CFR Part 20. This, however, does not preclude you from requesting additional information under FOIA.

If there is any question about the released information, feel free to contact me at 404-669-4566.

For more information on the U.S. FDA, please visit our website at www.fda.gov.

Sincerely,

Lareese K. Thomas -A

Digitally signed by Lareese K. Thomas -A
DN: c=US, o=U.S. Government, ou=HHS, ou=FDA, ou=People, 0.9.2342.19200300.100.1.1=2000359724, cn=Lareese K. Thomas -A
Date: 2016.09.01 16:52:06 -04'00'

FEI: 3001237796

Enclosure: Establishment Inspection Report (EIR)

Establishment Inspection Report	FEI:	**3001237796**
The Ritedose Corporation	EI Start:	2/27/2017
Columbia, SC 29203-9591	EI End:	3/3/2017

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SUMMARY

This routine surveillance inspection of the Ritedose Corporation, Columbia, SC (the firm) was conducted per eNSpect operation number 40249 and was a FY17 CDER Sub-list C performance goal inspection. The firm is a sterile drug and medical device manufacturer. The current drug inspection revealed the firm continues to operate as a manufacturer/contract manufacturer of sterile drug products using the blow fill seal technology. Coverage for the drug inspection was given under compliance program (CP) 7356.002, Drug Manufacturing Inspections and CP 71356.002A, Sterile Drug Process Inspections. The following drug systems were fully covered: Quality, Laboratory Controls, and Production. The Materials and Facilities/Equipment Systems were partially covered.

The Ritedose Corporation manufactures and distributes bronchodilator drug solutions for use in nebulizer treatment of children and adults with asthma and other breathing disorders. The previous drug inspection of the firm was conducted July 27-31, 2015 as a pre-approval inspection initiated to support NDA 2080073/100, Lifitegrast Opthalmic Solution, 5.0%. An FDA-483, Inspectional Observation, was issued to the firm related to procedures designed to prevent microbiological contamination of drug products purporting to be sterile did not include adequate validation of the sterilization process. The inspection was classified as VAI.

At the conclusion of the drug inspection a From FDA 483, Inspectional Observations, relating to the

drug regulations included the following deficiency:

- Established laboratory control mechanisms were not followed

Claudette D Brooks (Investigator)

The current inspection was conducted as part of the ATL-DO FY '17 work plan under CP 7382.845, Inspection of Medical Device Manufacturers. The last comprehensive medical device inspection was conducted 9/26/2006 and was classified NAI; and, since that time, only cursory inspection of the firm's medical devices has been performed. The current QSIT Level II inspection covered the firm's manufacturing and quality practices for 0.9% Sodium Chloride Inhalation Solution. Areas covered during this inspection included: management review, design changes, corrective and preventative (CAPA), and validation of a new mold design.

Inspectional observations relating to the medical device regulations included the following deficiencies:

- failure to perform quarterly CAPA analysis as outlined in the established procedure
- lack of a product risk assessment for 0.9% Sodium Chloride Inhalation Solution
- failure to designate a management representative
- failure to conduct management reviews in accordance with the established procedure

Firm management present at the meeting was informed that compliance is the firm's responsibility, and that items listed in the Form FDA 483 and discussed during the inspection, after further review, may be considered to be violations of the Food Drug and Cosmetic Act. In such cases, sanctions including seizure, injunction, civil money penalties and prosecutions are available to FDA if establishments do not voluntarily correct serious conditions. Firm management stated they will reply to the Form FDA 483 in writing to the FDA Atlanta District Office.

No samples were collected and no refusals were encountered.

ADMINISTRATIVE DATA

Inspected firm:	The Ritedose Corporation
Location:	1 Technology Cir Columbia, SC 29203-9591
Phone:	803-806-3300
FAX:	(803)806-3301
Mailing address:	1 Technology Cir Columbia, SC 29203-9591

Establishment Inspection Report	FEI:	**3001237796**
The Ritedose Corporation	EI Start:	2/27/2017
Columbia, SC 29203-9591	EI End:	3/3/2017

Dates of inspection:	2/27/2017-3/3/2017
Days in the facility:	5
Participants:	**Larry K Hampton, Investigator** **Claudette D Brooks, Investigator** **Jared P Stevens, Investigator**

Upon arrival at the firm and prior to the initiation of the inspection, Consumer Safety Officer (CSO) Jared P. Stevens and I presented our official credentials to Mr. Umesh G. Dalvi, President and Chief Executive Officer (CEO), and issued to him a Form FDA 482, Notice of Inspection. Mr. Dalvi stated that he was the most responsible person present at the firm at the time of our arrival. See **Exhibit #01** for an organizational chart. The inspection was initiated on February 27, 2017 with CSO Jared P. Stevens and Larry K. Hampton being present (Attachment #2). On March 1, 2017 CSO Claudette D. Brooks joined the inspection (Attachment #3). "She presented her official credentials to Mr. Umesh G. Dalvi, President and Chief Executive Officer (CEO), and issued a second Form FDA 482, Notice of Inspection to him." At the conclusion of the inspection a From FDA 483, Inspectional Observations (Attachment #1) was issued to Mr. Dalvi, President and CEO.

This report was written by CSO Larry K. Hampton, except where noted by CSO Claudette D. Brooks (CDB) and CSO Jared P. Stevens (JPS) initials. The word "we" as used in this report refers to FDA personnel Stevens and Hampton.

HISTORY

(Written by JPS)

The history of the firm has not changed since the previous inspection. In 1995, The Ritedose Corporation (TRC) began as Holopack USA in Columbia, SC by The Hansen Group. In 2009, Olympus Partners, bought Holopack and formed TRC. After the acquisition, the firm continued to expand their operating capacity/product lines and continues to seek new markets for their current products.

There have been no recalls since the last inspection.

Operating hours:

Administration: Monday - Friday 8am-5pm
Manufacturing: 24/7 (exception: TRC has a shutdown week during the last week of June each year for maintenance and upgrades)

As of 11/17/2016 and 12/01/2016, the firm is registered to produce medical devices and pharmaceutical drugs, respectively.

FMD-145 and other official correspondence should be addressed to:

Mr. Umesh G. Dalvi
President and Chief Executive Officer

The Ritedose Corporation
1 Technology Circle
Columbia, SC 29203-9591

The firm currently has no international customers but receives some of its API raw materials through an international broker:
Beta Chem Inc.,
58 Ware Road
Saddle River, NJ 07458
(201.327.4100)

(Written by CDB)

Current medical device inspection found that the firm is registered as a manufacturer of 0.9% Sodium Chloride Inhalation Solution (NACL) under 510(k) K972466 (3 and 5 mL fill volume) and 510(k) K974056 (15 mL fill volume). This firm also manufactures 0.45% Sodium Chloride in 3 mL and 5 mL vials but in much lesser volumes. The Ritedose Corporation also holds a 510(k) K972467 for sterile water for inhalation, USP; however, management stated that the product is not currently manufactured at this site. The devices are manufactured for and sold to a sister company, Ritedose Pharmaceuticals, Columbia, SC. Contract-manufacturing is also done for Mylan Pharmaceuticals, Morgantown, WV. The single-use devices are color coded unit blow-fill-sealed containers and labeled as sterile, pyrogen-free and for inhalation therapy. They contain no preservatives and are Class 2 devices, Product code "CAF".

INTERSTATE (I.S.) COMMERCE
(Written by LKH)

Mr. Matt Payne, Chief Scientific Officer, stated that 100% of the firm's manufactured drug product is shipped out of state. The firm does not promote its products and all promotional material associated with drug products are supplied by the contract customer.

(Written by CDB)

Management reports that 99% of medical devices are shipped in interstate (I.S) commerce. Devices are distributed to two customers, Ritedose Pharmaceuticals, at this same location, and Mylan Pharmaceuticals, Morgantown, WV. For Ritedose distribution, the devices are warehoused at a leased space located at 8025 Howard Street, Spartanburg, SC. They are subsequently distributed by Dohmer Life Science Services, Memphis, TN.

JURISDICTION (PRODUCTS MANUFACTURED AND/OR DISTRIBUTED)

(Written by LKH)

Among the firm manufactured products are Albuterol Sulfate Inhalation Solution, Ipratropium Bromide Inhalation Solution, Ipratropium Bromide/Albuterol Sulfate Inhalation Solution. A list of the firm's products, the product number, the contract firm, and the number of lots for each product line produced in 2016 is attached as **Exhibit #02.**

(Written by CDB)

2016 quantities of NACL 0.9% distributed in all sizes are listed on **Exhibit #03.** Approximately 10 % of the firm overall production is related to the sodium chloride solution product line. Sodium Chloride Inhalation Solution, USP is the only medical device manufactured or packaged at the firm. Examples of the product labeling are attached as **Exhibit #04.**

INDIVIDUAL RESPONSIBILITY AND PERSONS INTERVIEWED
(Written by JPS)

Upon our arrival, Investigator Larry Hampton and I were met with TRC staff who would assist us during our inspection. Mr. Umesh Dalvi, President and Chief Executive Officer, met us and affirmed that he was the most responsible person in the company. During the issuance of the FDA Form 482 to Mr. Dalvi, we met and later interviewed the following individuals:

Mr. Umesh Dalvi, President and Chief Executive Officer – Mr. Dalvi was present for each day of the inspection and requested that if he was needed, he would remain on-site and available.
Mr. Matt Payne, Chief Scientific Officer was present for each day of inspection. He gave the initial presentation about the history of TRC as well as additional information throughout the inspection.

Mr. Mohammad "Mo" Sadeghi, Vice President of Quality – Mr. Sadeghi was present for each day except for 03/03/2017. He answered questions about the manufacturing process as well as escorting us through the facility for observing the firm's processes and our interviewing individuals about their assigned tasks.

Ms. Linda Valentine, Director of Regulatory Affairs – Ms. Valentine was present for each day of inspection and assisted in providing information concerning questions from previous inspections or MedWatch Alerts.

Ms. Cassie Robinson, Director of Quality Control – Ms. Cassie was present for each day of inspection. She provided information concerning the microbiological control systems and escorted us thorough the facility during our investigation.

Mr. Jeffrey "Jeff" Quinn, Director of Quality Assurance – Mr. Quinn was present for each day

of inspection. He provided technical information, answered questions concerning the Master Batch Records, Batch Production Records as well as the flow of Quality Control from one section of the firm to another.

Ms. Michelle Wheeler, Senior Quality Manager – Ms. Wheeler was present for each day of inspection and aided in gathering requested documentation as well as answering various questions about recalls and complaints.

Ms. Nina Vaughan, ASQ Certified Quality Manager – Ms. Vaughn was present for each day of inspection and aided in gathering requested documentation as well as answering various questions about recalls and complaints. She also aided in providing information concerning questions from previous inspections.

Mr. Allan Speicher, Director of Facilities Engineering – Mr. Speicher answered questions about pest control and the firms system for deionizing water within the facility.

Ms. Ashley Daily, Chemist I – Ms. Daily provided answers about the check for and retention of expired chemicals in the firms Chemistry Laboratory.
Mr. Ryan D. Smith, Chemist II – Mr. Ryan provided answers about the chemicals used during equipment use and calibration.

The following individuals were met as needed:
Mr. Jody Chastain, Chief Operating Officer
Mr. James Manley, Director of Validation Engineering
Mr. Jeffrey "Jeff" W. Malson, QA Manager for QC Lab
Ms. Edith "Edie" T. Jones, QC Laboratory Manager
Ms. Marquita Redfield, Microbiology Lab Manager
Mr. Josef "Joe" K. Ludwig, Stability Program Manager
Ms. Terisha S. White, Microbiology Laboratory Lead
Ms. Kesha M. Austin, Microbiologist II,

(Written by CDB)

Information on medical device manufacturing was provided by Michelle Wheeler, Senior QA Manager. I was accompanied on the walk-through of the facility by Mohammad Sadegui, VP of Quality.

FIRM'S TRAINING PROGRAM
(Written by JPC)

The firm has a robust computer-based training program which includes, at a minimum, annual training in cGMP practices for employees. It is described in Standard Operating Procedure (SOP)

TRC-SOP-0012 (Rev. 06). Each position contains listed training to be completed prior to performing any associated work. Completion of training is tracked and reviewed by Quality Assurance/Quality Control (QA/QC) using the firm's electronic training system. A random check of individual training records revealed no objectionable conditions.

MANUFACTURING/DESIGN OPERATIONS

Quality System

(Written by LKH)

Coverage of the Quality Systems applicable drug manufacturing responsible to the Quality Control unit included but was not limited to: roles and responsibilities of the Quality unit, complaints, change controls, corrective and preventive actions, rejects, recalls, investigations and training. Concerns were raised related the time involved to closeout of investigations. The firm's TRC-SOP-0323 (Rev 01), Quality Systems Investigation Procedure, indicates that investigations extending beyond 30 days require an extension. Deficiencies noted during a review of the firm's investigation are included in Observation #5. All remaining documentation and examples of the quality systems for drug manufacturing were adequate. Documentation related to The Supplier Quality Agreement (SQA) between the firm and customers and suppliers were reviewed. All requirements related to SQA were adequate. Annual product reviews for the following products were completed:

Product	ANDA#	Due	Filed
0.083 Albuterol Sulfate	077839	2/13/16	2/12/16
Ipratropium Bromide/ Albuterol Sulfate 0.5mg/3 mg per 3 mL	202496	12/01/16	11/30/16

The annual product reviews were completed in a timely manner, covered the necessary reporting elements and adhered to the expectations outlined in TRC-SOP-0276 (Rev. 01), Annual Product Reports.

Management Controls

(Written by CDB)

I reviewed the management review procedures, TRC-SOP-0270 (Rev 3), Management Review Program dated 12 Sep 2016. The review is held quarterly and process/product quality indicators that are reviewed are identified in the procedure. I reviewed agendas and attendance logs for the 1st and

2nd quarters of 2016 as well as the 3rd and 4th quarters of 2015. Deficiencies noted during the review are included in Observation #4 on the FDA-483, Inspectional Observations dated 3/3/2017. Review of management controls also found the firm has not formally designated the management representative. Ms. Wheeler stated Mohammad Sadegui, VP of Quality was the management representative, but when I asked he stated Mr. Quinn was the management rep. This deficiency is listed as Observation #3.

Design Controls

I reviewed TRC-SOP-082 (Rev 2), Medical Device Design Controldated 28 Feb 2017. The firm did not have a design history file for 0.9% Sodium Chloride Inhalation Solution. Management reports that sales of the NACL product began in 1998 and no design changes have been made. No new design projects were available for review. The product is sold sterile, not for injection. I specifically asked to review the risk assessment. The firm initially provided a design FMEA from one of their customers. I asked if they had performed one for their devices. Ms. Wheeler responded that they had not. A process risk assessment was performed dated 12 July 2016 for filing 0.9% Sodium Chloride Inhalation Solution filling (**Exhibit #05**). Observation #2 is documented for the deficiency.

Corrective & Preventive Action

Complaints are received by TRC or Dohmer Life Science Services, (DLSS), Emeryville, CA and are processed according to procedures. All complaints are received by the Compliance Manager who completes a complaint form. Select medical device complaints since the last inspection were reviewed with no deficiencies noted (**Exhibit #06**). At least fourteen (14) complaints are documented, I reviewed seven (7) complaints. None of them showed any patterns. MedWatch determinations for medical devices complaints are screened by DLSS and the ultimate decision to report is made by TRC. No MedWatch reports have been filed for the firm's medical devices. I reviewed the nonconformance log for the past two years and did not note any unusual or recurring issues.

I reviewed TRC-SOP-0296 (Rev 5), CAPA and Commitment Program dated 18 Nov 2015 in addition to reviewing the CAPA log (**Exhibit #24**). From the log, I selected three CAPAs for review and didn't note deficiencies; however, I noted that the required CAPA analysis wasn't performed as outlined in the SOP. Observation #1 was documented for this deficiency.

Laboratory System

(Written by LKH)

Inspectional coverage of the Laboratory Control System was provided during the current inspection. Record review for the Laboratory Control System included, but was not limited to: calibration and maintenance programs for analytical instruments and equipment; validation/verification of analytical

methods; documentation of any discrepancy; complete analytical records from all tests; and quality and retention of raw data. An inspection of both the microbiology lab as well as the analytical lab was completed. Deficiencies related to the use of expired chemicals and solutions as well as following the firm's proper procedure with the labeling chemicals were made. See Observation #5 for further details.

A review of the firm's environmental monitoring program described in TRC-SOP-0210 (Rev. 10), Environmental Monitoring Program, was completed. This included monitoring the collection of environmental samples in tank room fill suite #1 as described in TRC-SOP-0341 (Rev. 02), Environmental Mapping, and a review of microbial data following the procedures outlined in TRC-SOP-0723 (Rev. 13), Microbial and Chemical Sampling and Testing for Utilities Systems. We also completed a review of the 2015 Trend: Environmental Monitoring, Utilities and HVAC, the four 2016 quarterly trend reports for Environmental Monitoring and Utilities, and documentation related to media fills as described in TRC-SOP-250 (Rev. 05), Media Fill Guideline. No discrepancies were found.

Production System
(Written by JPS/LKH)

Coverage of the Production System included review of manufacturing procedures, documentation, pest control documentation, observance of production operations, process validation related to the hold time for 0.083 Albuterol Sulfate, movement and storage of materials, and cleaning practices in the mixing and filling areas. A map of the facility was provided (**Exhibit #07**). Areas/processes observed during the inspection included the water for injection area, filling/dispensing rooms, warehouse storage, personnel gowning techniques, aseptic techniques, disinfection practices and environmental monitoring. Concerns were raised with management related to the technicians in the attribute testing area entering and leaving the production area without changing gloves. See the discussions with management section for further details.

Training SOPs and records of specific personnel were evaluated with no discrepancies noted.

Master production records were maintained via a computerized system "MasterControl" and paper batch production records were distributed to the responsible areas of production as the product entered into each section. Each section will receive only the portion of the batch record needed to complete the assigned duties. Once a section is finished with a particular batch, and prior to the next section receiving it, the associated records are returned to Quality Assurance (QA). At that time, QA will distribute the next portion of the batch record while ensuring the previous portion was accurately and completely filled out.

Since the last inspection, there have been no major changes to the firm. However, a new product, Xiidra (Lifitegrast, ANDA# 208073), has been contracted by Shire to be produced at this firm, which was the subject of the previous inspection.

Production and Process Controls

(Written by CDB)

The firm wasn't manufacturing any medical devices during this inspection. The site produces USP grade WFI water for its manufacturing processes. Sanitization of the system occurs at least annually. Sterile NACL is made by mixing the water with Sodium Chloride (USP) sourced from the supplier, Morton Salts, with a targeted amount of NACL. Formulation is performed in a Class 100,000 area. The bulk solution usually is made in either a 3600 L or 1800 liter batch. It's mixed for 30 minutes, sterilized for 16 minutes at a temperature of 40 degrees C (**Exhibit #08**). The solutions are mixed in stainless steel mixers, sterilized by filtration, and dispensed into plastic vials by automated equipment. Bulk solutions are released for filling based on the results of in-process tests such as pH, assay, particulate matter, and sterility. Filling is done with blow-fill seal (BFS) technology low-density polyethylene (LDPE) containers under sterile filtration in a lass 100 fill space. The BFS machine is cleaned prior to installing two in-line sterilizing-grade product filters, a buffer air filter and a support air filter. The filters and all machine product contact surfaces are steam sterilized up to the tank connection. When the sterilization and filter drying cycles are complete, filling adjustments are initiated and tested prior to being released for production. The fill volumes are monitored and vial/packaging attributes are inspected per the established sampling programs prior to release (**Exhibit #09**). Filled vials are presented to a laser labeling device to apply lot and expiry information. The 25-count blocks are separated into 5-count vial cards at the high voltage leak detector. The filled vials are hand packaged in cardboard boxes.

I reviewed the qualification of a Rommelag Model 924020 High Voltage Leak Detector (HVLD) with Mold Design 39444D. The new mold was added to improve efficiency and perform 100% leak inspection on liquid filled vials produced on the Bottelpack model 460 machine. The firm had several CAPAs for leaking vials, which required moving the production to the more robust production equipment (BFS460078 machines) (See **Exhibit #10** pages 6 and 9). The validation project plan for the three (3) mL devices is attached as **Exhibit #11.** I did not note any deficiencies when reviewing the validation data. I also reviewed endotoxin testing results for one randomly selected lot.

Materials System
(Written by JPS)

The warehouse contained both raw product and sealed bulk product, read from packaging. The locations were maintained electronically and each item was identified by a specific bar code. Additionally, bulk resin was housed in bulk tank containers behind the facility and transported through the facility via specialized ducts when needed for processing.

Facilities and Equipment

The building was clean and well maintained. A review of the cleaning procedures described in TRC-

SOP-0042 (Rev. 03), Facility Cleaning Program, and corresponding logs appeared adequate. The facility layout appeared adequate in that the flow of materials was appropriately spaced. Additionally, the lighting system allowed the facility to be well lit and no discrepancies were noted. Weights and scales were calibrated on an established cycle per TRC-WIN-0356 (Rev. 1), Operation and Maintenance of the Mettler Toledo PR/SR Balances, and verified at least weekly. Concerns were raised with management around the daily use of the balance in the attributes testing area yet only a weekly calibration check was completed. The WFI system and the corresponding maintenance logs appeared in good order, with little leakage. The minor leaks that were noted were brought to the firm's attention both when noticed and at closeout.

The firm's pest control procedures and records were reviewed. TRC utilizes an outside contractor, EcoLab, to maintain and inspect all pest control devices at least once per month. Each station is labeled on its interior with bar codes which must be scanned during each visit in order to record that the technician had inspected it. The technician records the findings and any maintenance performed. Flying insect lights and rodent glue traps are stationed within the interior of the firm and rodent bait stations are located only around the exterior of the facility. No pest control chemicals are brought into the firm. Additionally, a TRC representative accompanies the EcoLab technician around the facility to ensure access and accountability.

MANUFACTURING CODES
(Written by CDB)

The lot breakdown for the Sodium Chloride Inhalation Solution, USP is per the following example:
"4F92"
4 (2014)= the year
F=the month and
92=the sequential number for the lot during the year

(Written by JPS)

For finished products and raw materials, TRC uses a manufacturing lot code system to maximize legibility and minimize confusion among similar alphanumeric characters. TRC-SOP-0001 (Rev. 02), Lot Numbering System, lists how raw materials and each lot of finished product are identified.

For finished product, the firm utilizes 4-6 characters to identify different lots. Possible examples of this system are: **8EB5** or **19TX0**. For the 4-5 number systems, the initial number(s) signify the year the product was produced, the first letter signifies the month – each month of the year is represented by a single letter - and the remaining two (2) characters are consecutive lots. Once a lot number of 10 is reached, the first number is substituted for a letter. **(11B09, 11BA0, 11BA1...).**

For the 6-number system, the first character is the month, the second and third are the year and the final three are consecutive lot numbers. For the 123rd batch produced during October 2014, the lot code would be **P14123.**

COMPLAINTS
(Written by JPS)

The firm's complaint procedure is outlined in TRC-SOP-0218 (Rev. 12), Product Complaint Procedure. I reviewed a list of complaints for 2016 and examined random entries. Additionally, I looked for trends in complaints as related to product and/or lot numbers. Over 600 complaints were received with approximately two-thirds (2/3) or four hundred (400) from the new product, Xiidra, which was released in the last half of CY16. A further check of individual complaints revealed that many of the complaints related to Xiidra were due to a customer perceived low-fill volume, difficulty in manipulating the product packaging or salty taste occurring from the 0.9% sodium chloride solution.

No goods were reported as having been returned to the firm for inspection.

Of the FARs identified for further review:

- The first was concerning Levalbuterol inhalant and was the result of a rounding issue which initially caused the firm to self-report this problem. After investigation, the firm's data did not support a trend toward out-of-specification (OOS) results for the affected product. However, to prevent future similar issues, a tolerance change from NMT 0.1% to NMT 0.2% was proposed via Prior Approval Supplement dated October 1, 2014 after toxicological assessments were performed to show no any safety risk to the consumer.

- A second FAR was reported concerning an OOS for Albuterol Sulfate Solution which was several months past its expiration. This testing was due to the firm wishing to extend the shelf-life. However, as the product was found to be outside of tolerance, the initial shelf-life has been maintained.

- The third FAR was again for Albuterol Sulfate Solution which was found to be OOS. The firm's investigation found that no secondary samples from the same lot were also OOS and it was determined that the cause was "most-likely" improper handling of the product while being shipped to or received from contracted accelerated testing chambers.

RECALL PROCEDURES
(Written by JPS)

Management stated that the firm has not had any recalls since the prior inspection.

The firm's recall procedures are detailed within their SOP #TRC-SOP-0219 (Rev. 03), Field Alert/ Product Recall Procedure. Specifically, the firm will alert the FDA of their recall and provide all pertinent information to include: reason for recall, risks to health, recall strategy, product identifying information, amount of recalled product, distribution lists, proposed methods of destruction, any public notification and/or recall notification letters, root cause of the recall and any corrective actions to prevent future occurrences.

OBJECTIONABLE CONDITIONS AND MANAGEMENT'S RESPONSE

Observations listed on form FDA 483

OBSERVATION 1

Corrective and preventive action activities and/or results have not been adequately documented.

Specifically, quarterly CAPA analysis was not performed as scheduled in SOP-0296, Rev 05, CAPA and Commitment Program, for product formulation, packaging, and utilities. The analysis is performed to assess the need for further CAPA investigation, additional CAPA initiation, and CAPA effectiveness. CAPA analysis has only been performed for the second quarter of 2016 for product formulation; the first quarter of 2016 for packaging; and the third quarter 2016 for HVAC alarms.

Annotation: Promised to correct
Reference: 21 CFR 820.100(b)

Supporting Evidence and Relevance:
According to the established CAPA procedure (**Exhibit #12,** page 5), quarterly summary reports are generated by Process Control for Bulk Operation, Packaging and Utilities. These reports would in essence provide information on opened and closed CAPAs as well as CAPA effectiveness. When I requested to review the summaries for the areas for the 3rd and 4th quarters of 2016, I was provided the following reports:

2016-Q2 Bulk packaging and Product Formulation dated 10/26/2015 (**Exhibit #13**)
Packaging Deviations/Non-conformances for Q1 2016 dated 4/7/2016 (**Exhibit #14**)
Summary Report for HVAC alarms analysis during 3rd Quarter of 2016 (**Exhibit #15**)

Discussion with Management:
I stated it seems as if CAPAs are prioritized and monitored utilizing the summary reports. It was noted that the summary reports were not done as outlined in the written procedures. Management had no comment to this observation. Mr. Matt Payne requested annotation of "promise to correct".

OBSERVATION 2

The design history file was not established.

Specifically, you have not assessed the risks for 0.9% Sodium Chloride Inhalation Solution manufactured at your facility.

Annotation: Promised to correct
Reference: 21 CFR 820.30(j)

Supporting Evidence and Relevance:

The firm failed to identify any known or potential hazard associated with their devices. The risk had not been identified and/or mitigated as needed.

Discussion with Management:
I stated the firm has identified process risks; however, not design risks. Mr. Dalvi asked "what could go wrong with salt water". I stated it was up to them to identify potential issues with their devices and they could start with the complaints. He asked the quality manager if they had any complaints. I responded that there were fourteen (14) documented. I offered the example of contamination as a possible hazard that needed to be evaluated if the patient reported an infection. Routes for contamination should be controlled. The annotation was made "promise to correct".

OBSERVATION 3
The organizational structure has not been adequately established and maintained to ensure that devices are designed and produced in accordance with 21 CFR 820.

Specifically, documentation and appointment of the management representative to ensure that the quality system requirements are effectively established and maintained have not been performed.

Annotation: Corrected and verified
Reference: 21 CFR 820.20(b)

Supporting Evidence and Relevance:
Initially, Ms. Wheeler stated Mohammad Sadegi, VP Quality & Compliance was the representative.

When I asked him if he was the management representative, he gave another employee's name.
None of the documents review by me identified the management representative.
Discussion with Management:
Management didn't have any comments to this observation. Ms. Valentine corrected this deficiency and provided a copy of the change request for review. I annotated the observation corrected and verified. NOTE: The formal procedure was later updated and provided as further evidence of correction (See Attachment 4).

OBSERVATION 4

Procedures for management review have not been adequately established.

Specifically, management team members failed to attend scheduled management reviews as outlined in the Management Review Program,TRC-SOP-0270, Rev 3., which indicates that executive management participate in the management reviews; however, only four of seven members are reported to have attended the meetings during 2015 and 2016. Additionally, objective evidence was not available to show each individual present at management reviews.
Annotation: Corrected and verified
Reference: 21 CFR 820.20(c)

Supporting Evidence and Relevance:
The Management Review Program procedure (**Exhibit # 16,** page 4) indicates a formal meeting will be held with members of the management team to review the results of the management review. The executive management team members are identified in **Exhibit # 17.** Ms Wheeler stated only four of those individuals routinely attend the reviews (See Examples in **Exhibit #18).**, Additionally, the individual's name is typed into the meeting minutes as having been present for the review.

Discussion with Management:
I stated the firm needed to define the quorum as well as have objective evidence of attendance. Ms. Wheeler indicated that she understood my concerns during the daily wrap-up on 3/1/2017. On 3/3/2017, she provided an updated copy of the SOP, Management Review Program, Rev 04 dated 3/3/2017. The revised procedure includes a sign-in sheet and identification of the quorum, the COO and VP of Quality and Compliance (**See Exhibit #19**). The observation was annotated "corrected and verified".

OBSERVATION 5
Established laboratory control mechanisms are not followed.

Specifically, standard operating procedures that stipulate the following are not followed:

- Extensions required for investigations that extend beyond thirty days prior to closeout are not consistently filed
- Expired chemicals and solutions stocked or stored in the laboratory areas are not discarded from the lab on a monthly basis
- Laboratory chemicals are not labeled as required

Annotation: Annotation Intentionally Left Blank
Reference: 21 CFR 211.160(a)

Supporting Evidence and Relevance:
Deviations for the firm are handled according to TRC-SOP-0295 (Rev. 06), Quality Systems Investigation Procedure (**Exhibit #20**). Section 5, page 6, of this procedure states, "Investigations

that will extend past the expected 30 days require an extension request that describes why the extension is required and defines the new expected completion date". There were 209 deviations written by the firm since the previous inspection. The following deviations extended beyond the 30 day closeout window and did not have an extension request on file:

Number	Subject	Start Date	End Date	Duration
Dev-0514	Microbiology: Surface Sample exceeded action limit	13-Aug-15	14-Sep-15	32
Dev-0641	Microbiology: Air Sample incubation not met	16-Oct-15	19-Nov-15	34
Dev-0670	Microbiology: Particulate sample exceeded action limit	4-Dec-15	5-Jan-16	32
Dev-0684	Compounding: QS exceeded specification limit	12-Jan-16	16-Feb-16	35
Dev-0778	Microbiology: DI water sample exceeded action limit	13-Jun-16	20-Jul-16	37

Discussion with Management:
The firm's management stated that the microbiology group interpreted the procedure in TRC-SOP-0195 incorrectly believing that once a deviation was approved by the supervisor no further approval process was required to close out the investigation. The firm provided a written response to the observation to actions taken by the firm (**Exhibit #21**).

The firm provided documentation through a log book associated with the Karl Fisher reagent indicating the solution had not been used since its expiry. The firm could not provide evidence that the isopropyl alcohol had not been used since its expiry. The firm acknowledged that the reference electrode solution did not follow the firm's labeling policy.

REFUSALS
No refusals were encountered.

GENERAL DISCUSSION WITH MANAGEMENT

(Written by LKH)

At the conclusion of the inspection the inspectors met with management (**Exhibit #22**). An FDA 483, Inspectional Observations, was issued to Mr. Umesh Dalvi, President and CEO. In addition to the items listed on the form FDA 483, we also discussed the following verbal observations with Mr. Dalvi:

- The balance (serial balance number B548767075) in the attributes testing area of the process control room is used throughout the day for determining finished product weight uniformity.

A calibration check is completed only once a week with certified weights. This places significant product at risk if the balance fails calibration.

- Technicians in the process control room for attribute determination were observed to wear the same gloves when entering and leaving the manufacturing area. I observed one technician leave the manufacturing area to document attributes and return to touch product in the manufacturing area.
- A number of leaks were observed in the water for injection area.
- Clarification should be provided in TRC-SOP-0172 (Rev. 01), Quality Control Raw Data Handling and Documentation, section 2.5 (**Exhibit #23**) concerning the where no more data should be written in laboratory notebooks. There was an inconsistency in how this was implemented.
- Verbal observation was discussed with the firm concerning the timeliness of CAPA investigation and implementation. I noted several CAPAs remained opened for lengthy periods of time (**Exhibit #24**). I stated the firm should make every effort to close CAPAs in a more timely manner.

SAMPLES COLLECTED

No samples were collected during the course of this inspection.

EXHIBITS COLLECTED

1(LKH) Exhibit #1_Organizational Chart, 21 pages
2(LKH) Exhibit #2_List of Ritedose Products, 1 page
3(LKH) Exhibit #3_The Ritedose Corp Sales of NACL for Calendar Year 2016, 1 page
4(LKH) Exhibit #4_Representative Labeling for Sodium Chloride Inhalation Solution, USP, 2 pages
5(LKH) Exhibit #5_TRC-REF-5215 Risk Assess. for Filling TRC 510(K) 0.9% NaCl Inhal. Sol. 3 and 5 mL, 8 pages
6(LKH) Exhibit #6_Medical Device Complaint Log for 2015-2017, 1 page
7(LKH) Exhibit #7_Ritedose Facility Map, 1 page
8(LKH) Exhibit #8_TRC-SPC-0708, Bill of Mat. and Equip. for 0.9% NaCl Inhal. Sol, USP (3,5, and 15 mL), 11 pages
9(LKH) Exhibit #9_TRC-SPC-0317, Process Control Parameters for TRC NaCl and Sterile Water, 7 pages
10(LKH) Exhibit #10_CAPA-0060, Rev 1, CAPA-0060 Lot LD49 and 6D50 Leaking Vials dated 12212016 , 12 pages
11(LKH) Exhibit #11_TRC-PRT-1437, Validation Project Plan for 0.9 Percent NaCl Inhalation Sol, 3 mL, 12 pages
12(LKH) Exhibit #12_TRC-SOP-0296, CAPA and Commitment Program, Rev. 05 dated 11182015, 8 pages
13(LKH) Exhibit #13_ TRC-RT-0994, 2016-Q2 Bulk Packaging and Product Formulation Summary Report, Rev 00, 10 pages

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
60 Eighth Street NE Atlanta, GA 30309 (404)253-1161 Fax:(404)253-1202	2/27/2017-3/3/2017
	FEI NUMBER 3001237796

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED
Umesh Dalvi , President and Chief Executive Officer

FIRM NAME	STREET ADDRESS
The Ritedose Corporation	1 Technology Cir
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Columbia, SC 29203-9591	Medical Device/Sterile Drug Manufacturer

This document lists observations made by the FDA representative(s) during the inspection of your facility. They are inspectional observations, and do not represent a final Agency determination regarding your compliance. If you have an objection regarding an observation, or have implemented, or plan to implement, corrective action in response to an observation, you may discuss the objection or action with the FDA representative(s) during the inspection or submit this information to FDA at the address above. If you have any questions, please contact FDA at the phone number and address above.

The observations noted in this Form FDA-483 are not an exhaustive listing of objectionable conditions. Under the law, your firm is responsible for conducting internal self-audits to identify and correct any and all violations of the quality system requirements.

DURING AN INSPECTION OF YOUR FIRM WE OBSERVED:

OBSERVATION 1

Corrective and preventive action activities and/or results have not been adequately documented.

Specifically, quarterly CAPA analysis was not performed as scheduled in SOP-0296, Rev 05, CAPA and Commitment Program, for product formulation, packaging, and utilities. The analysis is performed to assess the need for further CAPA investigation, additional CAPA initiation, and CAPA effectiveness. CAPA analysis has only been performed for the second quarter of 2016 for product formulation; the first quarter of 2016 for packaging; and the third quarter 2016 for HVAC alarms.

OBSERVATION 2

The design history file was not established.

Specifically, you have not assessed the risks for 0.9% Sodium Chloride Inhalation Solution manufactured at your facility.

OBSERVATION 3

The organizational structure has not been adequately established and maintained to ensure that devices are designed and produced in accordance with 21 CFR 820.

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE	DATE ISSUED
	Larry K Hampton, Investigator Claudette D Brooks, Investigator Jared P Stevens, Investigator X Larry K Hampton Larry K Hampton Investigator Signed by: Larry K. Hampton -S	3/3/2017

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
60 Eighth Street NE Atlanta, GA 30309 (404)253-1161 Fax:(404)253-1202	2/27/2017-3/3/2017
	FEI NUMBER 3001237796

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED
Umesh Dalvi , President and Chief Executive Officer

FIRM NAME	STREET ADDRESS
The Ritedose Corporation	1 Technology Cir
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Columbia, SC 29203-9591	Medical Device/Sterile Drug Manufacturer

Specifically, documentation and appointment of the management representative to ensure that the quality system requirements are effectively established and maintained have not been performed.

OBSERVATION 4
Procedures for management review have not been adequately established.

Specifically, management team members failed to attend scheduled management reviews as outlined in the Management Review Program,TRC-SOP-0270, Rev 3., which indicates that executive management participate in the management reviews; however, only four of seven members are reported to have attended the meetings during 2015 and 2016. Additionally, objective evidence was not available to show each individual present at management reviews.

The following observation is related to 21 CFR 211.

OBSERVATION 5
Established laboratory control mechanisms are not followed.

Specifically, standard operating procedures that stipulate the following are not followed:

- Extensions required for investigations that extend beyond thirty days prior to closeout are not consistently filed
- Expired chemicals and solutions stocked or stored in the laboratory areas are not discarded from the lab on a monthly basis
- Laboratory chemicals are not labeled as required

Annotations to Observations

Observation 1: Promised to correct
Observation 2: Promised to correct

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE	DATE ISSUED
	Larry K Hampton, Investigator Claudette D Brooks, Investigator Jared P Stevens, Investigator 3/3/2017 X Larry K Hampton Larry K Hampton Investigator Signed by: Larry K. Hampton -S	3/3/2017

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
60 Eighth Street NE Atlanta, GA 30309 (404)253-1161 Fax:(404)253-1202	2/27/2017-3/3/2017
	FEI NUMBER 3001237796

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED
Umesh Dalvi , President and Chief Executive Officer

FIRM NAME	STREET ADDRESS
The Ritedose Corporation	1 Technology Cir
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Columbia, SC 29203-9591	Medical Device/Sterile Drug Manufacturer

Observation 3: Corrected and verified
Observation 4: Corrected and verified
Observation 5: Annotation Intentionally Left Blank

3/3/2017 3/3/2017

X Claudette D Brooks
Claudette D Brooks
Investigator
Signed by: Claudette D. Brooks -E

X Jared P Stevens
Jared P Stevens
Investigator
Signed by: Jared P. Stevens -S

SEE REVERSE OF THIS PAGE

EMPLOYEE(S) SIGNATURE
Larry K Hampton, Investigator
Claudette D Brooks, Investigator
Jared P Stevens, Investigator

3/3/2017
X Larry K Hampton
Larry K Hampton
Investigator
Signed by: Larry K. Hampton -S

DATE ISSUED
3/3/2017

THE RITEDOSE CORPORATION

March 22, 2017

Ingrid Zambrana
Atlanta District Director
Department of Health and Human Services
Food and Drug Administration
Atlanta District Office (ATL-DO)
60 Eighth Street NE
Atlanta, GA 30309

RE: Response to FDA 483 Inspectional Observations Issued March 3, 2017

Dear Ms. Zambrana,

A complete response is provided herein to the FDA 483 observations issued to The Ritedose Corporation (TRC) at the conclusion of the February 27, 2017 through March 3, 2017 general GMP inspection of our drug and device manufacturing facility at 1 Technology Circle Columbia, South Carolina (FEI Number 3001237796).

We take our obligation to comply with the FDA guidelines and GMPs very seriously. The corrections and commitments to each observation have been developed, discussed, and agreed to by our entire executive management team. I will be pleased to discuss this response should additional clarification be needed.

Sincerely,

Umesh Dalvi
President and Chief Executive Officer
The Ritedose Corporation

TRC THE RITEDOSE CORPORATION
CAROLINA RESEARCH PARK

1 TECHNOLOGY CIRCLE
COLUMBIA, SOUTH CAROLINA 29203

PH 803.806.3300 FX 803.806.3301
WWW.RITEDOSE.COM

Response to the FDA 483 dated March 3, 2017

Observation 1:

Corrective and preventive action activities and/or results have not been adequately documented.

Specifically, quarterly CAPA analysis was not performed as scheduled in SOP-0296, Rev 05, CAPA and Commitment Program, for product formulation, packaging, and utilities. The analysis is performed to assess the need for further CAPA investigation, additional CAPA initiation, and CAPA effectiveness. CAPA analysis has only been performed for the second quarter of 2016 for product formulation; the first quarter of 2016 for packaging; and the third quarter 2016 for HVAC alarms.

Response:
Section 9 of the CAPA and Commitment Program, TRC-SOP-0296 Rev. 06, is revised to consolidate the CAPA quarterly summary reports for product formulation, packaging, and utilities into one quarterly report which will be reviewed during the quarterly management review meeting. TRC-SOP-0296 Rev. 06 is provided herein.

Furthermore, the report for the 1st quarter of 2017 will include all CAPAs from 2016 in order to close the gap in the 2016 quarterly reports and will assess the need for further CAPA investigation, additional CAPA initiation, and CAPA effectiveness.

Observation 2:
The design history file was not established.

Specifically, you have not assessed the risks for 0.9% Sodium Chloride Inhalation Solution manufactured at your facility.

Response:
TRC established a design history file which specifically assesses the risks for 0.9% Sodium Chloride Inhalation Solution, USP. The design history file and risk assessment, TRC-SRT-1119 Rev. 00, is provided herein.

Observation 3:
The organizational structure has not been adequately established and maintained to ensure that devices are designed and produced in accordance with 21 CFR 820.

Specifically, documentation and appointment of the management representative to ensure that the quality system requirements are effectively established and maintained have not been performed.

Response:
This observation was corrected and verified during the inspection. The correction is captured in Section C.2.2. of the Site Master File, TRC-POL-0018 Rev. 06 (formerly document number TRC-REF-0064), which documents that the Vice President of Quality and Compliance is appointed as the management representative. TRC-POL-0018 Rev. 06 is provided herein.

Observation 4:
Procedures for management review have not been adequately established.

Specifically, management team members failed to attend scheduled management reviews as outlined in the Management Review Program, TRC-SOP-0270, Rev 3., which indicates that executive management participate in the management reviews; however, only four of seven members are reported to have attended the meetings during 2015 and 2016. Additionally, objective evidence was not available to show each individual present at management reviews.

Response:
This observation was corrected and verified during the inspection. The corrections are captured in Section 4.2.1 of the Management Review Program, TRC-SOP-0270 Rev. 04, which defines the specific members of the executive management team required to attend management reviews. Additionally, Section 4.2.2 of TRC-SOP-0270 Rev. 04 requires attendees to document their attendance. TRC-SOP-0270 Rev. 04 is provided herein.

Observation 5:
The following observation is related to 21 CFR 211.

Established laboratory control mechanisms are not followed.

Specifically, standard operating procedures that stipulate the following are not followed:

- Extensions required for investigations that extend beyond thirty days prior to closeout are not consistently filed.
- Expired chemicals and solutions stocked or stored in the laboratory areas are not discarded from the lab on a monthly basis.
- Laboratory chemicals are not labeled as required.

Response:

- This observation was addressed during the inspection and a memorandum was provided to the Lead Investigator that describes the issue and measures taken to prevent reoccurrence. To summarize, the memorandum states that TRC is aware of the issue with extensions not consistently being filed for investigations extending beyond thirty days prior to closeout and implemented changes in August 2016 to prevent reoccurrence. No deviations have exceeded the 30 day window since the following changes were implemented:

    - The creation of a new management position, Director of Quality Control, with responsibility for ensuring timely completion of investigations.
    - Weekly Quality Assurance management meetings to discuss all open items potentially impacting the company Quality Systems.
    - Daily e-mail notification to the Quality Assurance management group of open investigations and their duration.

  A copy of the memorandum is provided herein. Additionally, Section 6 of the Quality Systems Investigations Procedure, TRC-SOP-0295 Rev. 07, is revised to clarify the timeframe and requirements for extension requests. TRC-SOP-0295 Rev. 07 is provided herein.

- Sections 7.0 and 7.6 of Preparation, Documentation, and Labeling of Laboratory Solutions and Chemicals, TRC-SOP-0743 Rev. 04, are updated to clarify the requirements for discarding expired chemicals. TRC-SOP-0743 Rev. 04 is provided herein. Additionally, miscellaneous awareness training was performed and is provided herein.

- Sections 1.0, 2.0, and 5.0 of Preparation, Documentation, and Labeling of Laboratory Solutions and Chemicals, TRC-SOP-0743 Rev. 04, are updated to clarify chemical receipt and labeling instructions. TRC-SOP-0743 Rev. 04 is provided herein. Additionally, miscellaneous awareness training was performed and is provided herein.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration
60 8th Street, N.E.
Atlanta, Georgia 30309
404.253.1161 Office
404.253.1202 Fax
Atlanta District Office

08/04/2017

The Ritedose Corporation
1 Technology Cir.
Columbia, SC 29203-9591

Reference: Inspection Date(s): 02/27/2017 - 03/03/2017

Location: The Ritedose Corporation
1 Technology Cir.
Columbia, SC 29203-9591

Dear Linda Valentine, Director of Regulatory Affairs

We are enclosing a copy of the establishment inspection report (EIR) for the inspection that the U.S. Food and Drug Administration (FDA) conducted at your premises on the referenced locale and date(s). When the Agency concludes that an inspection is "closed" under 21 CFR 20.64(d)(3), it will release a copy of the EIR to the inspected establishment. This procedure is applicable to EIRs for inspections completed on or after April 1, 1997.

The Agency continually works to make its regulatory process and activities more transparent to the regulated industry. Releasing this EIR to you is part of this effort. The copy being provided to you comprises the narrative portion of the report; it may reflect redactions made by the Agency in accordance with the Freedom of Information Act (FOIA) and 21 CFR Part 20. This, however, does not preclude you from requesting additional information under FOIA.

If there is any question about the released information, feel free to contact me at 404-669-4566.

For more information on the U.S. FDA, please visit our website at www.fda.gov.

Sincerely,

Lareese K. Thomas -A

Digitally signed by Lareese K. Thomas -A
DN: c=US, o=U.S. Government, ou=HHS, ou=FDA, ou=People, 0.9.2342.19200300.100.1.1=2000359724, cn=Lareese K. Thomas -A
Date: 2016.09.01 16:52:06 -04'00'

FEI: 3001237796

Enclosure: Establishment Inspection Report (EIR)

12

12A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☑ Nevada ☐ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☑ New Wholesaler		☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☑ 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)

Is your facility a reverse distributor? ☐ Yes ☐ No

Section 1: General Information

Facility Name: INTEGRATED MEDICAL SYSTEMS, INC

Physical Address: 7685 COMMERCIAL WAY SUITES C&D

City: HENDERSON State: NV Zip: 89011

Mailing Address (if different from physical address): 594 TERRITORIAL DRIVE UNIT A

City: BOLINGBROOK State: IL Zip: 60440

Telephone: 1-800-755-3800 Website: INTEGRATEDMEDSYS.COM

Name of Designated Representative (DR): MANUEL MEDINA

Licensing Company Email: karenm@integratedmedsys.com DR Email: medinaalex293@gmail.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: BECTON DICKENSON
Address: 1 BECTON DRIVE City: FRANKLIN LAKES State: NJ Zip: 07417

Name: MOOG
Address: 400 JAMISON ROAD City: ELMA State: NY Zip: 14059

Name: SMITHS MEDICAL
Address: 5200 UPPER METRO PLACE City: DUBLIN State: OH Zip: 43017

Name: COVIDIEN
Address: 15 HAMPSHIRE STREET City: MANSFIELD State: MA Zip: 02048

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: ILLINOIS
Parent Company (if any): N/A
Corporation Name: INTEGRATED MEDICAL SYSTEMS, INC
Mailing Address: 594 TERRITORIAL DRIVE UNIT A
City: BOLINGBROOK State: IL Zip: 60440
Telephone: 800-755-3800 Email: karenm@integratedmedsys.com
Contact Person Name: Karen McKee

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**	✓			
• **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.

PAT DIOMO

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

3/3/22

Date

Board Use Only	Date Received: _____	Amount: 500	Check # 012805

IMS INTEGRATED MEDICAL SYSTEMS, INC.

594 Territorial Drive Unit A
Bolingbrook, IL 60440
800-755-3800 - Customer Service

March 2, 2022

NEVADA STATE BOARD OF PHARMACY

SECTION 9

LIST OF OFFICERS

Pat DiOrio President

LIST OF SHAREHOLDERS

Pat DiOrio 100%

LIST OF EMPLOYEES

PAT DIORIO	OFFICER
MARY GRONCZEWSKI	WAREHOUSE
AUSTIN POWER	WAREHOUSE
MANUEL MEDINA	WAREHOUSE PHARMACY TECHNICIAN

File Number 5922-424-7

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

INTEGRATED MEDICAL SYSTEMS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 17, 1997, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 2ND *day of* MARCH *A.D.* 2022 .

Authentication #: 2206104534 verifiable until 03/02/2023
Authenticate at: http://www.ilsos.gov

Jesse White
SECRETARY OF STATE

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 Integrated Medical Systems Inc

Physical Address 7685 COMMERCIAL WAY SUITE C&D

City HENDERSON State NV Zip 89011

Mailing Address (if different from physical address) 594 TERRITORIAL DRIVE UNIT A

City BOLINGBROOK State IL Zip 60440

Telephone 800 755-3800 Website WWW.INTEGRATEDMEDSYS.COM

Licensing Company Email KarenM@integratedmedsys.com

Section 2: Personal Information

First MANUEL Middle ALEJANDRO Last MEDINA

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] BRASSY DRIVE

City LAS VEGAS State NV Zip 89142

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 639.179)	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 [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)	
COLLEGE OF SOUTHERN NEVADA		08/2019-01/2020	
Address	**City**	**State**	**Zip**
6375 W CHARLESTON BLVD	LAS VEGAS	NV	89146
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
PIMA MEDICAL INSTITUTE-MESA		02/2016-11/2016	
Address	**City**	**State**	**Zip**
957 S DOBSON RD	MESA	AZ	85202
Diploma/Degree obtained, if any			
PHARMACY TECHNICIAN CERTIFICATION DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
ACADEMY WITH COMMUNITY PARTNERS		08/2009-06/2012	
Address	**City**	**State**	**Zip**
433 N HALL	MESA	AZ	85203
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
11/2021-PRESENT	[redacted] BRASSY DRIVE	LAS VEGAS	NV	89142
07/21-11/2021	[redacted] DAWN DR	LASVEGAS	NV	89110
01/21-07/21	[redacted] E ESCONDIDO AVE	MESA	AZ	85204
10/17-02/21	[redacted] BOULDER HWY #2180	LAS VEGAS	NV	89122
11/15-10/17	[redacted] E FLORIAN AVE	MESA	AZ	85204
11/13-11/15	[redacted] E DOVER ST	MESA	AZ	85213
06/10-11/13	[redacted] N MESA DR	MESA	AZ	85201

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)	
INTEGRATED MEDICAL SYSTEMS INC			07/2021-PRESENT	
Business Address		City	State	Zip
7685 COMMERICAL WAY SUITE C&D		HENDERSON	NV	89011
Phone	Title		Number of Employed Hours	
800-755-3800	WAREHOUSE PHARMACY TECHNICIAN		1239.50	

Description of Duties

RECEIVE ORDERS, PULL PRECISE LOTS THEN PACKAGE TO SHIP. KEEP TRACK OF INVENTORY

Business Name			From - To (MM/YY – MM/YY)	
BANNER DESERT MEDICAL CENTER			04/2021-07/2021	
Business Address		City	State	Zip
1400 S DOBSON ROAD		MESA	AZ	85202
Phone	Title		Number of Employed Hours	
480-412-300	PHARMACY TECH II		480	

Description of Duties

FILLED PRESCRIPTION ORDERS, VERIFY WITH REGISTERED PHARMACIST, RECEIVE SHIPMENT ORDERS,ADD AND SUBTRACT INVENTORY

Business Name			From - To (MM/YY – MM/YY)	
GLOBAL CONSULTING INTERNATIONAL			02/2018-02/2021	
Business Address		City	State	Zip
270 E 100 SOUTH		SALT LAKE CITY	UT	84111
Phone	Title		Number of Employed Hours	
801-364-1300	PHARMACY TECHNICIAN		6000	

Description of Duties

WORKED UNDER CONTRACT AT NELLIS AFB, FILLED RX ORDERS, DISPENSED AFTER VERIFICATION, RAN REFILL, REPLENISH INVENTORY

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	

Description of Duties

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?		✔

Mark I. Sedar

From: Henderson Warehouse <nevada@integratedmedsys.com>
Sent: Wednesday, June 8, 2022 11:24 AM
To: Mark I. Sedar
Subject: DESIGNATED REP APP

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Mark,

This is for the Designated Rep application for Manuel Medina with Integrated Medical Systems.

In 2014, I had a citation for underage consumption of alcohol. I failed to show up to the court date which resulted in a warrant for my arrest. I was pulled over, and because of the warrant, I was taken to the police station. Bond was paid and I was released early the next morning. Later that same day, I made the payment owed for the citation and the records were then cleared.

Let me know if this works as a thorough summary of the citation.
Thank you for your time!

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

I, MANUEL A MEDINA, **certify that as the designated representative for**

INTEGRATED MEDICAL SYSTEMS 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

Manuel Medina

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/3/2022

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.

Manuel Medina
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/3/2022
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Manuel Medina, 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

3/7/2022
Date

Subscribed and Sworn to before me this 7 day of March.

"See Attached Notarial Cert."
Notary Public Signature

(Seal)

Applicant's initials

JURAT

State of Nevada
County of Clark } ss.

Subscribed and sworn to (or affirmed) before me this
7 *Date* day of March *Month*, 2022 *Year*, by

Manuel Alejandro Medina
Name of Signer No. 1

N/A
Name of Signer No. 2 (if any)

Signature of Notary Public

Comm. Exp: Aug. 21, 2024
Any Other Required Information (Residence, Expiration Date, etc.)

DENISE SAPUTO
Notary Public, State of Nevada
Appointment No. 20-4070-01
My Appt. Expires Aug 21, 2024

Place Notary Seal/Stamp Above

OPTIONAL

This section is required for notorizotions performed in Arizona but is optionol in other states. Completing this information can deter olterotion of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Nevada State Board of pharmacy
Document Date: 3/7/22 Number of Pages: 9
Signer(s) Other Than Named Above: N/A

©2019 National Notary Association

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 Integrated Medical Systems Inc

Physical Address 7685 COMMERCIAL WAY SUITES C&D

City HENDERSON State NV Zip 89011

Mailing Address (if different from physical address) 594 TERRITORIAL DRIVE UNIT A

City BOLINGBROOK State IL Zip 60440

Telephone 800-755-3800 Website INTEGRATEDMEDSYS.COM

Licensing Company Email karenm@integratedmedsys.com

Section 2: Personal Information

First PATRICK Middle JAMES Last DIORIO

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] MASON LANE

City ORLAND PARK State IL Zip 60462

Telephone [redacted] Email PDIORIO@INTEGRATEDMEDSYS.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)	
ST XAVIER UNIVERSITY		1975-1980	
Address	**City**	**State**	**Zip**
3700 W 103RD	CHICAGO	IL	60655
Diploma/Degree obtained, if any			
B.A. BUSINESS ADMINISTRATION			

School Name		From - To (MM/YY – MM/YY)	
BOGAN HIGH SCHOOL		1971-1975	
Address	**City**	**State**	**Zip**
3939 W 79TH STREET	CHICAGO	IL	60652
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
11/1990-PRESENT	[redacted] MASON LANE	ORLAND PARK	IL	60462
5/2008-PRESENT	[redacted] EAST EAGLE FEATHER RD	SCOTTSDALE	AZ	85266
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
INTEGRATED MEDICAL SYSTEMS INC			1996-PRESENT
Business Address	**City**	**State**	**Zip**
594 TERRITORIAL DRIVE UNIT A	BOLINGBROOK	IL	60440
Phone	**Title**		
800-755-3800	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)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	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
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

3/3/22
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.

PAT DIORIO

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/3/22

Date

Please have this section completed in the presence of a Notary Public.

State of ILLINOIS, ss. County of COOK

I, PAT DIORIO, 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

3/3/22

Date

Subscribed and Sworn to before me this 3rd day of March.

Karen A McKee

Notary Public Signature

OFFICIAL SEAL
KAREN A MCKEE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 12/13/25

(Seal)

Applicant's initials _____

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. BLCH942192

Application/License No. _____

Integrated Medical Systems, Inc.
Applicant/Principal,

doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is

7685 Commercial Way, Stes C&D Henderson, NV 89011
Address of Applicant/Principal, as

PRINCIPAL, and The Hanover Insurance Company
Surety Company, a corporation organized under the laws of the state of New Hampshire
State of Incorporation and authorized to transact a general surety business in the State of Nevada,

whose address for purposes of service is 440 Lincoln St Worcester, MA 01653
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 February 21, 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 24th day of February, 2022.

Integrated Medical Systems, Inc.

APPLICANT/PRINCIPAL

X _____

Authorized Representative

The Hanover Insurance Company

SURETY COMPANY

_____

Surety Company's Representative

THE HANOVER INSURANCE COMPANY INCORPORATED 1972 NEW HAMPSHIRE

Dorothy Ligenza AIF, Attorney-in-fact

print name

SIGNED and SEALED in the presence of:

X _____

Witness

_____

Witness

SIGNED and SEALED in the presence of:

_____

Witness

_____

Witness

Countersigned by:

_____

Nevada Resident Agent

Bond Number BLCH942192

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

POWER OF ATTORNEY

THIS Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.
KNOW ALL PERSONS BY THESE PRESENTS:

That THE HANOVER INSURANCE COMPANY and MASSACHUSETTS BAY INSURANCE COMPANY, both being corporations organized and existing under the laws of the State of New Hampshire, and CITIZENS INSURANCE COMPANY OF AMERICA, a corporation organized and existing under the laws of the State of Michigan, (hereinafter individually and collectively the "Company") does hereby constitute and appoint,

Dorothy Ligenza

Of: Southpoint Insurance Agency, Orland Park, IL

each individually, if there be more than one named, as its true and lawful attorney(s)-in-fact to sign, execute, seal, acknowledge and deliver for, and on its behalf, and as its act and deed any place within the United States, any and all surety bonds, recognizances, undertakings, or other surety obligations. The execution of such surety bonds, recognizances, undertakings or surety obligations, in pursuance of these presents, shall be as binding upon the Company as if they had been duly signed by the president and attested by the secretary of the Company, in their own proper persons. Provided however, that this power of attorney limits the acts of those named herein; and they have no authority to bind the Company except in the manner stated and to the extent of any limitation stated below:

Prescription Drug Wholesale Distributor Bond

in the amount of: $100,000.00

That this power is made and executed pursuant to the authority of the following Resolutions passed by the Board of Directors of said Company, and said Resolutions remain in full force and effect:

RESOLVED: That the President or any Vice President, in conjunction with any Vice President, be and they hereby are authorized and empowered to appoint Attorneys-in-fact of the Company, in its name and as it acts, to execute and acknowledge for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company in their own proper persons.

RESOLVED: That any and all Powers of Attorney and Certified Copies of such Powers of Attorney and certification in respect thereto, granted and executed by the President or Vice President in conjunction with any Vice President of the Company, shall be binding on the Company to the same extent as if all signatures therein were manually affixed, even though one or more of any such signatures thereon may be facsimile. (Adopted October 7, 1981 – The Hanover Insurance Company; Adopted April 14, 1982 – Massachusetts Bay Insurance Company; Adopted September 7, 2001 – Citizens Insurance Company of America and affirmed by each Company on March 24, 2014)

IN WITNESS WHEREOF, THE HANOVER INSURANCE COMPANY, MASSACHUSETTS BAY INSURANCE COMPANY and CITIZENS INSURANCE COMPANY OF AMERICA have caused these presents to be sealed with their respective corporate seals, duly attested by two Vice Presidents, this **19th day of July, 2018.**

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

Bryan J. Salvatore, Executive Vice President

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

James H. Kawiecki, Vice President

THE COMMONWEALTH OF MASSACHUSETTS)
COUNTY OF WORCESTER) ss.

On this 19th day of July, 2018 before me came the above named Executive Vice President and Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, to me personally known to be the individuals and officers described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, respectively, and that the said corporate seals and their signatures as officers were duly affixed and subscribed to said instrument by the authority and direction of said Corporations.

ARLEEN V. SIMONS
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
June 15, 2023

Arleen V. Simons, Notary Public
My Commission Expires June 15, 2023

I, the undersigned Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, hereby certify that the above and foregoing is a full, true and correct copy of the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Powers of Attorney are still in force and effect.

GIVEN under my hand and the seals of said Companies, at Worcester, Massachusetts, this 21st day of **February 2022**

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

Carrick A. Bligh, Vice President

CERTIFIED COPY

12B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (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: Norco Inc.

Physical Address: 440 30th St.

City: Elko State: NV Zip: 89801

Mailing Address (if different from physical address): 1125 W. Amity Rd.

City: Boise State: ID Zip: 83705

Telephone: 775-738-1314 Website: norco-inc.com

Name of Designated Representative (DR): Betty Elumbaugh

Licensing Company Email: compliance@norco-inc.com DR Email: bettye@norco-inc.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)

6/16/2022
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: ResMed Inc
Address: 9001 Spectrum Center Blvd City: San Diego State: CA Zip: 92123

Name: Respironics
Address: 1010 Murry Ridge Ln City: Murrysville State: PA Zip: 15668

Name: Medline Industries
Address: Three Lakes Dr. City: Northfield State: IL Zip: 60093

Name: Invacare
Address: 1 Invacare Way City: Elyria State: OH Zip: 44035

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: Idaho
Parent Company (if any): n/a
Corporation/Organization Name: Norco Inc.
Mailing Address: 1125 W. Amity Rd.
City: Boise State: ID Zip: 83705
Telephone: 208-336-1643 Email: compliance@norco-inc.com
Contact Person Name: Roger Hudgens

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.

Norco, Elko

Facility Name

Roger Hudgens, Director of Risk Management

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

6/16/2022

Date

Board Use Only	Date Received: _____	Amount: $1,000 check 7574448

Norco
WELDING • SAFETY • MEDICAL
Supplies and Gases
1125
WEST AMITY ROAD
BOISE, ID
83705

THE JOINT COMMISSION ACCREDITED
ISO 9001-2015 - TÜV CERTIFIED
QUALITY SYSTEM REGISTERED

(208) 336-1643 •TEL
(208) 433-6160 •FAX

Norco Inc.
Corporate Ownership / Officers

Norco Inc. – Ownership:

Ownership Entity	Trustee	Ownership %
Metolius Trust	Nicole Kissler	19.62%
McKenzie Trust	Cheryl Larabee	33.25%
Deschutes Trust	Cheryl Larabee	12.14%
Norco ESOP Trust	Alerus Financial	35.0%

Need FP

Norco Inc. – Executive Officers:



Roger Hudgens
Director of Risk Management
Norco, Inc.

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **NORCO, INC.**, as a FOREIGN CORPORATION (80) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 07/23/2004, and is in good standing in this state.

I further certify that the above FOREIGN CORPORATION (80) has its formation document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/02/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202205022631669
You may verify this certificate online at http://www.nvsos.gov

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/29/2021

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: Kacee Mock	
The Leavitt Group of Boise, Inc. 6220 N. Discovery Way, Ste 100 Boise ID 83713	PHONE (A/C, No, Ext): (208) 375-9199	FAX (A/C, No): (208) 658-1951
	E-MAIL ADDRESS: kacee-mock@leavitt.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Norco, Inc. 1125 W. Amity Road Boise ID 83705	INSURER A: Zurich American Insurance Company	C16535
	INSURER B: Great American E&S Insurance Company	37532
	INSURER C: Crum & Forster Specialty Insurance Company	44520
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 21-22 Master **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 [X] PRO-JECT [ ] LOC [ ] OTHER:			GLO0381400-06	07/01/2021	07/01/2022	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			BAP0381401-06	07/01/2021	07/01/2022	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
B	[ ] UMBRELLA LIAB [X] OCCUR [X] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			XS2260340-04	07/01/2021	07/01/2022	EACH OCCURRENCE	$ 5,000,000
							AGGREGATE	$ 5,000,000
								$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC0381399-06	07/01/2021	07/01/2022	[X] PER STATUTE [ ] OTH-ER	StopGap:ND,WY,WA
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
C	2nd EXCESS Policy: Layer over GL, Auto and Employers Liability			SEO-114105	07/01/2021	07/01/2022	5 x 5 Excess Layer Limit	$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Norco, Inc.
1125 W. Amity Road
Boise ID 83705

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

Kacee Mock

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Elko Store Employee List

Location Description	First Name	Last Name	Job Title Description	Secondary Job Title	Tertiary Job Title
Elko Store	Allen	Wilcox	INDUSTRIAL CUST. SRVC REP	INDPROTC - IND. STORE PRO. TECH.	
Elko Store	Angela	Fleck	MED STORE CUST. SERVICE	EQUIPCLN - EQUIPMENT CLEANER	MEDNONCDL - Med Non CDL Route Delivery Driver
Elko Store	Betty	Elumbaugh	COMBO STORE ASST. MANAGER		
Elko Store	Calvin	Ruggles	IND. STORE PRO. TECH.		
Elko Store	Christy	Ostler	MED STORE CUST. SERVICE	Mednoncdl - Med Non CDL Route Delivery Driver	
Elko Store	Cynthia	Jorgensen	IND. STORE BILLING CLERK		
Elko Store	Douglas	Morse	Industrial CDL Route Delivery Driver		
Elko Store	Eusebio	Puentes	Industrial CDL Route Delivery Driver		
Elko Store	James	Johnson	Medical CDL Route Delivery Driver		
Elko Store	Jessie	Jackson	COMBO WAREHOUSE/PURCH		
Elko Store	Jimmy	Center	Outside Sales	COMWARE - Combo Warehouse/Purchasing	
Elko Store	Justin	Hardy	INDUSTRIAL STORE MANAGER		
Elko Store	Kerry	Mead	Medical NON-CDL Route Delivery Driver	COMWARE - Combo Warehouse/Purchasing	CONCMGR - CONCENTRATOR CHECK
Elko Store	Michael	Simmons	Outside Sales	INDCDL - Ind CDL Route Delivery Driver	
Elko Store	Michael	Smith	INDUSTRIAL CUST. SRVC REP	INDSTRBC - IND. STORE BILLING CLERK	
Elko Store	Patrick	Smith	Industrial CDL Route Delivery Driver	INDWRPUR - IND STORE WAREHOUSE/PURCH	
Elko Store	Samantha	Brown	COMBO WAREHOUSE/PURCH	INDCSREP - INDUSTRIAL CUST. SRVC REP	
Elko Store	Viktoria	Starshuk	MED STORE CUST. SERVICE	Mednoncdl - Med Non CDL Route Delivery Driver	
Elko Store	Walter	Robinett	Industrial CDL Route Delivery Driver	MDSTWA - Med Store Warehouse/purchasing	CONCMGR - CONCENTRATOR CHECK

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. CBE1015037

Application/License No. _____

Norco Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 440 30th St, Elko, NV 89801-4605 (Address of Applicant/Principal), as PRINCIPAL, and The Cincinnati Insurance Company (Surety Company), a corporation organized under the laws of the state of Ohio (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 6200 S Gilmore Rd, Fairfield, OH 45014-5141 (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 ($ 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 1, 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 17th day of June, 20 22.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Kacee Mock, Attorney-in-fact

print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

JULIE F THOMAS Comm. No. 29477 NOTARY PUBLIC Expires: 07/0[illegible] STATE OF IDAHO

Countersigned by:

Nevada Resident Agent

THE CINCINNATI INSURANCE COMPANY
THE CINCINNATI CASUALTY COMPANY

Fairfield, Ohio CBE1015037

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That THE CINCINNATI INSURANCE COMPANY and THE CINCINNATI CASUALTY COMPANY, corporations organized under the laws of the State of Ohio, and having their principal offices in the City of Fairfield, Ohio (herein collectively called the "Companies"), do hereby constitute and appoint

Kacee Mock

of Boise ID

their true and legal Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and deliver on behalf of the Companies as Surety, any and all bonds, policies, undertakings or other like instruments, as follows:

One Hundred Thousand Dollars $ 100,000.00

This appointment is made under and by authority of the following resolutions adopted by the Boards of Directors of The Cincinnati Insurance Company and The Cincinnati Casualty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the President or any Senior Vice President be hereby authorized, and empowered to appoint Attorneys-in-Fact of the Company to execute any and all bonds, policies, undertakings, or other like instruments on behalf of the Corporation, and may authorize any officer or any such Attorney-in-Fact to affix the corporate seal; end may with or without cause modify or revoke any such appointment or authority. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company.

RESOLVED, that the signature of the President or any Senior Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary or Assistant Vice-President and the Seal of the Company may be affixed by facsimile to any certificate of any such power and any such power of certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS WHEREOF, the Companies have caused these presents to be sealed with their corporate seals, duly attested by their President or any Senior Vice President this 16th day of March, 2021.

THE CINCINNATI INSURANCE COMPANY
THE CINCINNATI CASUALTY COMPANY

Stephen A. Vantine

STATE OF OHIO)SS:
COUNTY OF BUTLER)

On this 16th day of March, 2021 before me came the above-named President or Senior Vice President of The Cincinnati Insurance Company and The Cincinnati Casualty Company, to me personally known to be the officer described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of said Companies and the corporate seals and the signature of the officer were duly affixed and subscribed to said instrument by the authority and direction of said corporations.

Keith Collett, Attorney at Law
Notary Public – State of Ohio
My commission has no expiration date.
Section 147.03 O.R.C.

I, the undersigned Secretary or Assistant Vice-President of The Cincinnati Insurance Company and The Cincinnati Casualty Company, hereby certify that the above is the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Power of Attorney is still in full force and effect.

Given under my hand and seal of said Companies at Fairfield, Ohio, this 17th day of June, 2022.

BN-1457 (3/21)

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 Norco, Inc

Physical Address 440 30th Street

City Elko State Nevada Zip 89801

Mailing Address (if different from physical address) 1125 W. Amity Rd.

City Boise State ID Zip 83705

Telephone 775-738-1314 Website www.norco-inc.com

Licensing Company Email compliance@norco-inc.com

Section 2: Personal Information

First Betty Middle Darlene Last Elumbaugh

Alias(es, nicknames, name changes, etc.) Betty Darlene Chitwood, Betty Darlene Sheldon

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted]Edgewood Ave

City Spring Creek State NV Zip 89815

Telephone [redacted] Email bettye@norco-inc.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: 01/25/1987 to: 03/25/1994

Military Occupation/Specialty 49151 -Comm/Comp System Operator/E-4

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 bde

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Caldwell Senior High School		08/83 - 06/86	
Address	**City**	**State**	**Zip**
1100 Willow St	Caldwell	Idaho	83605
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/08- current	[redacted] Edgewood Ave	Spring Creek	NV	89815
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 bde

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 recordkeeping 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)	
Norco, Inc			09/13 - current	
Business Address		**City**	**State**	**Zip**
440 30th Street		Elko	NV	89801
Phone	**Title**		**Number of Employed Hours**	
775-738-1314	Assistant Manager		17,500	
Description of Duties				
Oversee operations of branch medical division and fill in for branch manager in their absence.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description 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 bde

Section B: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5/4/2022
Date

Applicant's initials bde

I, Betty Darlene Elumbaugh, **certify that as the designated representative for** Norco, 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

Betty Elumbaugh

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05/04/2022

Date

Applicant's initials bde

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Betty Elumbaugh

Print Name (First, Last)

Betty Elumbaugh

Original Signature (electronic, copies or stamps not accepted)

05/04/22

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of ELKO

I, Betty D. Elumbaugh, 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.

Betty Elumbaugh

Original Signature

05/04/2022

Date

Subscribed and Sworn to before me this 4th day of May 2022

Nichole Mouritsen

Notary Public Signature

NICHOLE MOURITSEN
Notary Public, State of Nevada
Appointment No. 18-1035-6
My Appt. Expires Jan 13, 2026

(Seal)

Applicant's initials bde

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 Norco, Inc MDEG License # (if applicable) MP00047

Physical Address 440 30th Street

City Elko State Nevada Zip 89801

Mailing Address (if different from physical address) 1125 W. Amity Rd.

City Boise State ID Zip 83705

Telephone 775-738-1314 Website www.norco-inc.com

Licensing Company Email compliance@norco-inc.com

Section 2: Personal Information

First Betty Middle Darlene Last Elumbaugh

Alias(es, nicknames, name changes, etc.) Betty Darlene Chitwood, Betty Darlene Sheldon

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] Edgewood Ave

City Spring Creek State NV Zip 89815

Telephone [redacted] Email bettye@norco-inc.com

Are you a citizen of the United States? ✓ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Caldwell Senior High School		08/83 - 06/86	
Address	**City**	**State**	**Zip**
1100 Willow St	Caldwell	Idaho	83605
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/08- current	[redacted] Edgewood Ave	Spring Creek	NV	89815
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Norco, Inc			09/13 - current	
Business Address		**City**	**State**	**Zip**
440 30th Street		Elko	NV	89801
Phone	**Title**		**Number of Employed Hours**	
775-738-1314	Assistant Manager		17,500	
Description of Duties				
Oversee operations of branch medical division and fill in for branch manager in their absence.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

05/16/2022
Date

I, Betty Darlene Elumbaugh **, certify that as the MDEG Administrator for**

Norco Inc ,

that I (initial that you have read and meet the following requirements):

1. bde Have a high school diploma or its equivalent;
2. bde 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. bde 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. bde 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.

Betty Elumbaugh

Print Name (First, Last)

Betty Elumbaugh

Original Signature (electronic, copies or stamps not accepted)

05/16/2022

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 Norco Inc.

Physical Address 440 30th St.

City Elko State NV Zip 89801

Mailing Address (if different from physical address) 1125 W. Amity Rd.

City Boise State ID Zip 83705

Telephone 775-738-1314 Website www.norco-inc.com

Licensing Company Email compliance@norco-inc.com

Section 2: Personal Information

First Nicole Middle Celeste Last Kissler

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted]W Amity

City Boise State ID Zip 83705

Telephone [redacted] Email nicolek@norco-inc.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

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 NK

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Oregon State University		09/03-06/07	
Address	**City**	**State**	**Zip**
1500 SW Jefferson Way	Corvallis	OR	97331
Diploma/Degree obtained, if any			
BS Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Boise High School		08/00 - 05/03	
Address	**City**	**State**	**Zip**
1010 W Washington St	Boise	ID	83702
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/20-04/22	[redacted] Sendero Ln	Boise	ID	83712
01/14-07/20	[redacted] N 16th St	Boise	ID	83702
09/12 - 12/13	[redacted] Greenwood Ave N	Seattle	WA	98103
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Norco Inc			01/14 - 04/22	
Business Address		**City**	**State**	**Zip**
1125 W Amity		Boise	ID	83705
Phone	**Title**			
2083361643	CEO			
Description of Duties				
Responsible for managing a company's overall operations				

Business Name			From - To (MM/YY – MM/YY)	
Central Welding Supply			09/11 - 12/13	
Business Address		**City**	**State**	**Zip**
13300 38th Ave NE		Marysville	WA	98271
Phone	**Title**			
3606512307	Human Resources			
Description of Duties				
Payroll & Benefits				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**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 NK

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)

4/14/22
Date

Applicant's initials AK

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicole Kissler

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/08/22

Date

Please have this section completed in the presence of a Notary Public.

State of Idaho, ss. County of Ada.

I, Nicole Kissler, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/14/22

Date

Subscribed and Sworn to before me this 14th day of April.

Julie F. Thomas

Notary Public Signature

JULIE F THOMAS
Comm. No. 29477
NOTARY PUBLIC
Expires: 07/09/2023
STATE OF IDAHO

(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 Norco Inc

Physical Address 440 30th Street

City Elko State NV Zip 89801

Mailing Address (if different from physical address) 1125 W Amity Rd

City Boise State ID Zip 83705

Telephone 775-738-1314 Website www.norco-inc.com

Licensing Company Email compliance@norco-inc.com

Section 2: Personal Information

First Cheryl Middle Ann Last Larabee

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address 313 W. Thornberry Drive

City Boise State ID Zip 83702

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 CAL

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Osseo High School			09/68	- 05/71
Address	**City**		**State**	**Zip**
317 2nd Ave NW	Osseo		MN	56369
Diploma/Degree obtained, if any				
Diploma - Graduation				
School Name			**From - To (MM/YY – MM/YY)**	
Moorhead State College			09/71	- 05/75
Address	**City**		**State**	**Zip**
1104 7th Ave. S.	Moorhead		MN	56563
Diploma/Degree obtained, if any				
B. A.				
School Name			**From - To (MM/YY – MM/YY)**	
Golden Gate University			09-79	09-80
Address	**City**		**State**	**Zip**
536 Mission Street	San Francisco		CA	94105
Diploma/Degree obtained, if any				
M B A				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper, if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/12 - 03/22	[redacted] Thornberry Drive	Boise	ID	83702
05/98 - 05/12	[redacted] 5 Parkside Drive	Boise	ID	83712
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 CAL

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: McKenzie Trust			From - To (MM/YY – MM/YY): 09/08 – 03/22	
Business Address: 313 Thornberry Drive	City: Boise		State: ID	Zip: 83702
Phone: 208. 863. 4223	Title: Trustee			
Description of Duties: Fiduciary				

Business Name: Deschutes Trust			From - To (MM/YY – MM/YY): 01/21 – 03/22	
Business Address: 313 Thornberry Drive	City: Boise		State: ID	Zip: 83702
Phone: 208. 863. 4223	Title: Trustee			
Description of Duties: Fiduciary				

Business Name: Norco, Inc			From - To (MM/YY – MM/YY): 01/10 – 03/22	
Business Address: 1121 W. Amity	City: Boise		State: ID	Zip: 83705
Phone: 208. 336. 1643	Title: Director			
Description of Duties: Board/Company Oversight				

Business Name: Boise State University			From - To (MM/YY – MM/YY): 01/05 – 07/20	
Business Address: 1910 University Drive	City: Boise		State: ID	Zip: 83725
Phone: 208. 426. 1000	Title: AVP + Professor			
Description of Duties: AVP Advancement, Professor				

Business Name: ZAGG, Inc			From - To (MM/YY – MM/YY): 09/13 – 02/22	
Business Address: 910 Legacy Center Way	City: Salt Lake City		State: UT	Zip: 84047
Phone: 801-263-0699	Title: Director			
Description of Duties: Board/Company oversight				

Continue on next page if additional space is needed.

Applicant's initials CAL

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	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 5tate 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
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Cheryl Lovash
Original Signature (electronic, copies or stamps not accepted)

5-3-22
Date

Applicant's initials CAL

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Cheryl A. Larabee

Print Name (First, Last)

Cheryl A. Larabee

Original Signature (electronic, copies or stamps not accepted)

03/25/22

Date

Please have this section completed in the presence of a Notary Public.

State of Idaho, ss. County of Ada

I, Cheryl A. Larabee, 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.

Cheryl A. Larabee

Original Signature

03/25/22

Date

Subscribed and Sworn to before me this 25th day of March.

Julie F Thomas

Notary Public Signature

JULIE F THOMAS
Comm. No. 29477
NOTARY PUBLIC
Expires: 07/08/2023
STATE OF IDAHO

(Seal)

Applicant's initials CAL

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 Norco Inc

Pharmacy/MDEG/Wholesaler License # (if applicable)

Physical Address 440 30th Street

City Elko State NV Zip 89801

Mailing Address (if different from physical address) 1125 W Amity Rd

City Boise State ID Zip 83705

Telephone 775-738-1314 Website www.norco-inc.com

Licensing Company Email compliance@norco-inc.com

Section 2: Individual Information

First James Middle Alan Last Kissler

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] W. Amity Rd

City Boise State ID Zip 83705

Telephone [redacted] Email jimK@norco-inc.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service

1. Have you ever served on active 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: Child Support

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	Address	City	From - To (MM/YY – MM/YY)	State	Zip	Diploma/Degree obtained, if any
Capitol High School	Goddard St	Boise	9/68 – 6/72	ID	83704	
Washington State University		Pullman	9/72 6/76	WA		Master of Arts Business Administration

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1/1983 4/2020	[redacted] Sendero Lane	Boise	ID	83712
5/20 –	[redacted] N Trautner Way	Boise	ID	83712

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: Norco Inc			From - To (MM/YY – MM/YY): 1/83 – Pres.
Business Address: 1125 W. Amity Rd	City: Boise	State: ID	Zip: 83705
Phone: 208 336-1643	Title: Sales – CEO – Chairman		
Description of Duties: Run the 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.)	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 # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
1975	1975	WA	Pullman	
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		Pullman City Police		
Reason/Charge				
DUI				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
defendant				
Name of Business/Industry/Entity				

Provide explanation below: DUI conviction

James Kinlin
Original Signature (electronic, copies or stamps not accepted)

9/26/22
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
1983	2022	ID	BOISE	ADA
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Shareholder - Norco INC				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant			Lawsuits	
Name of Business/Industry/Entity				
Norco INC				

Provide explanation below:

Business Litigation

1980's NON Compete Litigation (1)

1990's Wrongful Termination Litigation (1)

James Kristan

Original Signature (electronic, copies or stamps not accepted)

9/26/22

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 Kissler
Print Name (First, Last)

James Kissler
Original Signature (electronic, copies or stamps not accepted)

9/26/22
Date

Please have this section completed in the presence of a Notary Public.

State of Idaho, ss. County of Ada

I, James Kissler, 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.

James Kissler
Original Signature

9/26/22
Date

Subscribed and Sworn to before me this 26th day of SEPTEMBER

Notary Public Signature

TEEOCKA MARIE MCGRATH
Comm. No. 20223913
NOTARY PUBLIC
EXPIRES: 08/15/2028
STATE OF IDAHO

(Seal)

12C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (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: Norco Inc.

Physical Address: 740 Fairgrounds Rd.

City: Winnemucca State: NV Zip: 89445

Mailing Address (if different from physical address): 1125 W. Amity Rd.

City: Boise State: ID Zip: 83705

Telephone: 775-623-2200 Website: norco-inc.com

Name of Designated Representative (DR): Tom Kruse

Licensing Company Email: compliance@norco-inc.com DR Email: tomk@norco-inc.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)

6/16/2022
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: ResMed Inc
Address: 9001 Spectrum Center Blvd City: San Diego State: CA Zip: 92123

Name: Respironics
Address: 1010 Murry Ridge Ln City: Murrysville State: PA Zip: 15668

Name: Medline Industries
Address: Three Lakes Dr. City: Northfield State: IL Zip: 60093

Name: Invacare
Address: 1 Invacare Way City: Elyria State: OH Zip: 44035

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: Idaho
Parent Company (if any): n/a
Corporation/Organization Name: Norco Inc.
Mailing Address: 1125 W. Amity Rd.
City: Boise State: ID Zip: 83705
Telephone: 208-336-1643 Email: compliance@norco-inc.com
Contact Person Name: Roger Hudgens

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.

Norco, Winnemucca

Facility Name

Roger Hudgens, Director of Risk Management

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

6/16/2022

Date

Board Use Only	Date Received: _____	Amount: $1,000 check 754446

Norco
WELDING • SAFETY • MEDICAL
Supplies and Gases
1125
WEST AMITY ROAD
BOISE, ID
83705

THE JOINT COMMISSION ACCREDITED
ISO 9001-2015 - TÜV CERTIFIED
QUALITY SYSTEM REGISTERED

(208) 336-1643 •TEL
(208) 433-6160 •FAX

Norco Inc.
Corporate Ownership / Officers

Norco Inc. – Ownership:

Ownership Entity	Trustee	Ownership %
Metolius Trust	Nicole Kissler	19.62%
McKenzie Trust	Cheryl Larabee	33.25%
Deschutes Trust	Cheryl Larabee	12.14%
Norco ESOP Trust	Alerus Financial	35.0%

Norco Inc. – Executive Officers:



Roger Hudgens
Director of Risk Management
Norco, Inc.

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **NORCO, INC.**, as a FOREIGN CORPORATION (80) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 07/23/2004, and is in good standing in this state.

I further certify that the above FOREIGN CORPORATION (80) has its formation document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/02/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202205022631668
You may verify this certificate online at http://www.nvsos.gov

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/29/2021

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: Kacee Mock	
The Leavitt Group of Boise, Inc. 6220 N. Discovery Way, Ste 100 Boise ID 83713	PHONE (A/C, No, Ext): (208) 375-9199	FAX (A/C, No): (208) 658-1951
	E-MAIL ADDRESS: kacee-mock@leavitt.com	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Zurich American Insurance Company	C16535
INSURER B: Great American E&S Insurance Company	37532
INSURER C: Crum & Forster Specialty Insurance Company	44520
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Norco, Inc.
1125 W. Amity Road
Boise ID 83705

COVERAGES **CERTIFICATE NUMBER:** 21-22 Master **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 [X] PRO-JECT [ ] LOC [ ] OTHER:			GLO0381400-06	07/01/2021	07/01/2022	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			BAP0381401-06	07/01/2021	07/01/2022	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
B	[ ] UMBRELLA LIAB [X] OCCUR [X] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			XS2260340-04	07/01/2021	07/01/2022	EACH OCCURRENCE	$ 5,000,000
							AGGREGATE	$ 5,000,000
								$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC0381399-06	07/01/2021	07/01/2022	[X] PER STATUTE [ ] OTH-ER	StopGap:ND,WY,WA
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
C	2nd EXCESS Policy: Layer over GL, Auto and Employers Liability			SEO-114105	07/01/2021	07/01/2022	5 x 5 Excess Layer Limit	$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Norco, Inc.
1125 W. Amity Road
Boise ID 83705

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

Kacee Mock

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Winnemucca Store Employee List

Location Description	First Name	Last Name	Job Title Description	Secondary Job Title	Tertiary Job Title
Winnemucca Store	Angelica	Waller	INDUSTRIAL CUST. SRVC REP	INDSTRPU - IND. STORE PURCHASING	INDSTRBC - IND. STORE BILLING CLERK
Winnemucca Store	Byron	Watson	Industrial CDL Route Delivery Driver	INDPROTC - IND. STORE PRO. TECH.	INDWRPUR - IND STORE WAREHOUSE/PURCH
Winnemucca Store	David	Matheson	IND STORE WAREHOUSE/PURCH	INDPROTC - IND. STORE PRO. TECH.	INDCSREP - INDUSTRIAL CUST. SRVC REP
Winnemucca Store	Diann	Baker	IND. STORE BILLING CLERK	INDRECP - IND. STORE RECEPTIONIST	INDCSREP - INDUSTRIAL CUST. SRVC REP
Winnemucca Store	Jay	Nyborg	Outside Sales	INDCSREP - INDUSTRIAL CUST. SRVC REP	
Winnemucca Store	Mathew	Patchen	IND STORE WAREHOUSE/PURCH	INDNONCDL - Ind NON CDL Route Delivery Driver	INDPROTC - IND. STORE PRO. TECH.
Winnemucca Store	Thomas	Kruse	INDUSTRIAL STORE MANAGER	INDCSREP - INDUSTRIAL CUST. SRVC REP	

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. CBE1015036

Application/License No. _____

Norco, Inc. , doing or intending to do
Applicant/Principal
business as a pharmaceutical wholesaler, whose address for purposes of service is

740 Fairgrounds Rd, Winnemucca, NV 89445-2000 , as
Address of Applicant/Principal
PRINCIPAL, and The Cincinnati Insurance Company , a
Surety Company
corporation organized under the laws of the state of Ohio
State of Incorporation
and authorized to transact a general surety business in the State of Nevada, whose address

for purposes of service is
6200 S Gilmore Rd, Fairfield, OH 45014-5141 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 ($ 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 1, 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 17th day of June, 20 22.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Kacee Mock, Attorney-in-fact

print name

SIGNED and SEALED in the presence of:

Julie F Thomas

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

JULIE F THOMAS Comm. No. 29477 NOTARY PUBLIC Expires: 07/08/2025 STATE OF IDAHO

THE CINCINNATI INSURANCE COMPANY
THE CINCINNATI CASUALTY COMPANY

Fairfield, Ohio CBE1015036

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That THE CINCINNATI INSURANCE COMPANY and THE CINCINNATI CASUALTY COMPANY, corporations organized under the laws of the State of Ohio, and having their principal offices in the City of Fairfield, Ohio (herein collectively called the "Companies"), do hereby constitute and appoint

Kacee Mock

of Boise ID

their true and legal Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and deliver on behalf of the Companies as Surety, any and all bonds, policies, undertakings or other like instruments, as follows:

One Hundred Thousand Dollars $ 100,000.00

This appointment is made under and by authority of the following resolutions adopted by the Boards of Directors of The Cincinnati Insurance Company and The Cincinnati Casualty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the President or any Senior Vice President be hereby authorized, and empowered to appoint Attorneys-in-Fact of the Company to execute any and all bonds, policies, undertakings, or other like instruments on behalf of the Corporation, and may authorize any officer or any such Attorney-in-Fact to affix the corporete seal; and may with or without cause modify or revoke any such appointment or authority. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company.

RESOLVED, that the signature of the President or any Senior Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary or Assistant Vice-President and the Seal of the Company may be affixed by facsimile to any certificate of any such power and any such power of certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS WHEREOF, the Companies have caused these presents to be sealed with their corporate seals, duly attested by their President or any Senior Vice President this 16th day of March, 2021.

THE CINCINNATI INSURANCE COMPANY
THE CINCINNATI CASUALTY COMPANY

Stephen A. Ventre

STATE OF OHIO)SS:
COUNTY OF BUTLER)

On this 16th day of March, 2021 before me came the above-named President or Senior Vice President of The Cincinnati Insurance Company and The Cincinnati Casualty Company, to me personally known to be the officer described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of said Companies and the corporate seals and the signature of the officer were duly affixed and subscribed to said instrument by the authority and direction of said corporations.

Keith Collett, Attorney at Law
Notary Public – State of Ohio
My commission has no expiration date.
Section 147.03 O.R.C.

I, the undersigned Secretary or Assistant Vice-President of The Cincinnati Insurance Company and The Cincinnati Casualty Company, hereby certify that the above is the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Power of Attorney is still in full force and effect.

Given under my hand and seal of said Companies at Fairfield, Ohio, this 17th day of June, 2022

BN-1457 (3/21)

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 Norco

Physical Address 740 Faigrounds Rd

City Winnemucca State NV Zip 89445

Mailing Address (if different from physical address) 1125 W. Amity Rd.

City Boise State ID Zip 83705

Telephone 775-623-2200 Website www.norco-inc.com

Licensing Company Email compliance@norco-inc.com

Section 2: Personal Information

First Thomas Middle Leonard Last Kruse

Alias(es, nicknames, name changes, etc.) n/a

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Germain Dr

City Winnemucca State NV Zip 89445

Telephone [redacted] Email tomk@norco-inc.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: February 1985 to: December 1992

Military Occupation/Specialty Communications

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 TK.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Chinook High School		09/78 - 05/82	
Address	**City**	**State**	**Zip**
528 Ohio St.	Chinook	MT	59523
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/13 - Current	[redacted] Germain Dr	Winnemucca	NV	89445
12/12 - 04/13	Jupiter St	Winnemucca	NV	89445
07/12 - 11/12	Placer Dr.	Winnemucca	NV	89445
02/07 - 06/12	[redacted] Bronco Dr.	Spring Creek	NV	89815

Applicant's initials TK

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)	
Norco Inc.			07/12 - Current	
Business Address		**City**	**State**	**Zip**
740 Fairgrounds Rd		Winnemucca	NV	89445
Phone	**Title**		**Number of Employed Hours**	
775-623-2200	Branch Manager		20,106	
Description of Duties				
Storage, handling, delivery of medical Gases				

Business Name			From - To (MM/YY – MM/YY)	
Norco Inc.			11/06 - 06/12	
Business Address		**City**	**State**	**Zip**
440 30th St.		Elko	NV	89801
Phone	**Title**		**Number of Employed Hours**	
775-738-1314	Branch Manager		11440	
Description of Duties				
Storage, handling, delivery of medical Gases and supplies. CPAP and respiratory set up.				

Business Name			From - To (MM/YY – MM/YY)	
Norco Inc.			04/96 - 10/06	
Business Address		**City**	**State**	**Zip**
740 Fairgrounds Rd		Winnemucca	NV	89445
Phone	**Title**		**Number of Employed Hours**	
775-623-2200	Branch Manager, inside sales, warehouse, delivery		21840	
Description of Duties				
storage, handling, delivery of medical Gases				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description 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:

Thomas L. Kirs

Original Signature (electronic, copies or stamps not accepted)

4/6/2023

Date

Applicant's initials TK

I, Thomas Kruse, **certify that as the designated representative for**

Norco Inc. - 740 Fairgrounds Rd. Winnemucca, NV 89445,

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

Thomas Kruse

Print Name (First, Last)

Thomas Kruse

Original Signature (electronic, copies or stamps not accepted)

4/6/2023

Date

Applicant's initials TK

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Thomas Kruse

Print Name (First, Last)

Thomas L. Kruse — 4/6/2022

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 HUMBOLDT

I, THOMAS L. KRUSE, 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.

Thomas L. Kruse — 4/6/2022

Original Signature — **Date**

Subscribed and Sworn to before me this 6 day of April 2022, by Thomas L. Kruse

T Spero

Notary Public Signature

T SPERO
Notary Public - State of Nevada
Appointment Recorded in Humboldt County
No: 94-1226-9 - Expires January 6, 2026

(Seal)

Applicant's initials TK

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: Norco — MDEG License # (if applicable): n/a

Physical Address: 740 Faigrounds Rd

City: Winnemucca — State: NV — Zip: 89445

Mailing Address (if different from physical address): 1125 W. Amity Rd.

City: Boise — State: ID — Zip: 83705

Telephone: 775-623-2200 — Website: www.norco-inc.com

Licensing Company Email: compliance@norco-inc.com

Section 2: Personal Information

First: Thomas — Middle: Leonard — Last: Kruse

Alias(es, nicknames, name changes, etc.): n/a

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Germain Dr

City: Winnemucca — State: NV — Zip: 89445

Telephone: [redacted] — Email: tomk@norco-inc.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Chinook High School		09/78 - 05/82	
Address	**City**	**State**	**Zip**
528 Ohio St.	Chinook	MT	59523
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/13 - Current	[redacted] Germain Dr	Winnemucca	NV	89445
12/12 - 04/13	Jupiter St	Winnemucca	NV	89445
07/12 - 11/12	Placer Dr.	Winnemucca	NV	89445
02/07 - 06/12	[redacted] Bronco Dr.	Spring Creek	NV	89815
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Norco Inc.			07/12 - Current	
Business Address		**City**	**State**	**Zip**
740 Fairgrounds Rd		Winnemucca	NV	89445
Phone	**Title**		**Number of Employed Hours**	
775-623-2200	Branch Manager		20,106	
Description of Duties				
Storage, handling, delivery of medical Gases				

Business Name			From - To (MM/YY – MM/YY)	
Norco Inc.			11/06 - 06/12	
Business Address		**City**	**State**	**Zip**
440 30th St.		Elko	NV	89801
Phone	**Title**		**Number of Employed Hours**	
775-738-1314	Branch Manager		11440	
Description of Duties				
Storage, handling, delivery of medical Gases and supplies. CPAP and respiratory set up.				

Business Name			From - To (MM/YY – MM/YY)	
Norco Inc.			04/96 - 10/06	
Business Address		**City**	**State**	**Zip**
740 Fairgrounds Rd		Winnemucca	NV	89445
Phone	**Title**		**Number of Employed Hours**	
775-623-2200	Branch Manager, inside sages, warehouse, delivery		21840	
Description of Duties				
Storage, handling, delivery of medical Gases				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description 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
2005		NV	Winnemucca	Humboldt
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Arrested and charged with DUI. Went to court. Dismissed. No longer have paperwork.

Original Signature (electronic, copies or stamps not accepted)

5/16/2022
Date

I, Thomas Kruse, **certify that as the MDEG Administrator for**

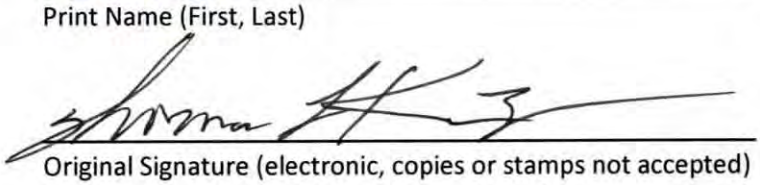
Norco, Inc., 740 Fairgrounds Rd, Winnemucca, NV 89445,

that I (initial that you have read and meet the following requirements):

1. tk TK Have a high school diploma or its equivalent;
2. tk TK 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. tk TK 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. tk TK 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.

Thomas Kruse
Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

5/16/2022
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 Norco

Physical Address 740 Fairgrounds Rd.

City Winnemucca State NV Zip 89445

Mailing Address (if different from physical address) 1125 W. Amity Rd.

City Boise State ID Zip 83705

Telephone 775-623-2200 Website www.norco-inc.com

Licensing Company Email compliance@norco-inc.com

Section 2: Personal Information

First Cheryl Middle Ann Last Larabee

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] W. Thornberry Drive

City Boise State ID Zip 83702

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 CAL

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Osseo High School			09/68	- 05/71
Address	**City**		**State**	**Zip**
317 2nd Ave NW	Osseo		MN	56369
Diploma/Degree obtained, if any				
Diploma - Graduation				

School Name			From - To (MM/YY – MM/YY)	
Moorhead State College			09/71	- 05/75
Address	**City**		**State**	**Zip**
1104 7th Ave. S.	Moorhead		MN	56563
Diploma/Degree obtained, if any				
B.A.				

School Name			From - To (MM/YY – MM/YY)	
Golden Gate University			09-79	09-80
Address	**City**		**State**	**Zip**
536 Mission Street	San Francisco		CA	94105
Diploma/Degree obtained, if any				
MBA				

School Name			From - To (MM/YY – MM/YY)	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/12 - 03/22	[redacted] Thornberry Drive	Boise	ID	83702
05/98 - 05/12	[redacted] Parkside Drive	Boise	ID	83712
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 CAL

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: McKenzie Trust | From - To (MM/YY – MM/YY): 09/08 – 03/22
Business Address: 313 Thornberry Drive | City: Boise | State: ID | Zip: 83702
Phone: 208. 863. 4223 | Title: Trustee
Description of Duties: Fiduciary

Business Name: Deschutes Trust | From - To (MM/YY – MM/YY): 01/21 – 03/22
Business Address: 313 Thornberry Drive | City: Boise | State: ID | Zip: 83702
Phone: 208. 863. 4223 | Title: Trustee
Description of Duties: Fiduciary

Business Name: Norco, Inc | From - To (MM/YY – MM/YY): 01/10 – 03/22
Business Address: 1121 W. Amity | City: Boise | State: ID | Zip: 83705
Phone: 208. 336. 1643 | Title: Director
Description of Duties: Board/Company Oversight

Business Name: Boise State University | From - To (MM/YY – MM/YY): 01/05 – 07/20
Business Address: 1910 University Drive | City: Boise | State: ID | Zip: 83725
Phone: 208. 426. 1000 | Title: AVP + Professor
Description of Duties: AVP Advancement, Professor

Business Name: ZAGG, Inc | From - To (MM/YY – MM/YY): 09/13 – 02/22
Business Address: 910 Legacy Center Way | City: Salt Lake City | State: UT | Zip: 84047
Phone: 801-263-0699 | Title: Director
Description of Duties: Board/Company oversight

Continue on next page if additional space is needed.

Applicant's initials: CAL

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	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 # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Cheryl Lamb

Original Signature (electronic, copies or stamps not accepted)

5-3-22

Date

Applicant's initials CAL

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Cheryl A. Larabee

Print Name (First, Last)

Cheryl A. Larabee

Original Signature (electronic, copies or stamps not accepted)

03/25/22

Date

Please have this section completed in the presence of a Notary Public.

State of Idaho, ss. County of Ada

I, Cheryl A. Larabee, 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.

Cheryl A. Larabee

Original Signature

03/25/22

Date

Subscribed and Sworn to before me this 25th day of March.

Julie F. Thomas

Notary Public Signature

JULIE F THOMAS
Comm. No. 29477
NOTARY PUBLIC
Expires: 07/08/2025
STATE OF IDAHO

(Seal)

Applicant's initials CAL

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 Norco Inc.

Physical Address 740 Fairgrounds Rd.

City Winnemucca State NV Zip 89445

Mailing Address (if different from physical address) 1125 W. Amity Rd.

City Boise State ID Zip 83705

Telephone 775-623-2200 Website www.norco-inc.com

Licensing Company Email compliance@norco-inc.com

Section 2: Personal Information

First Nicole Middle Celeste Last Kissler

Alias(es, nicknames, name changes, etc.) n/a

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted]W. Amity Rd.

City Boise State ID Zip 83705

Telephone [redacted] Email nicolek@norco-inc.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

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 NK

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Oregon State University		09/03 - 06/07	
Address	City	State	Zip
1500 SW Jefferson Way	Corvallis	OR	97331
Diploma/Degree obtained, if any			
BS Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Boise High School		08/00 - 05-03	
Address	City	State	Zip
1010 W. Washington St.	Boise	ID	83702
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/20 - 04/22	[redacted] Sendero Ln	Boise	ID	83712
01/14 - 07/20	[redacted] N. 16th St.	Boise	ID	83702
09/12 - 12/13	[redacted] Greenwood Ave N	Seattle	WA	98103
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 NK

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)	
Norco Inc			01/14 - 04-22	
Business Address		**City**	**State**	**Zip**
1125 W Amity Rd		Boise	ID	83705
Phone	**Title**			
208-336-1643	CEO			
Description of Duties				
Responsible for managing the company's overall operations				

Business Name			From - To (MM/YY – MM/YY)	
Central Welding Supply			09/11 - 12/13	
Business Address		**City**	**State**	**Zip**
13300 38th Ave NE		Marysville	WA	98271
Phone	**Title**			
260-651-2307	Human Resources			
Description of Duties				
Payroll & Benefits				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**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 NK

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:

NK

Original Signature (electronic, copies or stamps not accepted)

6/3/22

Date

Applicant's initials NK

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kissler, Nicole

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/3/22

Date

Please have this section completed in the presence of a Notary Public.

State of Idaho, ss. County of Ada

I, Nicole Kissler, 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

6/3/22

Date

Subscribed and Sworn to before me this 8th day of June 2022.

Julie F. Thomas

Notary Public Signature

JULIE F THOMAS
Comm. No. 29477
NOTARY PUBLIC
Expires: 07/08/2025
STATE OF IDAHO
(Seal)

Applicant's initials NK

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 Norco Inc

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 740 Fairground Rd

City Winnemucca State NV Zip 89445

Mailing Address (if different from physical address) 1125 W Amity Rd

City Boise State ID Zip 83705

Telephone 775-623-2200 Website www.norco-inc.com

Licensing Company Email compliance@norco-inc.com

Section 2: Personal Information

First James Middle Alan Last Kissler

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] W. Amity Rd

City Boise State ID Zip 83705

Telephone [redacted] Email jimK@norco-inc.com

Are you a citizen of the United States? ☒ Yes ☐ No

1. Have you ever served on active 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

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: Capitol High School			From - To (MM/YY – MM/YY): 9/68 - 6/72	
Address: Goddard St	City: Boise		State: ID	Zip: 83704
Diploma/Degree obtained, if any:				
School Name: Washington State University			From - To (MM/YY – MM/YY): 9/72 6/76	
Address:	City: Pullman		State: WA	Zip:
Diploma/Degree obtained, if any: Master of Arts Business Administration				
School Name:			From - To (MM/YY – MM/YY):	
Address:	City:		State:	Zip:
Diploma/Degree obtained, if any:				
School Name:			From - To (MM/YY – MM/YY):	
Address:	City:		State:	Zip:
Diploma/Degree obtained, if any:				
School Name:			From - To (MM/YY – MM/YY	
Address:	City:		State:	Zip:
Diploma/Degree obtained, if any:				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1/1983 4/2020	[redacted] Sendero Lane	Boise	ID	83712
5/20 –	[redacted] N Trautner Way	Boise	ID	83712
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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: Norco Inc			From - To (MM/YY – MM/YY): 1/83 – Pres.
Business Address: 1125 W. Amity Rd	City: Boise	State: ID	Zip: 83705
Phone: 208 336-1643	Title: Sales – CEO – Chairman		
Description of Duties: Run the 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.)	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 # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
1975	1975	WA	Pullman	
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
		Pullman City Police		
Reason/Charge				
DUI				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
defendant				
Name of Business/Industry/Entity				

Provide explanation below: DUI conviction

James Kinslow
Original Signature (electronic, copies or stamps not accepted)

9/26/22
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
1983	2022	ID	BOISE	ADA
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Shareholder - Norco Inc				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Defendant		Lawsuits		
Name of Business/Industry/Entity				
Norco Inc				

Provide explanation below:

Business Litigation

1980's NON Compete Litigation (1)

1990's Wrongful Termination Litigation (1)

James Kaplan

Original Signature (electronic, copies or stamps not accepted)

9/26/22

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 Kissler
Print Name (First, Last)

James Kissler
Original Signature (electronic, copies or stamps not accepted)

9/26/22
Date

Please have this section completed in the presence of a Notary Public.

State of Idaho, ss. County of Ada

I, James Kissler, 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.

James Kissler
Original Signature

9/26/22
Date

Subscribed and Sworn to before me this 26th day of SEPTEMBER

Notary Public Signature

TEEOCKA MARIE MCGRATH
Comm. No. 20233017
NOTARY PUBLIC
STATE OF IDAHO

(Seal)

13

13A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (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: Skeletal Dynamics Inc.

Physical Address: 7300 North Kendall Drive Suite 400

City: Miami State: FL Zip: 33156

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 305-596-7585 Website: www.skeletaldynamics.com

Name of Designated Representative (DR): Thomas Norman

Licensing Company Email: contracts@skeletaldynamics.com DR Email: tnorman@skeletaldynamics.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: Surgery centers		■ Others: Repackager/Relabeler; Specification Developer; Complaint File Establishment

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 had transactions with in regards to human [illegible] sold, dispensed or distributed within the last year.

Name: N/A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida

Parent Company (if any): Skeletal Holdings, LLC

Corporation/Organization Name: Skeletal Dynamics Inc.

Mailing Address: 7300 North Kendall Drive

City: Miami State: FL Zip: 33156

Telephone: 305-596-7585 Email: aescagedo@skeletaldynamics.com

Contact Person Name: Ana Escagedo

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** LINDE G	✓	✓	✓	✓
• **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.

Skeletal Dynamics Inc.

Facility Name

Tom Norman

Print Name of Authorized Person Submitting Application

Tom Norman

Original signature of Authorized Person (copies or stamps not accepted)

August 11, 2022

Date

Board Use Only	Date Received: 8.15.22	Amount: 1000.00 CK-534

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. B150006139

Application/License No. _____

Skeletal Dynamics, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 7300 N Kendall Dr Ste 400, Miami, FL 33156-7854 (Address of Applicant/Principal), as PRINCIPAL, and Old Republic Surety Company (Surety Company), a corporation organized under the laws of the state of Wisconsin (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 445 S Moorland Rd Ste 200, Brookfield, WI 53005-4254 (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 8/10/2022 (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 10th day of August, 20 22.

APPLICANT/PRINCIPAL

Thomas Gorman
Authorized Representative

SURETY COMPANY

Surety Company's Representative

LAURA Dipersio, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Stella Ross
Witness

Witness

SIGNED and SEALED in the presence of:

N. Elif Aslan
Witness

Witness

Countersigned by:

Michelle A. Viers
Nevada Resident Agent

OLD REPUBLIC SURETY COMPANY

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint: Laura Dipersico Of PALM BEACH GARDENS, Florida

its true and lawful Attorney(s)-in-Fact, with full power and authority, not exceeding $10,000,000, for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, ***(other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, asbestos abatement contract bonds, waste management bonds, hazardous waste remediation bonds or black lung bonds),*** as follows: Effective Date of Change: 08/10/2022

Bond Number:	B150006139	Bond Amount:	Twenty-Five Thousand Dollars	$ 25,000.00
Principal Name:	Skeletal Dynamics, Inc.			
Obligee Name:	NV State Board of Pharmacy, Nevada			

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18,1982.

RESOLVED that the president, any vice president or assistant vice president, in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company

(i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or

(ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or

(iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the company to such person or persons.

RESOLVED FURTHER that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this 10th day of August, 2022.

OLD REPUBLIC SURETY COMPANY

Karen J. Haffner
Assistant Secretary

OLD REPUBLIC SURETY COMPANY CORPORATE SEAL 1981

Alan Pavlic
President

STATE OF WISCONSIN, COUNTY OF WAUKESHA - SS

On this 10th day of August, 2022, personally came before me, Alan Pavlic and Karen J. Haffner, to me known to be the individuals and officers of the OLD REPUBLIC SURETY COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.

KATHRYN R. PEARSON NOTARY PUBLIC STATE OF WISCONSIN

Kathryn R. Pearson
Notary Public

My Commission Expires: 09/28/2026
(Expiration of notary's commission does not invalidate this instrument)

CERTIFICATE

I, the undersigned, assistant secretary of the OLD REPUBLIC SURETY COMPANY, a Wisconsin corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

0922486

OLD REPUBLIC SURETY COMPANY CORPORATE SEAL 1981

Signed and sealed at the City of Brookfield, WI this 10th day of August, 2022.

Karen J. Haffner
Assistant Secretary

ORSC 22262 (3-06)

MARSH & MCLENNAN AGENCY LLC DBA SEITLIN & COMPANY

FDA U.S. FOOD & DRUG ADMINISTRATION

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
SKELETAL DYNAMICS, INC
7300 N Kendall Drive
Suite 400
Miami, FL 33156
Registration Number: 3006742481
FEI Number*: 3006742481
Status: Active
Date Of Registration Status: 2022

Owner/Operator:
Skeletal Dynamics, Inc[6]
7300 N Kendall Drive
Suite 400
Miami, FL US 33156
Owner/Operator Number: 10034431[7]

Official Correspondent:
Mario A Arbesu
7300 N Kendall Drive
Suite 400
Miami, FL 33156
Phone: 305-5967585-7026

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Page Last Updated: 08/08/2022

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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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7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10034431&OwnerOperatc

FDA U.S. FOOD & DRUG ADMINISTRATION

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

1 result found for **Establishment Registration or Business Trade Name :** *skeletal dynamics*

New Search[6]

Establishment Name	▲7 ▼8	Registration Number	Current Registration Yr	
SKELETAL DYNAMICS, INC[9]	FL/USA	3006742481	2022	
• Rod, Fixation, Intramedullary And Accessories - Wrist Arthrodesis Nail System[10]				Repackager/Relabeler; Specification Developer; Complaint File Establishment
• Prosthesis, Elbow, Hemi-, Radial, Polymer - ALIGN Radial Head System[11]				Repackager/Relabeler; Specification Developer; Complaint File Establishment
• Sterilization Wrap Containers, Trays, Cassettes & Other Accessories - Skeletal Dynamics Sterilization Trays[12]				Repackager/Relabeler; Specification Developer; Complaint File Establishment
• Plate, Fixation, Bone - Geminus Volar Plating System[13]				Repackager/Relabeler; Specification Developer; Complaint File Establishment
• Screw, Fixation, Bone - Geminus Volar Plating System[14]				Repackager/Relabeler; Specification Developer; Complaint File Establishment
• Show all 33 Listings For *SKELETAL DYNAMICS, INC*[15] *FL/USA*				

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6. ../cfrl/rl.cfm
7. ../cfrl/rl.cfm?start_search=1&establishmentName=skeletal%20dynamics®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=&Ov
8. ../cfrl/rl.cfm?start_search=1&establishmentName=skeletal%20dynamics®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=&Ov
9. ./rl.cfm?rid=123379
10. ./rl.cfm?lid=266518&lpcd=HSB
11. ./rl.cfm?lid=271779&lpcd=KWI
12. ./rl.cfm?lid=293394&lpcd=KCT
13. ./rl.cfm?lid=312608&lpcd=HRS
14. ./rl.cfm?lid=312608&lpcd=HWC
15. ./rl.cfm?start_search=1&showList=1&establishmentName=skeletal%20dynamics®Num=&StateName=&CountryName=&OwnerOperatorNumber=&OwnerOpera
16. ./rl.cfm

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Skeletal Dynamics Inc.
List of Officers

Name	Title
Ana Escagedo	President
Tom Norman	COO
Stella Ross	CFO

Skeletal Holdings, LLC

Partners	Total
JORGE L. ORBAY IRREVOCABLE DYNASTY TRUST	30.39%
MARIA M. TREMOLS-ORBAY SKELETAL IRREVOCABLE DYNASTY TRUST	30.39%
ANA M. ESCAGEDO TRUST DATED 11 1991	2.14%
Cypress Heights LLC	7.64%
Optis, LLC	7.64%
Moore's Management Consulting	7.50%
Jorge A. Machado Business Consulting	7.50%
Bruce Feingold Consulting	5.14%
SAR Holdings	1.64%
Total	**100.00%**

State of Florida
Department of State

I certify from the records of this office that SKELETAL DYNAMICS, INC. is a corporation organized under the laws of the State of Florida, filed on July 9, 2019, effective October 16, 2006.

The document number of this corporation is P19000055071.

I further certify that said corporation has paid all fees due this office through December 31, 2022 and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fifth day of August, 2022

Secretary of State

Tracking Number: 4677512331CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

Skeletal Dynamics Inc.

Independent Contractor -NV

Name	Principal	Address	City	State	Zip
Black Mountain	Jan Romney	[redacted]Patti Ann Woods Drive	Henderson	NV	89002

Skeletal Dynamics Inc.

Employees

Skeletal Inc. has no employees in the State of Nevada.

Lender Information
Citibank N.A.
6400 Las Colinas Blvd
Mail Stop CCI-30
Irving, Texas 75039

Promissory Note
Jorge L. Orbay and Maria Tremols Orbay
[redacted]Leucadendra Drive
Coral Gables, FL 33156

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/14/2021

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 Marsh & McLennan Agency LLC 9850 N.W. 41st Street Suite 100 Miami FL 33178	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: certsmiami@mma-fl.com
INSURED Skeletal Dynamics Inc. 7300 North Kendall Drive Suite #400 Miami FL 33176	SKELEDYNAM

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Federal Insurance Company	20281
INSURER B : Chubb Custom Insurance Company	38989
INSURER C : Certain Underwriters at Lloyd's	55555
INSURER D : Pacific Indemnity Company	20346
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 1842502278 **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	
D	X COMMERCIAL GENERAL LIABILITY			36024883	12/15/2021	12/15/2022	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 2,000,000
							MED EXP (Any one person)	$ 5,000
							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	$ Included
	OTHER:							$
A	AUTOMOBILE LIABILITY			73587018	12/15/2021	12/15/2022	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			79893014	12/15/2021	12/15/2022	EACH OCCURRENCE	$ 13,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 13,000,000
	DED X RETENTION $ $0							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE / OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
B	Products/Completed-Ops			36051175	12/15/2021	12/15/2022	Each Occurrence	10,000,000
C	*Retro Dates			W1B67F210701	12/15/2021	12/15/2022	Aggregate	10,000,000
	Cyber Liability						Aggregate	5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
*(10/01/2010 - $1,000,000 Limit) (07/16/2012 - $5,000,000 Limit) (12/21/2012 - $10,000,000 Limit).
Proof of insurance only.

CERTIFICATE HOLDER

Skeletal Dynamnics Inc.
7300 North Kendall Drive Suite #400
Miami FL 33176

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)

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 (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Skeletal Dynamics, Inc.

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 7300 N. Kendall Dr., Suite 400

City: Miami State: FL Zip: 33156

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 305-596-7585 Website: www.skeletaldynamics.com

Licensing Company Email: contracts@skeletaldynamics.com

Section 2: Personal Information

First: Thomas Middle: Harden Last: Norman

Alias(es, nicknames, name changes, etc.): Tom Norman

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Navarre Ave

City: Coral Gables State: FL Zip: 33134

Telephone: [redacted] Email: tnorman@skeletaldynamics.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 Miami		01/01-12/03	
Address	City	State	Zip
1320 S Dixie Hwy	Coral Gables	FL	33146
Diploma/Degree obtained, if any			
Master of Business Administration (MBA)			

School Name		From - To (MM/YY – MM/YY)	
The Georgia Institute of Technology		09/85-09/87	
Address	City	State	Zip
225 North Avenue	Atlanta	GA	30332
Diploma/Degree obtained, if any			
Bachelor of Industrial Engineering			

School Name		From - To (MM/YY – MM/YY)	
Middle Georgia State University		08/83-08/85	
Address	City	State	Zip
100 University Pkwy	Macon	GA	31206
Diploma/Degree obtained, if any			
Associates Degree in Electrical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Benedictine Military School		08/79-05/83	
Address	City	State	Zip
6502 Seawright Dr	Savannah	GA	31406
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/00-08/22	[redacted] Navarre Ave	Coral Gables	FL	33134
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Skeletal Dynamics, Inc			01/18-08/22	
Business Address	**City**		**State**	**Zip**
7300 N. Kendall Dr, Suite 400	Miami		FL	33156
Phone	**Title**		**Number of Employed Hours**	
305-596-7585	Chief Operations Officer		9,706	
Description of Duties				
Management oversight of supply chain management, order fulfillment, and customer service. In early years of company I was responsible for all R&D, and contributed to development of the company's Quality Management System.				

Business Name			From - To (MM/YY – MM/YY)	
Skeletal Dynamics, LLC			06/07-12/17	
Business Address	**City**		**State**	**Zip**
7300 N. Kendall Dr, Suite 400			FL	33156
Phone	**Title**		**Number of Employed Hours**	
305-596-7585	Chief Operations Officer		21,840	
Description of Duties				
Management oversight of supply chain management, order fulfillment, and customer service. In early years of company I was responsible for all R&D, and contributed to development of the company's Quality Management System.				

Business Name			From - To (MM/YY – MM/YY)	
Boston Scientific			06/99-06/00	
Business Address	**City**		**State**	**Zip**
8600 NW 41st St.	Doral		FL	33166
Phone	**Title**		**Number of Employed Hours**	
888-272-1001	Director of Manufacturing Engineering		22,880	
Description of Duties				
Management oversight of medical device manufacturing.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
3/2019	5/2022	MA	Boston	Suffolk

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
3:19-CV-30154-KAR	United States District Court

Reason/Charge
Personal Injury

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Defendant	Lawsuit

Name of Business/Industry/Entity
Skeletal Dynamics, LLC

Provide explanation below:

Individual who had workman's comp injury claimed an implant of Skeletal Dynamics caused his injury. The individual had 3 prior operations to treat his medical issue, none successful. He then had a 4th surgery where a medical device implant was used. He received workman's compensation. The case against Skeletal Dynamics was settled by the insurance company for the nuisance value of avoiding the expense of litigation. There was no finding that the product of Skeletal Dynamics was defective or caused the injury.

Thomas Yonan
Original Signature (electronic, copies or stamps not accepted)

Aug 11, 2022
Date

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

CASE: 3:19CV30154

JOSEPH CHMIELEWSKI,

Plaintiff,

v.

SKELETAL DYNAMICS, INC.

Defendant.

STIPULATION OF DISMISSAL

In accordance with the provisions of Fed. R. Civ. P. 41, the parties to the above-captioned matter hereby stipulate to dismiss, with prejudice, without costs or attorneys' fees, and waiving all rights of appeal, any and all claims against the defendant in the above action.

Plaintiff,
By his Attorney,

/s/ Kevin Chrisanthopoulos

Kevin Chrisanthopoulos, Esq.,
BBO#643734
kevin@kctrialattorney.com
KC Law
30 Court Street, Suite 1
Westfield, MA 01085
Phone: 413-251-1010
Fax: 413-372-1610

Skeletal Dynamics, Inc.,
Defendant,
By its Attorneys,

/s/ Michael J. Racette

Michael J. Racette, BBO #555350
mracette@morrisonmahoney.com
Ti T. Ton, BBO #696608
tton@morrisonmahoney.com
MORRISON MAHONEY LLP
250 Summer Street
Boston, MA 02210-1181
Phone: 617-439-7500
Fax: 617-342-0155

Certificate of Service

I hereby certify that this document(s) filed through the ECF system will be sent electronically to the registered participants as identified on the Notice of Electronic Filing (NEF) and paper copies will be sent to those indicated as non-registered participants on this 27th day of May, 2022.

/s/ Michael J. Racette

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
8/2015	7/2016	OR	Portland	Multnomah
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
3:15-CV-01581-PA		United Stated District Court		
Reason/Charge				
Patent dispute				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant			Lawsuit	
Name of Business/Industry/Entity				
Skeletal Dynamics, LLC				

Provide explanation below:

Patent infringement suit filed alleging patent infringement relating to a medical device of Skeletal Dynamics. The lawsuit was dismissed for lack of jurisdiction and the parties settled the matter.

Thomas Yorman
Original Signature (electronic, copies or stamps not accepted)

Aug 11, 2022
Date

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF OREGON

PORTLAND DIVISION

ACUMED LLC,

Plaintiff,

v.

SKELETAL DYNAMICS, LLC,

Defendant.

Civ. No. 3:15-cv-01581-PA

OPINION & ORDER

PANNER, Senior District Judge.

This matter comes before the Court on Defendant's Motion to Dismiss. ECF No. 10. In the alternative, Defendant moves to transfer this case to the United States District Court for the Southern District of Florida. For the reasons set forth below, Defendant's motion is GRANTED.

Background

Plaintiff in this case is Acumed LLC ("Acumed"), a Delaware limited liability company with its principal place of business in Hillsboro, Oregon. Acumed holds a number of patents, including U.S. Patent No. 6,030,162 ("the '162 patent"), which was issued on February 29, 2000, and is titled as "Axial Tension Screw."

Defendant Skeletal Dynamics LLC ("Skeletal") is a privately held Florida limited liability company with its principal place of business in Miami, Florida. Skeletal produces a number of medical devices for use in upper extremity orthopedic surgery. In March 2015 Skeletal began selling a product called the Reduct Headless Compression Screw ("the Reduct screw").

On August 20, 2015, Acumed brought this action, alleging that Skeletal's Reduct screw infringed on the '162 patent.

Legal Standards

Federal Circuit law, rather than regional circuit law, determines whether a district court has personal jurisdiction over the defendant in a patent infringement case. *Avocent Huntsville Corp. v. Aten Intern. Co. Ltd.*, 552 F.3d 1324, 1328 (Fed. Cir. 2008). If the parties have not conducted discovery, the plaintiff need only make a prima facie showing that the defendant is subject to personal jurisdiction. *Silent Drive, Inc. v. Strong Indus., Inc.*, 326 F.3d 1194, 1201 (Fed. Cir. 2003). In evaluating a Rule 12(b)(2) motion to dismiss for lack of personal jurisdiction without holding an evidentiary hearing, the court construes the pleadings and affidavits in the light most favorable to the non-moving party. *Graphics Controls Corp. v. Utah Med. Prods., Inc.* 149 F.3d 1382, 1383 n.1 (Fed. Cir. 1998).

Personal jurisdiction over an out-of-state defendant in a patent-related dispute involves two questions: whether jurisdiction exists under the forum state's long-arm statute and, if so, whether asserting personal jurisdiction is consistent with the limitations of the Due Process Clause of the Constitution. *Trintec Indus. Inc. v. Pedre Promotional Prods., Inc.*, 395 F.3d 1275, 1279 (Fed. Cir. 2005). These inquiries essentially merge because Oregon's long-arm statute extends jurisdiction to the outer limits of due process. *Columbia Sportswear North America, Inc.*

v. Seirus Innovative Accessories, No. 3:15-cv-00064-HZ, 2015 WL 3986148, at *2 (D. Or. June 29, 2015); *see also Trintec*, 395 F.3d at 1279 ("collaps[ing]" the two-part inquiry where a state's long-arm statute is coextensive with the limits of due process).

The Due Process Clause "protects an individual's liberty interest in not being subject to the binding judgment of a forum with which he has established no meaningful contacts, ties, or relationships." *Burger King Corp. v. Rudzewicz*, 471 U.S. 462, 471-72 (1985) (internal quotation marks and citations omitted). To satisfy this due process protection, the plaintiff must show that the defendant has "certain minimum contacts with [the forum state] such that the maintenance of the suit does not offend traditional notions of fair play and substantial justice." *Int'l Shoe Co. v. Washington*, 326 U.S. 310, 316 (1945). "The requirement for purposeful minimum contacts helps ensure that non-residents have fair warning that a particular activity may subject them to litigation within the forum." *Beverly Hills Fan Co. v. Royal Sovereign Corp.*, 21 F.3d 1558, 1565 (Fed. Cir. 1994).

"Under the 'minimum contacts' test, a defendant may be subject to either specific jurisdiction or general jurisdiction." *LSI Indus., Inc. v. Hubbell Lighting, Inc.*, 232 F.3d 1369, 1375 (Fed. Cir. 2000). A court has general jurisdiction over a nonresident defendant when that defendant has "continuous and systematic" contacts with the forum state. *Helicopteros Nacionales de Colombia, S.A. v. Hall*, 466 U.S. 408, 416 (1984). A court has specific jurisdiction where "the defendant has purposefully directed his activities at residents of the forum and the litigation results from alleged injuries that arise out of or relate to those activities." *Burger King*, 471 U.S. at 472 (internal quotation marks and citations omitted); *see also Beverly Hills Fan Co.*, 21 F.3d at 1562 n. 10 (citation omitted). In contrast to general jurisdiction, "specific jurisdiction is confined to adjudication of issues deriving from, or connected with, the

very controversy that establishes jurisdiction." *Goodyear Dunlop Tires Operations, S.A. v. Brown*, 564 U.S. 915, 919 (2011) (internal quotation marks and citation omitted).

A district court may exercise specific personal jurisdiction over a defendant subject to a three part test: (1) the defendant must have purposefully directed its activities at residents of the forum; (2) the plaintiff's claim must arise out of or relate to those activities; and (3) the exercise of personal jurisdiction must be reasonable and fair. *Autogenomics, Inc. v. Oxford Gene Tech. Ltd.*, 566 F.3d 1012, 1018 (Fed. Cir. 2009) (citing *Breckenridge Pharm. Inc. v. Metabolite Labs, Inc.*, 444 F.3d 1356, 1363 (Fed. Cir. 2006)). Under this test, a court may properly assert specific jurisdiction "even if the contacts are isolated and sporadic," as long as the cause of action arises out of or relates to those contacts. *Silent Drive, Inc.*, 326 F.3d at 1200 (citing *Burger King*, 471 U.S. at 472-73). The plaintiff bears the burden at steps one and two, but the burden shifts to the defendant at step three to prove that personal jurisdiction is unreasonable. *Grober v. Mako Prods., Inc.*, 686 F.3d 1335, 1346 (Fed. Cir. 2012).

Discussion

Skeletal moves to dismiss this action, alleging a lack of personal jurisdiction.[1] In the alternative, Skeletal moves to transfer this action to the Southern District of Florida.

I. Skeletal's Activities in Oregon

Before proceeding to the jurisdictional analysis, it is necessary to describe Skeletal's activities as they relate to Oregon and the Reduct screw. As previously noted, Skeletal is a Florida limited liability company that has never registered to do business in Oregon. Escagedo Decl. at 2. Skeletal has no offices or property in Oregon, nor does it have an Oregon mailing

[1] Skeletal also initially moved to dismiss on the basis of improper venue, but concedes that the Federal Circuit's recent decision in *In Re: TC Heartland LLC*, 821 F.3d 1338 (Fed. Cir. 2016), is contrary to that argument. ECF Dkt. # 36. I accept Skeletal's concession and commend counsel for their prompt notice to the Court regarding the Federal Circuit's decision.

address or telephone number, and none of its manufacturing is done in Oregon. Escagedo Decl. at 2. Skeletal does have a website that describes its products, but which does not offer the products for sale, consistent with industry regulations. Escagedo Decl. at 3.

The sale and marketing of Skeletal's products in Oregon is overseen by Trey Campbell ("Campbell"), Skeletal's Director of Sales and Marketing for the Western United States. Escagedo Decl. at 2; Campbell Decl. at 2. Campbell lives in Texas, but periodically travels to Oregon on behalf of Skeletal. Escagedo Decl. at 2; Campbell Decl. at 2. Campbell is also responsible for directing the independent distributors who promote the sale of Skeletal products. Escagedo Decl. at 2-3; Campbell Decl. at 2-3. Oregon sales account for 1 percent of Skeletal's total sales. Escagedo Decl. at 3.

Skeletal works with one independent distributor in Oregon, Rocky Mountain Medical ("Rocky Mountain"). Escagedo Decl. at 3. Rocky Mountain is based in Spokane, Washington, and is responsible for distribution in Oregon, Idaho, and Washington. Escagedo Decl. at 3. Skeletal's Sales Representation Agreement with Rocky Mountain includes the Reduct screw. Kolitch Decl. Ex. D, at 15. Skeletal also provided Rocky Mountain with price sheets for its products, including the Reduct screw. Kolitch Decl. Ex. B. One of Rocky Mountain's employees, Michael MacDonald ("MacDonald") is authorized to sell certain Skeletal products in Oregon. Campbell Decl. at 3. After the commencement of this lawsuit, Skeletal amended its Sales Representation Agreement with Rocky Mountain to prevent the sale of Reduct screws in Oregon. Kolitch Decl. Ex. F at 41.

Skeletal first sold the Reduct screw in March 2015. Escagedo Decl. at 2. Skeletal sells the Reduct screw as part of the Reduct Headless Compression Screw System ("Reduct System"), which includes a sterilization tray, specially designed instruments, and implants required for use

of the Reduct screw. Escagedo Decl. at 3. When Skeletal first began to sell the Reduct screws it had only a limited number of Reduct Systems available, none of which were designated for sale in Oregon. Kolitch Decl. Ex. F, at 46. Regulations require that Skeletal keep track of the names and addresses of any facility to which Skeletal ships its products. Second Escagedo Decl. at 4. After Skeletal was served with the Complaint in this case, it took steps to ensure that no Reduct screws were shipped to Oregon. Kolitch Decl. Ex. F, at 46. Neither Skeletal or Rocky Mountain have sold any Reduct screws in Oregon, nor has Skeletal shipped any Reduct Systems to Oregon. Escagedo Decl. at 3; Campbell Decl. at 3. Rocky Mountain cannot access either the Reduct System or the Reduct screw without authorization from Campbell and Campbell has not given that authorization. Campbell Decl. at 3. Rocky Mountain denies that it has marketed or sold the Reduct product in Oregon without Skeletal's knowledge. Campbell Decl. at 3.

Skeletal's target demographic is orthopedic surgeons. Second Escagedo Decl. at 2. Before selling its products, either Skeletal or its independent sales representatives will approach surgeons directly to gauge their interest in Skeletal's products. Second Escagedo Decl. at 2-3. Product pricing is not generally discussed in Skeletal's meetings with surgeons. Second Escagedo Decl. at 3; Price Decl. Ex. 4, at 35-36. Rather, if the surgeon expresses interest in using a particular product, Skeletal will approach the hospital or surgery center where the physician works or where a particular procedure will be performed. Second Escagedo Decl. at 3. Generally, the facility refers the matter to a "Value Analysis" program ("VA") and Skeletal will negotiate with the VA on issues of pricing and product availability. Second Escagedo Decl. at 3. If Skeletal reaches an agreement with a facility's VA on the use of Reduct products, it will send the facility a "tray" containing the Reduct System. Second Escagedo Decl. at 3-4. If the facility

uses a part from the Reduct system, it will inform Skeletal and only then will Skeletal bill the facility. Second Escagedo Decl. at 4.

In April 2015, Campbell met with an Oregon physician to show him the Reduct screw. Kolitch Decl. Ex. E, at 31. For the purposes of the meeting, Campbell brought a single Reduct screw with him. Kolitch Decl. Ex. E, at 31. Campbell was not authorized to discuss price, quantity, delivery, or any other terms for the sale of the Reduct screw. Second Escagedo Decl. at 5. Campbell informed the physician that the screw would be available at some point in the future, but Campbell did not provide the physician with any literature about the Reduct screws, nor did they discuss pricing. Kolitch Decl. Ex. E at 35. Skeletal never approached the facility where the Oregon surgeon worked about purchasing the Reduct screw and never initiated the VA process. Second Escagedo Decl. at 5. Campbell described this meeting as "preselling." Kolitch Decl. Ex. E at 35.

On October 1, 2015, Skeletal was awarded a three-year non-exclusive contract with Trinity Health, a healthcare provider that covers 78 hospitals, including three in Oregon, which would permit Skeletal to sell its products, including the Reduct screw, to Trinity Health hospitals. Kolitch Decl. Ex. C; Ex. E at 26. Actual sale of Skeletal products would still require approval by the individual hospitals through the VA process, and none of Trinity Health's Oregon hospitals have entered into agreements to purchase the Reduct screws. Kolitch Decl. Ex. E at 26-28; Second Escagedo Decl. at 3; Price Decl. Ex. 4, at 27. Skeletal has not gone through the VA process with any of Trinity Health's Oregon hospitals. Price Decl. Ex. 4, at 27.

II. Personal Jurisdiction

Skeletal contends that this Court lacks personal jurisdiction. Acumed concedes that Skeletal is not subject general personal jurisdiction in this district, but contends that Skeletal is subject to specific personal jurisdiction.

The first prong of the specific jurisdiction test refers to both purposeful availment and purposeful direction, but in cases involving tortious conduct, court most often apply a purposeful direction analysis. *College Source, Inc. v. AcademyOne, Inc.*, 653 F.3d 1066, 1076 (Fed. Cir. 2011). Acumed contends that Skeletal has purposefully directed its activities related to this lawsuit at residents of Oregon by (1) entering into an exclusive sales agreement with Rocky Mountain, which included an obligation to promote the sale of Reduct products in Oregon; (2) providing price sheets to Rocky Mountain for use with Oregon sales and approving Rocky Mountain's requests for product literature and samples of the Reduct screw; (3) transporting a sample of the Reduct screw to Oregon and using it in a "sales pitch" to an Oregon surgeon; (4) entering into purchase agreements with Trinity Health hospitals, which included the Reduct screw; and (5) selling 1 percent of its products to residents of Oregon.

Skeletal asserts that this case turns on the second prong of the test for specific jurisdiction: whether Acumed's claim "arises out of or directly relates to" the activities Acumed alleges are purposefully directed at Oregon. In making that determination, "the test is whether the activity in the forum state is *a* basis for the cause of action." *HollyAnne Corp. v. TFT, Inc.*, 199 F.3d 1304, 1308 n. 4 (Fed. Cir. 1999) (emphasis in orginal). To establish that a lawsuit "arises out of or relates to" a defendant's contacts with the forum state, "the plaintiffs must make a *prima facie* showing that their claim for patent infringement is connected" to the defendant's activities within the forum state. *Moldflow Corp. v. Simcon, Inc.*, 296 F. Supp. 2d 34, 41 (D.

Ma. 2003); *Authentify Patent Co., LLC v. Strikeforce Tech., Inc.*, 39 F. Supp. 3d 1135, 1145 (W. D. Wa. 2014) ("Plaintiff must demonstrate by a preponderance of the evidence that its claim for patent infringement is connected to Strikeforce's activity within the State of Washington related to its '858 patent."); *Hockerson-Halberstadt, Inc. v. Costco Wholesale Corp.*, 93 F. Supp. 2d 738, 743 (E.D. La. 2000) ("HHI has not shown that Costco's alleged footwear patent infringement arises out of or directly relates to any Costco activities directed at the state of Louisiana.").

Patent infringement occurs when someone "without authority makes, uses, offers to sell, or sells any patented invention . . . during the term of the patent[.]" 35 U.S.C. § 271(a). Acumed argues that Skeletal has offered to sell the Reduct screw in Oregon. The Federal Circuit has interpreted "offer to sell" liability under § 271(a) "according to its ordinary meaning in contract law, as revealed by traditional sources of authority." *Rotec Indus., Inc. v. Mitsubishi Corp.*, 215 F.3d 1246, 1254-55 (Fed. Cir. 2000). A party has made an "offer to sell" if it communicates "a 'manifestation of willingness to enter into a bargain, so made as to justify another person in understanding that his assent to that bargain is invited and will conclude it.'" *Id.* at 1257 (quoting *Restatement 2d. of Contracts* § 24 (1975)); *see also MEMC Elec. Silicon Materials, Inc. v. Mitsubishi Materials Silicon Corp.*, 420 F.3d 1369, 1376 (Fed. Cir. 2005) (finding email exchanges containing a description of the allegedly infringing product did not constitute an offer to sell because they lacked a price term and could not, therefore, be transformed into a contract by the recipient's acceptance).

A. Rocky Mountain Medical

Acumed argues that three aspects of Skeletal's relationship with Rocky Mountain create personal jurisdiction over Skeletal in Oregon: the distribution of price sheets for Skeletal

products, the sales agreement between Skeletal and Rocky Mountain, and Rocky Mountain's employment of a sales representative, Michael MacDonald, who resides in Oregon.

1. The Price Sheets

Skeletal distributed price sheets for its products, including the Reduct screws to Rocky Mountain. These price sheets included pricing for a number of hospitals in Oregon. Kolitch Decl. Ex. B. Acumed asserts that the price sheets "can easily be interpreted as an 'offer to sell' the accused product to Oregon customers at least through the distributor."

The price sheets were sent to Skeletal's distributors, including Rocky Mountain Medical, but they were not shown to customers. Price Decl. Ex. 4, at 19. Based on the record, it does not appear that the price sheets sent by Skeletal to Rocky Mountain were ever communicated to any third party in Oregon and contained no description of the Reduct product or any other traditional indicia of an offer. I cannot, therefore, conclude that the price sheets constituted an offer to sell within the meaning of § 271(a).

2. The Sales Agreement

As previously discussed, Skeletal and Rocky Mountain signed a sales agreement under which Rocky Mountain was obligated to market Skeletal products in Oregon, Washington, and Idaho. Kolitch Decl. Ex. D. At least initially, this agreement included an obligation to market Reduct screws in Oregon, although no Reduct screws were actually sold in Oregon and Skeletal amended the sales agreement to forbid the sale or marketing of Reduct screws in Oregon after it was served with the Complaint in this case. Kolitch Decl. Ex. F, at 45.

As previously discussed, Skeletal's practice was to negotiate sales of Skeletal products directly with the facility where they would be used and there is no indication that Rocky Mountain ever engaged in any such negotiations in Oregon on behalf of Skeletal. To the

contrary, the record indicates that Rocky Mountain could not sell Reduct screws without permission from Skeletal. Campbell Decl. at 3.

Furthermore, the contract does not contain the sort of specific terms that constitute an offer to sell under *Rotec* and *MEMC*. The fact that the contract between Rocky Mountain and Skeletal contemplated the eventual sale of the Reduct screw to third parties in Oregon does not rise to the level of an offer to sell within the meaning of § 271(a).

3. Michael MacDonald

Rocky Mountain employs Michael MacDonald, an Oregon resident, as a sales representative for Oregon and Washington. Price Decl. Ex. 4 at 12. Campbell approved a request for product literature on the Reduct screw to be sent to MacDonald, but no product literature was ever sent because none was available. Price Decl. Ex. 4, at 13-14.

The simple fact that Rocky Mountain employs an Oregon-based sales representative who markets Skeletal products in Oregon is not sufficient to create personal jurisdiction, as only Skeletal's Reduct screws are at issue in this case. There is no indication that MacDonald ever approached any Oregon customers about the Reduct screws or that he entered into any negotiations sufficient to constitute an "offer to sell" within the meaning of § 271(a).

B. The Trinity Medical Contract

Acumed asserts that the contract between Skeletal and Trinity Health, which permits Skeletal to sell its products to Trinity Health hospitals, constitutes an "offer to sell" the Reduct screw in Oregon.

Acumed overstates the scope of the agreement between Trinity Health and Skeletal. The agreement permitted Skeletal to sell its products to Trinity Health hospitals, but each individual hospital still makes its own purchasing agreements through the VA process. Second Escagedo

Decl. at 3; Price Decl. Ex. 4, at 26. Skeletal never actually approached any of Trinity Health's Oregon hospitals about purchasing the Reduct screw. Price Decl. Ex. 4, at 27. I must conclude that there was never an "offer to sell" the Reduct screw in Oregon based on the Trinity Health contract.

C. The Preselling Meeting

In April 2015, Campbell met with an Oregon surgeon to discuss the Reduct screw. Campbell brought a single Reduct screw with him and showed it to the surgeon, telling him that it was a new product that would soon be available. Price Decl. Ex. 4, at 31; 35. Campbell did not provide the surgeon with any literature about the Reduct screw and they did not discuss pricing or other terms. Price Decl. Ex. 4, at 35-36. Acumed argues that this meeting, which Campbell characterized as "preselling," constituted an offer to sell the accused product.

In support of its argument, Acumed relies on *3D Sys., Inc. v. Aarotech Lab., Inc.*, in which the Federal Circuit held that the purpose of the § 271(a) provision against "offers to sell" was to prevent "generating interest in a potential infringing product to the commercial detriment of the rightful patentee." *3D Sys., Inc. v. Aarotech Lab., Inc.*, 160 F.3d 1373, 1379 (Fed. Cir. 1998). The Federal Circuit later clarified, however, that "offers to sell" under § 271(a) were to be assessed under the traditional theory of contract law and that, in order to qualify, the offer to sell would need to contain sufficient terms that the recipient's acceptance of the offer would create a contract. *Rotec*, 215 F.3d at 1257. The price is an essential term in an "offer to sell" under § 271(a). *MEMC*, 420 F.3d at 1378.

Other district courts have found that advertisements and solicitations do not rise to the level of offers. *See Moldflow Corp.* 296 F. Supp. 2d at 43-44. In *Moldflow Corp.*, the defendant's marketing representative distributed "flyers" which contained "a description of the

of the allegedly infringing software as well as some pricing information," but "lacked other terms necessary to create the power of acceptance on the part of the recipients." *Id.* at 44. In particular, the court noted the lack of information about quantity, time of delivery, or terms of payment and found that, without those terms, "none of the companies that received the promotional materials could contractually bind [the defendant] without at least some additional negotiation," and found that the distribution of the flyers did not constitute an offer to sell under § 271(a). *Id.*

In this case, Skeletal's "preselling" meeting with the Oregon surgeon fell below even the conduct described in *Moldflow Corp.* It is undisputed that Campbell did not discuss the price of the Reduct screw when he met with the surgeon, nor did he discuss availability or any other terms of sale. Skeletal never approached the facility where the surgeon worked about purchasing the Reduct screw and never initiated the VA process necessary to sell the Reduct screws to that facility. The meeting cannot, therefore, be considered an offer to sell the Reduct screw.

D. Skeletal's Oregon Sales

Finally, the fact that Oregon accounts for 1 percent of Skeletal's sales is not sufficient to create specific personal jurisdiction. Acumed does not dispute that Skeletal never sold any Reduct screws in Oregon. Skeletal's Oregon sales are derived from other, unrelated Skeletal products. Acumed's claims in this case do not, therefore, arise from or relate to those activities.

As I have concluded that Plaintiff's claims do not arise from or relate to Skeletal's activities within the State of Oregon, it is not necessary to determine whether the exercise of personal jurisdiction would be reasonable and fair. I conclude that this Court lacks personal jurisdiction over Skeletal.

III. Motion to Transfer

Skeletal moves to transfer this case to the Southern District of Florida as the more convenient venue. "For the convenience of parties and witnesses, in the interest of justice, a district court may transfer any civil action to any other district or division where it might have been brought." 28 U.S.C. § 1404(a). In determining whether transfer is proper, the Federal Circuit applies regional circuit law. *In re Link A Media Devices Corp.*, 662 F.3d 1221, 1222-23 (Fed. Cir. 2011). However, once a district court determines that it lacks personal jurisdiction and dismisses a complaint, it may not transfer the case to another district. *HollyAnne Corp.*, 199 F.3d at 1307.

As I have determined that this Court lacks personal jurisdiction over Skeletal and that dismissal is appropriate, I decline to transfer this case to the Southern District of Florida.

Conclusion

This Court lacks personal jurisdiction over Defendant Skeletal Dynamics, LLC. Accordingly, Defendant's Motion to Dismiss, ECF No. 10, is GRANTED. This case is DISMISSED without prejudice.

It is SO ORDERED and DATED this 13 day of July 2016.

OWEN M. PANNER
Senior District Judge

I, Thomas Harden Norman, **certify that as the designated representative for**

Skeletal Dynamics, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. _____ I am at least 21 years of age;
3. _____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. _____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. _____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. _____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. _____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Thomas Norman

Print Name (First, Last)

Thomas Norman

Original Signature (electronic, copies or stamps not accepted)

Aug 11, 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.

Thomas Norman

Print Name (First, Last)

Thomas Norman

Original Signature (electronic, copies or stamps not accepted)

Aug 11, 2022

Date

Please have this section completed in the presence of a Notary Public.

State of FLORIDA, ss. County of Miami-Dade

I, THOMAS NORMAN, 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.

Thomas Norman

Original Signature

Aug 11, 2022

Date

Subscribed and Sworn to before me this 11 day of Aug, 2022.

Notary Public Signature

Notary Public State of Florida
Mabel G Martinez
My Commission HH 006687
Expires 08/03/2024

(Seal)

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
SKELETAL DYNAMICS, INC
7300 N Kendall Drive
Suite 400
Miami, FL 33156
Registration Number: 3006742481
FEI Number*: 3006742481
Status: Active
Date Of Registration Status: 2022

Owner/Operator:
Skeletal Dynamics, Inc[6]
7300 N Kendall Drive
Suite 400
Miami, FL US 33156
Owner/Operator Number: 10034431[7]

Official Correspondent:
Mario A Arbesu
7300 N Kendall Drive
Suite 400
Miami, FL 33156
Phone: 305-5967585-7026

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10034431&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10034431&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=

Page Last Updated: 08/22/2022

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LAST NAME	FIRST NAME
Acosta	Sara
Alfonso	Yailin
Arbesu	Mario
Arellano	Maria V.
Arias	Alejandro U
Avila Jr.	Eddie
Azang Quevedo	Yoshi
Barban	Ricardo L
Barreto	Luis C
Barreto	Henry
Bastnagel	Gene P.
Bellas	Carlos
Bergan	Avernell
Bernal-Argoti	Luisa F
Blacher	Justin M.
Braynen	Felicia M
Brillinessite	Aries S
Bringas	Brian A.
Cabrera	Melissa
Campbell	James
Cardenas	Sharon
Cascante	Ivonne
Castro	Raul A
Cooke	Brian A
Cruz	Alex
Cuna	Giovanni M.
Davis	Steven
Delgado	Marcia M
Diaz	Emily
Dominguez	Luis
Eberth	Andrew A
Edwards	Patricia
Egued	Janelle B
Escagedo	Ana
Escalante	Gilberto
Evans	Lorena
Feingold	Bruce
Feliciano	Edgar A
Fernandez	Joshua
Flores	Freddy
Freixas	Cristina
Galindo	Raul H
Garces	Giancarlo
Garcia	Ayeska
Gardner	Brandon B
Gasca	James M
Gil	Alexander
Gomez	Michael
Gomez	Carmen E

Gonzalez	Malvis
Gregory	Angela M
Guerra	James R
Hagarty	Jennifer
Hagedorn	Eli Harrison
Harrell	Christopher
Heifner	John J
Hendry	Kalmer
Hensley	Stacy L.
Hernandez	Brandon
Herrera	Angel
Hevia	Maria
Hidalgo	Fernando M
Hiebra	Matthew
Hillis	Jonathan
Jaramillo	Ana P
Johnson	Geraldine H
Kortenbach	Juergen A
Labady	Jerry
Lacau	Gustavo
Law	Tracy A
Lemus	Sara V
Leonard	Chance
Llamas	Brooke S.
Londono Martinez	Marcie
Lopez	Evelyn
Lopez	Maureen
Lopez	Amanda
Louis	David J
Lujan	Daimy Maria
Macias	Rogelio
Marinas	Osiris
Marmolejo	Brian M
Martinez	Rudy D
Martinez	Mabel
Martinez	Alberto L
Martinez	Anthony
Martinez Rosell	Jose M.
Matus	Andrea
Medina	Joshua I
Melara	Joel
Mesa	Gabriel
Miranda	Victor
Monteros	Dalila
Montes de Oca	Clara P
Morales	Victor A
Morales Cruz	Santos
Moreno	Tiffany
Muire	Joseph G
Norman	Thomas H

Nunez	Jennifer
Omeir	Lawrence D
Paz	Sophia A
Pereira	Darien
Perugini	William J
Pineda	Evelyn
Pirez	Connie M
Quesada	Alvaro J
Rasul-Persaud	Sherry
Ravelo	Evelyn
Ricardo	Michael A.
Rincon	Diana C
Rivas	Imgrid
Roca	Richard
Rodriguez	Maurilia
Rodriguez	Claudia
Rodriguez	Alexandra
Romero	Marianela
Ros	Alejandro D
Rosa	Yasuan
Ross	Stella
Rummel	Thomas L
Saiz	Daniel R
Sanchez	Nitza
Santana	Yoelmir
Scolaro	Loretta
Sixto	Roberto
Sixto	Daniel A
Smith	Brian A
Smith	Jessica Ann
Smith	Colin M
Sotolongo	Natasha M
St Fleur	Debra
Stierwald	Ernest R
Tamayo	Antonio M
Tarrago Cabrera	Sabrina
Tedesco	Christopher L
Teran	Samantha
Timm	Cody
Tremols	Edward J
Trudeau	Jordan
Valcarcel	Manuel
Villalta	Baron V.
Vo	Ngoc
Wilkins	Steve
Wolf	Justin
Youmans	Kyle Nicolas
Zaiser	Oliver I.
Zedan	Nicolas M

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: Skeletal Dynamics, Inc. MDEG License # (if applicable): _____

Physical Address: 7300 N. Kendall Dr., Suite 400

City: Miami State: FL Zip: 33156

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 305-596-7585 Website: www.skeletaldynamics.com

Licensing Company Email: contracts@skeletaldynamics.com

Section 2: Personal Information

First: Thomas Middle: Harden Last: Norman

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Navarre Ave.

City: Coral Gables State: FL Zip: 33134

Telephone: [redacted] Email: tnorman@skeletaldynamics.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 Miami		1/01/-12/03	
Address	City	State	Zip
1320 S. Dixie Hwy	Coral Gables	FL	33146
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
The Georgia Institute of Technology		9/8-9/87	
Address	City	State	Zip
225 North Avenue	Atlanta	GA	30332
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Middle Georgia State University		08/83-08/85	
Address	City	State	Zip
100 University Parkway	Macon	GA	31206
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Benedictine Miltary School		08/79-05/83	
Address	City	State	Zip
6502 Seawright Drive	Savannah	GA	31406
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/00-08/22	[redacted] Navarre Avenue	Coral Gables	FL	33134
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Skeletal Dynamics, Inc.			01/18-08/22	
Business Address		**City**	**State**	**Zip**
7300 N. Kendall Dr, Suite 400		Miami	FL	33156
Phone	**Title**		**Number of Employed Hours**	
305-596-7585	Chief Operating Officer		9,706	
Description of Duties				
Management oversight of supply chain management, order fulfillment, and customer service. In early years of company I was responsible for all R&D, and contributed to development of the company's Quality Management System.				

Business Name			From - To (MM/YY – MM/YY)	
Skeletal Dynamics, LLC			06/07-12/17	
Business Address		**City**	**State**	**Zip**
7300 N. Kendall Dr, Suite 400			FL	33156
Phone	**Title**		**Number of Employed Hours**	
305-596-7585	Chief Operations Officer		21,840	
Description of Duties				
Management oversight of supply chain management, order fulfillment, and customer service. In early years of company I was responsible for all R&D, and contributed to development of the company's Quality Management System.				

Business Name			From - To (MM/YY – MM/YY)	
Boston Scientific			06/99-06/00	
Business Address		**City**	**State**	**Zip**
8600 NW 41st St.		Doral	FL	33166
Phone	**Title**		**Number of Employed Hours**	
888-272-1001	Director of Manufacturing Engineering		22,880	
Description of Duties				
Management oversight of medical device manufacturing.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description 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:

Thomas Yonemura
Original Signature (electronic, copies or stamps not accepted)

Aug 11, 2022
Date

I, Thomas Harden Norman, **certify that as the MDEG Administrator for**

Skeletal Dynamics, Inc.,

that I (initial that you have read and meet the following requirements):

1. TN Have a high school diploma or its equivalent;
2. TN 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. TN 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. TN 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.

Thomas Norman
Print Name (First, Last)

Thomas Norman
Original Signature (electronic, copies or stamps not accepted)

Aug 11, 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: Skeletal Dynmics, Inc.

Pharmacy/MDEG/Wholesaler License # (if applicable): N/A

Physical Address: 7300 N. Kendall Dr., Suite 400

City: Miami State: FL Zip: 33156

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 305-596-7585 Website: www.skeletaldynamics.com

Licensing Company Email: contracts@skeletaldynamics.com

Section 2: Personal Information

First: Thomas Middle: Harden Last: Norman

Alias(es, nicknames, name changes, etc.): Tom Norman

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Navarre Ave.

City: Coral Gables State: FL Zip: 33134

Telephone: [redacted] Email: tnorman@skeletaldynamics.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 Miami		01/01-12/03	
Address	City	State	Zip
1320 S Dixie Hwy	Coral Gables	FL	33146
Diploma/Degree obtained, if any			
Master of Business Administration (MBA)			

School Name		From - To (MM/YY – MM/YY)	
The Georgia Institute of Technology		09/85-09/87	
Address	City	State	Zip
225 North Avenue	Atlanta	GA	30332
Diploma/Degree obtained, if any			
Bachelor of Industrial Engineering			

School Name		From - To (MM/YY – MM/YY)	
Middle Georgia State University		08/83-08/85	
Address	City	State	Zip
100 University Pkwy	Macon	GA	31206
Diploma/Degree obtained, if any			
Associates Degree in Electrical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Benedictine Military School		08/79-05/83	
Address	City	State	Zip
6502 Seawright Dr	Savannah	GA	31406
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/00-08/22	[redacted] Navarre Ave	Coral Gables	FL	33134
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Skeletal Dynamics, Inc			01/18-08/22	
Business Address		**City**	**State**	**Zip**
7300 N. Kendall Dr, Suite 400		Miami	FL	33156
Phone	**Title**			
305-596-7585	Cheif Operations Officer			

Description of Duties

Management oversight of supply chain management, order fulfillment, and customer service. In early years of company I was responsible for all R&D, and contributed to development of the company's Quality Management System.

Business Name			From - To (MM/YY – MM/YY)	
Skeletal Dynamics, LLC			06/07-12/17	
Business Address		**City**	**State**	**Zip**
7300 N. Kendall Dr, Suite 400		Miami	FL	33156
Phone	**Title**			
305-596-7585	Chief Operations Officer			

Description of Duties

Management oversight of supply chain management, order fulfillment, and customer service. In early years of company I was responsible for all R&D, and contributed to development of the company's Quality Management System.

Business Name			From - To (MM/YY – MM/YY)	
Optis, LLC			12/16-08/22	
Business Address		**City**	**State**	**Zip**
528 Navarre Ave		Coral Gables	FL	33134
Phone	**Title**			
786-385-6200	Manager/Owner			

Description of Duties

Provide guidance & handle financial and administrative matters related to management of this personal investment holding 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

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 # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
3/2019	5/2022	MA	Boston	Suffolk
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
3:19-CV-30154-KAR		United States District Court		
Reason/Charge				
Personal Injury				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant			Lawsuit	
Name of Business/Industry/Entity				
Skeletal Dynamics, LLC				

Provide explanation below:

Individual who had workman's comp injury claimed an implant of Skeletal Dynamics caused his injury. The individual had 3 prior operations to treat his medical issue, none successful. He then had a 4th surgery where a medical device implant was used. He received workman's compensation. The case against Skeletal Dynamics was settled by the insurance company for the nuisance value of avoiding the expense of litigation. There was no finding that the product of Skeletal Dynamics was defective or caused the injury.

Thomas Yonnan
Original Signature (electronic, copies or stamps not accepted)

Aug 11, 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.

Thomas Norman

Print Name (First, Last)

Thomas Norman — Aug 11, 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 Florida, ss. County of Miami-Dade

I, Thomas Norman, 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.

Thomas Norman — Aug 11, 2022

Original Signature — **Date**

Subscribed and Sworn to before me this 11 day of Aug, 2022

Notary Public Signature

Notary Public State of Florida
Mabel G Martinez
My Commission HH 006687
Expires 08/03/2024

(Seal)

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

CASE: 3:19CV30154

JOSEPH CHMIELEWSKI,
Plaintiff,

v.

SKELETAL DYNAMICS, INC.
Defendant.

STIPULATION OF DISMISSAL

In accordance with the provisions of Fed. R. Civ. P. 41, the parties to the above-captioned matter hereby stipulate to dismiss, with prejudice, without costs or attorneys' fees, and waiving all rights of appeal, any and all claims against the defendant in the above action.

Plaintiff,
By his Attorney,

/s/ Kevin Chrisanthopoulos

Kevin Chrisanthopoulos, Esq.,
BBO#643734
kevin@kctrialattorney.com
KC Law
30 Court Street, Suite 1
Westfield, MA 01085
Phone: 413-251-1010
Fax: 413-372-1610

Skeletal Dynamics, Inc.,
Defendant,
By its Attorneys,

/s/ Michael J. Racette

Michael J. Racette, BBO #555350
mracette@morrisonmahoney.com
Ti T. Ton, BBO #696608
tton@morrisonmahoney.com
MORRISON MAHONEY LLP
250 Summer Street
Boston, MA 02210-1181
Phone: 617-439-7500
Fax: 617-342-0155

Certificate of Service

I hereby certify that this document(s) filed through the ECF system will be sent electronically to the registered participants as identified on the Notice of Electronic Filing (NEF) and paper copies will be sent to those indicated as non-registered participants on this 27th day of May, 2022.

/s/ Michael J. Racette

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
8/2015	7/2016	OR	Portland	Multnomah
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
3:15-CV-01581-PA		United Stated District Court		
Reason/Charge				
Patent dispute				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant			Lawsuit	
Name of Business/Industry/Entity				
Skeletal Dynamics, LLC				

Provide explanation below:

Patent infringement suit filed alleging patent infringement relating to a medical device of Skeletal Dynamics. The lawsuit was dismissed for lack of jurisdiction and the parties settled the matter.

Thomas Yorman
Original Signature (electronic, copies or stamps not accepted)

Aug 11, 2022
Date

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF OREGON

PORTLAND DIVISION

ACUMED LLC,

Plaintiff,

v.

SKELETAL DYNAMICS, LLC,

Defendant.

Civ. No. 3:15-cv-01581-PA

OPINION & ORDER

PANNER, Senior District Judge.

This matter comes before the Court on Defendant's Motion to Dismiss. ECF No. 10. In the alternative, Defendant moves to transfer this case to the United States District Court for the Southern District of Florida. For the reasons set forth below, Defendant's motion is GRANTED.

Background

Plaintiff in this case is Acumed LLC ("Acumed"), a Delaware limited liability company with its principal place of business in Hillsboro, Oregon. Acumed holds a number of patents, including U.S. Patent No. 6,030,162 ("the '162 patent"), which was issued on February 29, 2000, and is titled as "Axial Tension Screw."

Defendant Skeletal Dynamics LLC ("Skeletal") is a privately held Florida limited liability company with its principal place of business in Miami, Florida. Skeletal produces a number of medical devices for use in upper extremity orthopedic surgery. In March 2015 Skeletal began selling a product called the Reduct Headless Compression Screw ("the Reduct screw").

On August 20, 2015, Acumed brought this action, alleging that Skeletal's Reduct screw infringed on the '162 patent.

Legal Standards

Federal Circuit law, rather than regional circuit law, determines whether a district court has personal jurisdiction over the defendant in a patent infringement case. *Avocent Huntsville Corp. v. Aten Intern. Co. Ltd.*, 552 F.3d 1324, 1328 (Fed. Cir. 2008). If the parties have not conducted discovery, the plaintiff need only make a prima facie showing that the defendant is subject to personal jurisdiction. *Silent Drive, Inc. v. Strong Indus., Inc.*, 326 F.3d 1194, 1201 (Fed. Cir. 2003). In evaluating a Rule 12(b)(2) motion to dismiss for lack of personal jurisdiction without holding an evidentiary hearing, the court construes the pleadings and affidavits in the light most favorable to the non-moving party. *Graphics Controls Corp. v. Utah Med. Prods., Inc.* 149 F.3d 1382, 1383 n.1 (Fed. Cir. 1998).

Personal jurisdiction over an out-of-state defendant in a patent-related dispute involves two questions: whether jurisdiction exists under the forum state's long-arm statute and, if so, whether asserting personal jurisdiction is consistent with the limitations of the Due Process Clause of the Constitution. *Trintec Indus. Inc. v. Pedre Promotional Prods., Inc.*, 395 F.3d 1275, 1279 (Fed. Cir. 2005). These inquiries essentially merge because Oregon's long-arm statute extends jurisdiction to the outer limits of due process. *Columbia Sportswear North America, Inc.*

v. Seirus Innovative Accessories, No. 3:15-cv-00064-HZ, 2015 WL 3986148, at *2 (D. Or. June 29, 2015); *see also Trintec*, 395 F.3d at 1279 ("collaps[ing]" the two-part inquiry where a state's long-arm statute is coextensive with the limits of due process).

The Due Process Clause "protects an individual's liberty interest in not being subject to the binding judgment of a forum with which he has established no meaningful contacts, ties, or relationships." *Burger King Corp. v. Rudzewicz*, 471 U.S. 462, 471-72 (1985) (internal quotation marks and citations omitted). To satisfy this due process protection, the plaintiff must show that the defendant has "certain minimum contacts with [the forum state] such that the maintenance of the suit does not offend traditional notions of fair play and substantial justice." *Int'l Shoe Co. v. Washington*, 326 U.S. 310, 316 (1945). "The requirement for purposeful minimum contacts helps ensure that non-residents have fair warning that a particular activity may subject them to litigation within the forum." *Beverly Hills Fan Co. v. Royal Sovereign Corp.*, 21 F.3d 1558, 1565 (Fed. Cir. 1994).

"Under the 'minimum contacts' test, a defendant may be subject to either specific jurisdiction or general jurisdiction." *LSI Indus., Inc. v. Hubbell Lighting, Inc.*, 232 F.3d 1369, 1375 (Fed. Cir. 2000). A court has general jurisdiction over a nonresident defendant when that defendant has "continuous and systematic" contacts with the forum state. *Helicopteros Nacionales de Colombia, S.A. v. Hall*, 466 U.S. 408, 416 (1984). A court has specific jurisdiction where "the defendant has purposefully directed his activities at residents of the forum and the litigation results from alleged injuries that arise out of or relate to those activities." *Burger King*, 471 U.S. at 472 (internal quotation marks and citations omitted); *see also Beverly Hills Fan Co.*, 21 F.3d at 1562 n. 10 (citation omitted). In contrast to general jurisdiction, "specific jurisdiction is confined to adjudication of issues deriving from, or connected with, the

very controversy that establishes jurisdiction." *Goodyear Dunlop Tires Operations, S.A. v. Brown*, 564 U.S. 915, 919 (2011) (internal quotation marks and citation omitted).

A district court may exercise specific personal jurisdiction over a defendant subject to a three part test: (1) the defendant must have purposefully directed its activities at residents of the forum; (2) the plaintiff's claim must arise out of or relate to those activities; and (3) the exercise of personal jurisdiction must be reasonable and fair. *Autogenomics, Inc. v. Oxford Gene Tech. Ltd.*, 566 F.3d 1012, 1018 (Fed. Cir. 2009) (citing *Breckenridge Pharm. Inc. v. Metabolite Labs, Inc.*, 444 F.3d 1356, 1363 (Fed. Cir. 2006)). Under this test, a court may properly assert specific jurisdiction "even if the contacts are isolated and sporadic," as long as the cause of action arises out of or relates to those contacts. *Silent Drive, Inc.*, 326 F.3d at 1200 (citing *Burger King*, 471 U.S. at 472-73). The plaintiff bears the burden at steps one and two, but the burden shifts to the defendant at step three to prove that personal jurisdiction is unreasonable. *Grober v. Mako Prods., Inc.*, 686 F.3d 1335, 1346 (Fed. Cir. 2012).

Discussion

Skeletal moves to dismiss this action, alleging a lack of personal jurisdiction.[1] In the alternative, Skeletal moves to transfer this action to the Southern District of Florida.

I. Skeletal's Activities in Oregon

Before proceeding to the jurisdictional analysis, it is necessary to describe Skeletal's activities as they relate to Oregon and the Reduct screw. As previously noted, Skeletal is a Florida limited liability company that has never registered to do business in Oregon. Escagedo Decl. at 2. Skeletal has no offices or property in Oregon, nor does it have an Oregon mailing

[1] Skeletal also initially moved to dismiss on the basis of improper venue, but concedes that the Federal Circuit's recent decision in *In Re: TC Heartland LLC*, 821 F.3d 1338 (Fed. Cir. 2016), is contrary to that argument. ECF Dkt. # 36. I accept Skeletal's concession and commend counsel for their prompt notice to the Court regarding the Federal Circuit's decision.

address or telephone number, and none of its manufacturing is done in Oregon. Escagedo Decl. at 2. Skeletal does have a website that describes its products, but which does not offer the products for sale, consistent with industry regulations. Escagedo Decl. at 3.

The sale and marketing of Skeletal's products in Oregon is overseen by Trey Campbell ("Campbell"), Skeletal's Director of Sales and Marketing for the Western United States. Escagedo Decl. at 2; Campbell Decl. at 2. Campbell lives in Texas, but periodically travels to Oregon on behalf of Skeletal. Escagedo Decl. at 2; Campbell Decl. at 2. Campbell is also responsible for directing the independent distributors who promote the sale of Skeletal products. Escagedo Decl. at 2-3; Campbell Decl. at 2-3. Oregon sales account for 1 percent of Skeletal's total sales. Escagedo Decl. at 3.

Skeletal works with one independent distributor in Oregon, Rocky Mountain Medical ("Rocky Mountain"). Escagedo Decl. at 3. Rocky Mountain is based in Spokane, Washington, and is responsible for distribution in Oregon, Idaho, and Washington. Escagedo Decl. at 3. Skeletal's Sales Representation Agreement with Rocky Mountain includes the Reduct screw. Kolitch Decl. Ex. D, at 15. Skeletal also provided Rocky Mountain with price sheets for its products, including the Reduct screw. Kolitch Decl. Ex. B. One of Rocky Mountain's employees, Michael MacDonald ("MacDonald") is authorized to sell certain Skeletal products in Oregon. Campbell Decl. at 3. After the commencement of this lawsuit, Skeletal amended its Sales Representation Agreement with Rocky Mountain to prevent the sale of Reduct screws in Oregon. Kolitch Decl. Ex. F at 41.

Skeletal first sold the Reduct screw in March 2015. Escagedo Decl. at 2. Skeletal sells the Reduct screw as part of the Reduct Headless Compression Screw System ("Reduct System"), which includes a sterilization tray, specially designed instruments, and implants required for use

of the Reduct screw. Escagedo Decl. at 3. When Skeletal first began to sell the Reduct screws it had only a limited number of Reduct Systems available, none of which were designated for sale in Oregon. Kolitch Decl. Ex. F, at 46. Regulations require that Skeletal keep track of the names and addresses of any facility to which Skeletal ships its products. Second Escagedo Decl. at 4. After Skeletal was served with the Complaint in this case, it took steps to ensure that no Reduct screws were shipped to Oregon. Kolitch Decl. Ex. F, at 46. Neither Skeletal or Rocky Mountain have sold any Reduct screws in Oregon, nor has Skeletal shipped any Reduct Systems to Oregon. Escagedo Decl. at 3; Campbell Decl. at 3. Rocky Mountain cannot access either the Reduct System or the Reduct screw without authorization from Campbell and Campbell has not given that authorization. Campbell Decl. at 3. Rocky Mountain denies that it has marketed or sold the Reduct product in Oregon without Skeletal's knowledge. Campbell Decl. at 3.

Skeletal's target demographic is orthopedic surgeons. Second Escagedo Decl. at 2. Before selling its products, either Skeletal or its independent sales representatives will approach surgeons directly to gauge their interest in Skeletal's products. Second Escagedo Decl. at 2-3. Product pricing is not generally discussed in Skeletal's meetings with surgeons. Second Escagedo Decl. at 3; Price Decl. Ex. 4, at 35-36. Rather, if the surgeon expresses interest in using a particular product, Skeletal will approach the hospital or surgery center where the physician works or where a particular procedure will be performed. Second Escagedo Decl. at 3. Generally, the facility refers the matter to a "Value Analysis" program ("VA") and Skeletal will negotiate with the VA on issues of pricing and product availability. Second Escagedo Decl. at 3. If Skeletal reaches an agreement with a facility's VA on the use of Reduct products, it will send the facility a "tray" containing the Reduct System. Second Escagedo Decl. at 3-4. If the facility

uses a part from the Reduct system, it will inform Skeletal and only then will Skeletal bill the facility. Second Escagedo Decl. at 4.

In April 2015, Campbell met with an Oregon physician to show him the Reduct screw. Kolitch Decl. Ex. E, at 31. For the purposes of the meeting, Campbell brought a single Reduct screw with him. Kolitch Decl. Ex. E, at 31. Campbell was not authorized to discuss price, quantity, delivery, or any other terms for the sale of the Reduct screw. Second Escagedo Decl. at 5. Campbell informed the physician that the screw would be available at some point in the future, but Campbell did not provide the physician with any literature about the Reduct screws, nor did they discuss pricing. Kolitch Decl. Ex. E at 35. Skeletal never approached the facility where the Oregon surgeon worked about purchasing the Reduct screw and never initiated the VA process. Second Escagedo Decl. at 5. Campbell described this meeting as "preselling." Kolitch Decl. Ex. E at 35.

On October 1, 2015, Skeletal was awarded a three-year non-exclusive contract with Trinity Health, a healthcare provider that covers 78 hospitals, including three in Oregon, which would permit Skeletal to sell its products, including the Reduct screw, to Trinity Health hospitals. Kolitch Decl. Ex. C; Ex. E at 26. Actual sale of Skeletal products would still require approval by the individual hospitals through the VA process, and none of Trinity Health's Oregon hospitals have entered into agreements to purchase the Reduct screws. Kolitch Decl. Ex. E at 26-28; Second Escagedo Decl. at 3; Price Decl. Ex. 4, at 27. Skeletal has not gone through the VA process with any of Trinity Health's Oregon hospitals. Price Decl. Ex. 4, at 27.

II. Personal Jurisdiction

Skeletal contends that this Court lacks personal jurisdiction. Acumed concedes that Skeletal is not subject general personal jurisdiction in this district, but contends that Skeletal is subject to specific personal jurisdiction.

The first prong of the specific jurisdiction test refers to both purposeful availment and purposeful direction, but in cases involving tortious conduct, court most often apply a purposeful direction analysis. *College Source, Inc. v. AcademyOne, Inc.*, 653 F.3d 1066, 1076 (Fed. Cir. 2011). Acumed contends that Skeletal has purposefully directed its activities related to this lawsuit at residents of Oregon by (1) entering into an exclusive sales agreement with Rocky Mountain, which included an obligation to promote the sale of Reduct products in Oregon; (2) providing price sheets to Rocky Mountain for use with Oregon sales and approving Rocky Mountain's requests for product literature and samples of the Reduct screw; (3) transporting a sample of the Reduct screw to Oregon and using it in a "sales pitch" to an Oregon surgeon; (4) entering into purchase agreements with Trinity Health hospitals, which included the Reduct screw; and (5) selling 1 percent of its products to residents of Oregon.

Skeletal asserts that this case turns on the second prong of the test for specific jurisdiction: whether Acumed's claim "arises out of or directly relates to" the activities Acumed alleges are purposefully directed at Oregon. In making that determination, "the test is whether the activity in the forum state is *a* basis for the cause of action." *HollyAnne Corp. v. TFT, Inc.*, 199 F.3d 1304, 1308 n. 4 (Fed. Cir. 1999) (emphasis in orginal). To establish that a lawsuit "arises out of or relates to" a defendant's contacts with the forum state, "the plaintiffs must make a *prima facie* showing that their claim for patent infringement is connected" to the defendant's activities within the forum state. *Moldflow Corp. v. Simcon, Inc.*, 296 F. Supp. 2d 34, 41 (D.

Ma. 2003); *Authentify Patent Co., LLC v. Strikeforce Tech., Inc.*, 39 F. Supp. 3d 1135, 1145 (W. D. Wa. 2014) ("Plaintiff must demonstrate by a preponderance of the evidence that its claim for patent infringement is connected to Strikeforce's activity within the State of Washington related to its '858 patent."); *Hockerson-Halberstadt, Inc. v. Costco Wholesale Corp.*, 93 F. Supp. 2d 738, 743 (E.D. La. 2000) ("HHI has not shown that Costco's alleged footwear patent infringement arises out of or directly relates to any Costco activities directed at the state of Louisiana.").

Patent infringement occurs when someone "without authority makes, uses, offers to sell, or sells any patented invention . . . during the term of the patent[.]" 35 U.S.C. § 271(a). Acumed argues that Skeletal has offered to sell the Reduct screw in Oregon. The Federal Circuit has interpreted "offer to sell" liability under § 271(a) "according to its ordinary meaning in contract law, as revealed by traditional sources of authority." *Rotec Indus., Inc. v. Mitsubishi Corp.*, 215 F.3d 1246, 1254-55 (Fed. Cir. 2000). A party has made an "offer to sell" if it communicates "a 'manifestation of willingness to enter into a bargain, so made as to justify another person in understanding that his assent to that bargain is invited and will conclude it.'" *Id.* at 1257 (quoting *Restatement 2d. of Contracts* § 24 (1975)); *see also MEMC Elec. Silicon Materials, Inc. v. Mitsubishi Materials Silicon Corp.*, 420 F.3d 1369, 1376 (Fed. Cir. 2005) (finding email exchanges containing a description of the allegedly infringing product did not constitute an offer to sell because they lacked a price term and could not, therefore, be transformed into a contract by the recipient's acceptance).

A. Rocky Mountain Medical

Acumed argues that three aspects of Skeletal's relationship with Rocky Mountain create personal jurisdiction over Skeletal in Oregon: the distribution of price sheets for Skeletal

products, the sales agreement between Skeletal and Rocky Mountain, and Rocky Mountain's employment of a sales representative, Michael MacDonald, who resides in Oregon.

1. The Price Sheets

Skeletal distributed price sheets for its products, including the Reduct screws to Rocky Mountain. These price sheets included pricing for a number of hospitals in Oregon. Kolitch Decl. Ex. B. Acumed asserts that the price sheets "can easily be interpreted as an 'offer to sell' the accused product to Oregon customers at least through the distributor."

The price sheets were sent to Skeletal's distributors, including Rocky Mountain Medical, but they were not shown to customers. Price Decl. Ex. 4, at 19. Based on the record, it does not appear that the price sheets sent by Skeletal to Rocky Mountain were ever communicated to any third party in Oregon and contained no description of the Reduct product or any other traditional indicia of an offer. I cannot, therefore, conclude that the price sheets constituted an offer to sell within the meaning of § 271(a).

2. The Sales Agreement

As previously discussed, Skeletal and Rocky Mountain signed a sales agreement under which Rocky Mountain was obligated to market Skeletal products in Oregon, Washington, and Idaho. Kolitch Decl. Ex. D. At least initially, this agreement included an obligation to market Reduct screws in Oregon, although no Reduct screws were actually sold in Oregon and Skeletal amended the sales agreement to forbid the sale or marketing of Reduct screws in Oregon after it was served with the Complaint in this case. Kolitch Decl. Ex. F, at 45.

As previously discussed, Skeletal's practice was to negotiate sales of Skeletal products directly with the facility where they would be used and there is no indication that Rocky Mountain ever engaged in any such negotiations in Oregon on behalf of Skeletal. To the

contrary, the record indicates that Rocky Mountain could not sell Reduct screws without permission from Skeletal. Campbell Decl. at 3.

Furthermore, the contract does not contain the sort of specific terms that constitute an offer to sell under *Rotec* and *MEMC*. The fact that the contract between Rocky Mountain and Skeletal contemplated the eventual sale of the Reduct screw to third parties in Oregon does not rise to the level of an offer to sell within the meaning of § 271(a).

3. Michael MacDonald

Rocky Mountain employs Michael MacDonald, an Oregon resident, as a sales representative for Oregon and Washington. Price Decl. Ex. 4 at 12. Campbell approved a request for product literature on the Reduct screw to be sent to MacDonald, but no product literature was ever sent because none was available. Price Decl. Ex. 4, at 13-14.

The simple fact that Rocky Mountain employs an Oregon-based sales representative who markets Skeletal products in Oregon is not sufficient to create personal jurisdiction, as only Skeletal's Reduct screws are at issue in this case. There is no indication that MacDonald ever approached any Oregon customers about the Reduct screws or that he entered into any negotiations sufficient to constitute an "offer to sell" within the meaning of § 271(a).

B. The Trinity Medical Contract

Acumed asserts that the contract between Skeletal and Trinity Health, which permits Skeletal to sell its products to Trinity Health hospitals, constitutes an "offer to sell" the Reduct screw in Oregon.

Acumed overstates the scope of the agreement between Trinity Health and Skeletal. The agreement permitted Skeletal to sell its products to Trinity Health hospitals, but each individual hospital still makes its own purchasing agreements through the VA process. Second Escagedo

Decl. at 3; Price Decl. Ex. 4, at 26. Skeletal never actually approached any of Trinity Health's Oregon hospitals about purchasing the Reduct screw. Price Decl. Ex. 4, at 27. I must conclude that there was never an "offer to sell" the Reduct screw in Oregon based on the Trinity Health contract.

C. The Preselling Meeting

In April 2015, Campbell met with an Oregon surgeon to discuss the Reduct screw. Campbell brought a single Reduct screw with him and showed it to the surgeon, telling him that it was a new product that would soon be available. Price Decl. Ex. 4, at 31; 35. Campbell did not provide the surgeon with any literature about the Reduct screw and they did not discuss pricing or other terms. Price Decl. Ex. 4, at 35-36. Acumed argues that this meeting, which Campbell characterized as "preselling," constituted an offer to sell the accused product.

In support of its argument, Acumed relies on *3D Sys., Inc. v. Aarotech Lab., Inc.*, in which the Federal Circuit held that the purpose of the § 271(a) provision against "offers to sell" was to prevent "generating interest in a potential infringing product to the commercial detriment of the rightful patentee." *3D Sys., Inc. v. Aarotech Lab., Inc.*, 160 F.3d 1373, 1379 (Fed. Cir. 1998). The Federal Circuit later clarified, however, that "offers to sell" under § 271(a) were to be assessed under the traditional theory of contract law and that, in order to qualify, the offer to sell would need to contain sufficient terms that the recipient's acceptance of the offer would create a contract. *Rotec*, 215 F.3d at 1257. The price is an essential term in an "offer to sell" under § 271(a). *MEMC*, 420 F.3d at 1378.

Other district courts have found that advertisements and solicitations do not rise to the level of offers. *See Moldflow Corp.* 296 F. Supp. 2d at 43-44. In *Moldflow Corp.*, the defendant's marketing representative distributed "flyers" which contained "a description of the

of the allegedly infringing software as well as some pricing information," but "lacked other terms necessary to create the power of acceptance on the part of the recipients." *Id.* at 44. In particular, the court noted the lack of information about quantity, time of delivery, or terms of payment and found that, without those terms, "none of the companies that received the promotional materials could contractually bind [the defendant] without at least some additional negotiation," and found that the distribution of the flyers did not constitute an offer to sell under § 271(a). *Id.*

In this case, Skeletal's "preselling" meeting with the Oregon surgeon fell below even the conduct described in *Moldflow Corp.* It is undisputed that Campbell did not discuss the price of the Reduct screw when he met with the surgeon, nor did he discuss availability or any other terms of sale. Skeletal never approached the facility where the surgeon worked about purchasing the Reduct screw and never initiated the VA process necessary to sell the Reduct screws to that facility. The meeting cannot, therefore, be considered an offer to sell the Reduct screw.

D. Skeletal's Oregon Sales

Finally, the fact that Oregon accounts for 1 percent of Skeletal's sales is not sufficient to create specific personal jurisdiction. Acumed does not dispute that Skeletal never sold any Reduct screws in Oregon. Skeletal's Oregon sales are derived from other, unrelated Skeletal products. Acumed's claims in this case do not, therefore, arise from or relate to those activities.

As I have concluded that Plaintiff's claims do not arise from or relate to Skeletal's activities within the State of Oregon, it is not necessary to determine whether the exercise of personal jurisdiction would be reasonable and fair. I conclude that this Court lacks personal jurisdiction over Skeletal.

III. Motion to Transfer

Skeletal moves to transfer this case to the Southern District of Florida as the more convenient venue. "For the convenience of parties and witnesses, in the interest of justice, a district court may transfer any civil action to any other district or division where it might have been brought." 28 U.S.C. § 1404(a). In determining whether transfer is proper, the Federal Circuit applies regional circuit law. *In re Link A Media Devices Corp.*, 662 F.3d 1221, 1222-23 (Fed. Cir. 2011). However, once a district court determines that it lacks personal jurisdiction and dismisses a complaint, it may not transfer the case to another district. *HollyAnne Corp.*, 199 F.3d at 1307.

As I have determined that this Court lacks personal jurisdiction over Skeletal and that dismissal is appropriate, I decline to transfer this case to the Southern District of Florida.

Conclusion

This Court lacks personal jurisdiction over Defendant Skeletal Dynamics, LLC. Accordingly, Defendant's Motion to Dismiss, ECF No. 10, is GRANTED. This case is DISMISSED without prejudice.

It is SO ORDERED and DATED this 13 day of July 2016.

Owen M. Panner

OWEN M. PANNER
Senior District Judge

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: Skeletal Dynamics Inc.

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 7300 North Kendall Drive Suite 400

City: Miami State: FL Zip: 33156

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 305-596-7585 Website: skeletaldynamics.com

Licensing Company Email: contracts@skeletaldynamics.com

Section 2: Personal Information

First: Maria Middle: Margarita Last: Tremols Orbay

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: 7300 North Kendall Drive. Suite 400

City: Miami State: FL Zip: 33156

Telephone: Email: [redacted]@aol.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)	
Baruch College		1985-1989	
Address	**City**	**State**	**Zip**
One Bernard Baruch Way	New York	NY	10010
Diploma/Degree obtained, if any			
Bachelors in Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Bishop O'Connell High School			
Address	**City**	**State**	**Zip**
6600 Little Falls Road	Arlington	VA	22213
Diploma/Degree obtained, if any			
High School			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
8/2012-8/2022	[redacted] Leucadendra Drive	Coral Gables	FL	33156
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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: Skeletal Dynamics LLC			From - To (MM/YY – MM/YY): 6/12-8/22
Business Address: 7300 North Kendall Drive	City: Miami	State: FL	Zip: 33156
Phone: 305-596-7585	Title: Partner		
Description of Duties: Partner			

Business Name: The Hand & Upper Extremity Institiute			From - To (MM/YY – MM/YY): 8/91-8/22
Business Address: 8905 SW 87 Avenue	City: Miami	State: FL	Zip: 33176
Phone: 305-661-3000	Title: Administrator		
Description of Duties: Financial oversight of medical practice			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	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 # 5. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

ATTACHED

Maria P. Orbay

Original Signature (electronic, copies or stamps not accepted)

8/11/22

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.

Maria Tremols Orbay

Print Name (First, Last)

Maria T. Orbay — 8/11/22

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Miami-Dade

I, Maria T. Orbay, 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.

Maria T. Orbay — 8/11/22

Original Signature — **Date**

Subscribed and Sworn to before me this 11 day of Aug 2022.

Notary Public Signature

(Seal)

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
3/2019	5/2022	MA	Boston	Suffolk
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
3:19-CV-30154-KAR		United States District Court		
Reason/Charge				
Personal Injury				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant			Lawsuit	
Name of Business/Industry/Entity				
Skeletal Dynamics, LLC				

Provide explanation below:

Individual who had workman's comp injury claimed an implant of Skeletal Dynamics caused his injury. The individual had 3 prior operations to treat his medical issue, none successful. He then had a 4th surgery where a medical device implant was used. He received workman's compensation. The case against Skeletal Dynamics was settled by the insurance company for the nuisance value of avoiding the expense of litigation. There was no finding that the product of Skeletal Dynamics was defective or caused the injury.

Maria L. Orbey

Original Signature (electronic, copies or stamps not accepted)

8/11/22

Date

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

CASE: 3:19CV30154

JOSEPH CHMIELEWSKI,
Plaintiff,

v.

SKELETAL DYNAMICS, INC.
Defendant.

STIPULATION OF DISMISSAL

In accordance with the provisions of Fed. R. Civ. P. 41, the parties to the above-captioned matter hereby stipulate to dismiss, with prejudice, without costs or attorneys' fees, and waiving all rights of appeal, any and all claims against the defendant in the above action.

Plaintiff,
By his Attorney,

/s/ Kevin Chrisanthopoulos

Kevin Chrisanthopoulos, Esq.,
BBO#643734
kevin@kctrialattorney.com
KC Law
30 Court Street, Suite 1
Westfield, MA 01085
Phone: 413-251-1010
Fax: 413-372-1610

Skeletal Dynamics, Inc.,
Defendant,
By its Attorneys,

/s/ Michael J. Racette

Michael J. Racette, BBO #555350
mracette@morrisonmahoney.com
Ti T. Ton, BBO #696608
tton@morrisonmahoney.com
MORRISON MAHONEY LLP
250 Summer Street
Boston, MA 02210-1181
Phone: 617-439-7500
Fax: 617-342-0155

Certificate of Service

I hereby certify that this document(s) filed through the ECF system will be sent electronically to the registered participants as identified on the Notice of Electronic Filing (NEF) and paper copies will be sent to those indicated as non-registered participants on this 27th day of May, 2022.

/s/ Michael J. Racette

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
8/2015	7/2016	OR	Portland	Multnomah
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
3:15-CV-01581-PA		United Stated District Court		
Reason/Charge				
Patent dispute				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant			Lawsuit	
Name of Business/Industry/Entity				
Skeletal Dynamics, LLC				

Provide explanation below:

Patent infringement suit filed alleging patent infringement relating to a medical device of Skeletal Dynamics. The lawsuit was dismissed for lack of jurisdiction and the parties settled the matter.

Marie L. Arbaugh
Original Signature (electronic, copies or stamps not accepted)

9/11/22
Date

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF OREGON

PORTLAND DIVISION

ACUMED LLC,

Plaintiff,

v.

SKELETAL DYNAMICS, LLC,

Defendant.

Civ. No. 3:15-cv-01581-PA

OPINION & ORDER

PANNER, Senior District Judge.

This matter comes before the Court on Defendant's Motion to Dismiss. ECF No. 10. In the alternative, Defendant moves to transfer this case to the United States District Court for the Southern District of Florida. For the reasons set forth below, Defendant's motion is GRANTED.

Background

Plaintiff in this case is Acumed LLC ("Acumed"), a Delaware limited liability company with its principal place of business in Hillsboro, Oregon. Acumed holds a number of patents, including U.S. Patent No. 6,030,162 ("the '162 patent"), which was issued on February 29, 2000, and is titled as "Axial Tension Screw."

Defendant Skeletal Dynamics LLC ("Skeletal") is a privately held Florida limited liability company with its principal place of business in Miami, Florida. Skeletal produces a number of medical devices for use in upper extremity orthopedic surgery. In March 2015 Skeletal began selling a product called the Reduct Headless Compression Screw ("the Reduct screw").

On August 20, 2015, Acumed brought this action, alleging that Skeletal's Reduct screw infringed on the '162 patent.

Legal Standards

Federal Circuit law, rather than regional circuit law, determines whether a district court has personal jurisdiction over the defendant in a patent infringement case. *Avocent Huntsville Corp. v. Aten Intern. Co. Ltd.*, 552 F.3d 1324, 1328 (Fed. Cir. 2008). If the parties have not conducted discovery, the plaintiff need only make a prima facie showing that the defendant is subject to personal jurisdiction. *Silent Drive, Inc. v. Strong Indus., Inc.*, 326 F.3d 1194, 1201 (Fed. Cir. 2003). In evaluating a Rule 12(b)(2) motion to dismiss for lack of personal jurisdiction without holding an evidentiary hearing, the court construes the pleadings and affidavits in the light most favorable to the non-moving party. *Graphics Controls Corp. v. Utah Med. Prods., Inc.* 149 F.3d 1382, 1383 n.1 (Fed. Cir. 1998).

Personal jurisdiction over an out-of-state defendant in a patent-related dispute involves two questions: whether jurisdiction exists under the forum state's long-arm statute and, if so, whether asserting personal jurisdiction is consistent with the limitations of the Due Process Clause of the Constitution. *Trintec Indus. Inc. v. Pedre Promotional Prods., Inc.*, 395 F.3d 1275, 1279 (Fed. Cir. 2005). These inquiries essentially merge because Oregon's long-arm statute extends jurisdiction to the outer limits of due process. *Columbia Sportswear North America, Inc.*

v. Seirus Innovative Accessories, No. 3:15-cv-00064-HZ, 2015 WL 3986148, at *2 (D. Or. June 29, 2015); *see also Trintec*, 395 F.3d at 1279 ("collaps[ing]" the two-part inquiry where a state's long-arm statute is coextensive with the limits of due process).

The Due Process Clause "protects an individual's liberty interest in not being subject to the binding judgment of a forum with which he has established no meaningful contacts, ties, or relationships." *Burger King Corp. v. Rudzewicz*, 471 U.S. 462, 471-72 (1985) (internal quotation marks and citations omitted). To satisfy this due process protection, the plaintiff must show that the defendant has "certain minimum contacts with [the forum state] such that the maintenance of the suit does not offend traditional notions of fair play and substantial justice." *Int'l Shoe Co. v. Washington*, 326 U.S. 310, 316 (1945). "The requirement for purposeful minimum contacts helps ensure that non-residents have fair warning that a particular activity may subject them to litigation within the forum." *Beverly Hills Fan Co. v. Royal Sovereign Corp.*, 21 F.3d 1558, 1565 (Fed. Cir. 1994).

"Under the 'minimum contacts' test, a defendant may be subject to either specific jurisdiction or general jurisdiction." *LSI Indus., Inc. v. Hubbell Lighting, Inc.*, 232 F.3d 1369, 1375 (Fed. Cir. 2000). A court has general jurisdiction over a nonresident defendant when that defendant has "continuous and systematic" contacts with the forum state. *Helicopteros Nacionales de Colombia, S.A. v. Hall*, 466 U.S. 408, 416 (1984). A court has specific jurisdiction where "the defendant has purposefully directed his activities at residents of the forum and the litigation results from alleged injuries that arise out of or relate to those activities." *Burger King*, 471 U.S. at 472 (internal quotation marks and citations omitted); *see also Beverly Hills Fan Co.*, 21 F.3d at 1562 n. 10 (citation omitted). In contrast to general jurisdiction, "specific jurisdiction is confined to adjudication of issues deriving from, or connected with, the

very controversy that establishes jurisdiction." *Goodyear Dunlop Tires Operations, S.A. v. Brown*, 564 U.S. 915, 919 (2011) (internal quotation marks and citation omitted).

A district court may exercise specific personal jurisdiction over a defendant subject to a three part test: (1) the defendant must have purposefully directed its activities at residents of the forum; (2) the plaintiff's claim must arise out of or relate to those activities; and (3) the exercise of personal jurisdiction must be reasonable and fair. *Autogenomics, Inc. v. Oxford Gene Tech. Ltd.*, 566 F.3d 1012, 1018 (Fed. Cir. 2009) (citing *Breckenridge Pharm. Inc. v. Metabolite Labs, Inc.*, 444 F.3d 1356, 1363 (Fed. Cir. 2006)). Under this test, a court may properly assert specific jurisdiction "even if the contacts are isolated and sporadic," as long as the cause of action arises out of or relates to those contacts. *Silent Drive, Inc.*, 326 F.3d at 1200 (citing *Burger King*, 471 U.S. at 472-73). The plaintiff bears the burden at steps one and two, but the burden shifts to the defendant at step three to prove that personal jurisdiction is unreasonable. *Grober v. Mako Prods., Inc.*, 686 F.3d 1335, 1346 (Fed. Cir. 2012).

Discussion

Skeletal moves to dismiss this action, alleging a lack of personal jurisdiction.[1] In the alternative, Skeletal moves to transfer this action to the Southern District of Florida.

I. Skeletal's Activities in Oregon

Before proceeding to the jurisdictional analysis, it is necessary to describe Skeletal's activities as they relate to Oregon and the Reduct screw. As previously noted, Skeletal is a Florida limited liability company that has never registered to do business in Oregon. Escagedo Decl. at 2. Skeletal has no offices or property in Oregon, nor does it have an Oregon mailing

[1] Skeletal also initially moved to dismiss on the basis of improper venue, but concedes that the Federal Circuit's recent decision in *In Re: TC Heartland LLC*, 821 F.3d 1338 (Fed. Cir. 2016), is contrary to that argument. ECF Dkt. # 36. I accept Skeletal's concession and commend counsel for their prompt notice to the Court regarding the Federal Circuit's decision.

address or telephone number, and none of its manufacturing is done in Oregon. Escagedo Decl. at 2. Skeletal does have a website that describes its products, but which does not offer the products for sale, consistent with industry regulations. Escagedo Decl. at 3.

The sale and marketing of Skeletal's products in Oregon is overseen by Trey Campbell ("Campbell"), Skeletal's Director of Sales and Marketing for the Western United States. Escagedo Decl. at 2; Campbell Decl. at 2. Campbell lives in Texas, but periodically travels to Oregon on behalf of Skeletal. Escagedo Decl. at 2; Campbell Decl. at 2. Campbell is also responsible for directing the independent distributors who promote the sale of Skeletal products. Escagedo Decl. at 2-3; Campbell Decl. at 2-3. Oregon sales account for 1 percent of Skeletal's total sales. Escagedo Decl. at 3.

Skeletal works with one independent distributor in Oregon, Rocky Mountain Medical ("Rocky Mountain"). Escagedo Decl. at 3. Rocky Mountain is based in Spokane, Washington, and is responsible for distribution in Oregon, Idaho, and Washington. Escagedo Decl. at 3. Skeletal's Sales Representation Agreement with Rocky Mountain includes the Reduct screw. Kolitch Decl. Ex. D, at 15. Skeletal also provided Rocky Mountain with price sheets for its products, including the Reduct screw. Kolitch Decl. Ex. B. One of Rocky Mountain's employees, Michael MacDonald ("MacDonald") is authorized to sell certain Skeletal products in Oregon. Campbell Decl. at 3. After the commencement of this lawsuit, Skeletal amended its Sales Representation Agreement with Rocky Mountain to prevent the sale of Reduct screws in Oregon. Kolitch Decl. Ex. F at 41.

Skeletal first sold the Reduct screw in March 2015. Escagedo Decl. at 2. Skeletal sells the Reduct screw as part of the Reduct Headless Compression Screw System ("Reduct System"), which includes a sterilization tray, specially designed instruments, and implants required for use

of the Reduct screw. Escagedo Decl. at 3. When Skeletal first began to sell the Reduct screws it had only a limited number of Reduct Systems available, none of which were designated for sale in Oregon. Kolitch Decl. Ex. F, at 46. Regulations require that Skeletal keep track of the names and addresses of any facility to which Skeletal ships its products. Second Escagedo Decl. at 4. After Skeletal was served with the Complaint in this case, it took steps to ensure that no Reduct screws were shipped to Oregon. Kolitch Decl. Ex. F, at 46. Neither Skeletal or Rocky Mountain have sold any Reduct screws in Oregon, nor has Skeletal shipped any Reduct Systems to Oregon. Escagedo Decl. at 3; Campbell Decl. at 3. Rocky Mountain cannot access either the Reduct System or the Reduct screw without authorization from Campbell and Campbell has not given that authorization. Campbell Decl. at 3. Rocky Mountain denies that it has marketed or sold the Reduct product in Oregon without Skeletal's knowledge. Campbell Decl. at 3.

Skeletal's target demographic is orthopedic surgeons. Second Escagedo Decl. at 2. Before selling its products, either Skeletal or its independent sales representatives will approach surgeons directly to gauge their interest in Skeletal's products. Second Escagedo Decl. at 2-3. Product pricing is not generally discussed in Skeletal's meetings with surgeons. Second Escagedo Decl. at 3; Price Decl. Ex. 4, at 35-36. Rather, if the surgeon expresses interest in using a particular product, Skeletal will approach the hospital or surgery center where the physician works or where a particular procedure will be performed. Second Escagedo Decl. at 3. Generally, the facility refers the matter to a "Value Analysis" program ("VA") and Skeletal will negotiate with the VA on issues of pricing and product availability. Second Escagedo Decl. at 3. If Skeletal reaches an agreement with a facility's VA on the use of Reduct products, it will send the facility a "tray" containing the Reduct System. Second Escagedo Decl. at 3-4. If the facility

uses a part from the Reduct system, it will inform Skeletal and only then will Skeletal bill the facility. Second Escagedo Decl. at 4.

In April 2015, Campbell met with an Oregon physician to show him the Reduct screw. Kolitch Decl. Ex. E, at 31. For the purposes of the meeting, Campbell brought a single Reduct screw with him. Kolitch Decl. Ex. E, at 31. Campbell was not authorized to discuss price, quantity, delivery, or any other terms for the sale of the Reduct screw. Second Escagedo Decl. at 5. Campbell informed the physician that the screw would be available at some point in the future, but Campbell did not provide the physician with any literature about the Reduct screws, nor did they discuss pricing. Kolitch Decl. Ex. E at 35. Skeletal never approached the facility where the Oregon surgeon worked about purchasing the Reduct screw and never initiated the VA process. Second Escagedo Decl. at 5. Campbell described this meeting as "preselling." Kolitch Decl. Ex. E at 35.

On October 1, 2015, Skeletal was awarded a three-year non-exclusive contract with Trinity Health, a healthcare provider that covers 78 hospitals, including three in Oregon, which would permit Skeletal to sell its products, including the Reduct screw, to Trinity Health hospitals. Kolitch Decl. Ex. C; Ex. E at 26. Actual sale of Skeletal products would still require approval by the individual hospitals through the VA process, and none of Trinity Health's Oregon hospitals have entered into agreements to purchase the Reduct screws. Kolitch Decl. Ex. E at 26-28; Second Escagedo Decl. at 3; Price Decl. Ex. 4, at 27. Skeletal has not gone through the VA process with any of Trinity Health's Oregon hospitals. Price Decl. Ex. 4, at 27.

II. Personal Jurisdiction

Skeletal contends that this Court lacks personal jurisdiction. Acumed concedes that Skeletal is not subject general personal jurisdiction in this district, but contends that Skeletal is subject to specific personal jurisdiction.

The first prong of the specific jurisdiction test refers to both purposeful availment and purposeful direction, but in cases involving tortious conduct, court most often apply a purposeful direction analysis. *College Source, Inc. v. AcademyOne, Inc.*, 653 F.3d 1066, 1076 (Fed. Cir. 2011). Acumed contends that Skeletal has purposefully directed its activities related to this lawsuit at residents of Oregon by (1) entering into an exclusive sales agreement with Rocky Mountain, which included an obligation to promote the sale of Reduct products in Oregon; (2) providing price sheets to Rocky Mountain for use with Oregon sales and approving Rocky Mountain's requests for product literature and samples of the Reduct screw; (3) transporting a sample of the Reduct screw to Oregon and using it in a "sales pitch" to an Oregon surgeon; (4) entering into purchase agreements with Trinity Health hospitals, which included the Reduct screw; and (5) selling 1 percent of its products to residents of Oregon.

Skeletal asserts that this case turns on the second prong of the test for specific jurisdiction: whether Acumed's claim "arises out of or directly relates to" the activities Acumed alleges are purposefully directed at Oregon. In making that determination, "the test is whether the activity in the forum state is *a* basis for the cause of action." *HollyAnne Corp. v. TFT, Inc.*, 199 F.3d 1304, 1308 n. 4 (Fed. Cir. 1999) (emphasis in orginal). To establish that a lawsuit "arises out of or relates to" a defendant's contacts with the forum state, "the plaintiffs must make a *prima facie* showing that their claim for patent infringement is connected" to the defendant's activities within the forum state. *Moldflow Corp. v. Simcon, Inc.*, 296 F. Supp. 2d 34, 41 (D.

Ma. 2003); *Authentify Patent Co., LLC v. Strikeforce Tech., Inc.*, 39 F. Supp. 3d 1135, 1145 (W. D. Wa. 2014) ("Plaintiff must demonstrate by a preponderance of the evidence that its claim for patent infringement is connected to Strikeforce's activity within the State of Washington related to its '858 patent."); *Hockerson-Halberstadt, Inc. v. Costco Wholesale Corp.*, 93 F. Supp. 2d 738, 743 (E.D. La. 2000) ("HHI has not shown that Costco's alleged footwear patent infringement arises out of or directly relates to any Costco activities directed at the state of Louisiana.").

Patent infringement occurs when someone "without authority makes, uses, offers to sell, or sells any patented invention . . . during the term of the patent[.]" 35 U.S.C. § 271(a). Acumed argues that Skeletal has offered to sell the Reduct screw in Oregon. The Federal Circuit has interpreted "offer to sell" liability under § 271(a) "according to its ordinary meaning in contract law, as revealed by traditional sources of authority." *Rotec Indus., Inc. v. Mitsubishi Corp.*, 215 F.3d 1246, 1254-55 (Fed. Cir. 2000). A party has made an "offer to sell" if it communicates "a 'manifestation of willingness to enter into a bargain, so made as to justify another person in understanding that his assent to that bargain is invited and will conclude it.'" *Id.* at 1257 (quoting *Restatement 2d. of Contracts* § 24 (1975)); *see also MEMC Elec. Silicon Materials, Inc. v. Mitsubishi Materials Silicon Corp.*, 420 F.3d 1369, 1376 (Fed. Cir. 2005) (finding email exchanges containing a description of the allegedly infringing product did not constitute an offer to sell because they lacked a price term and could not, therefore, be transformed into a contract by the recipient's acceptance).

A. Rocky Mountain Medical

Acumed argues that three aspects of Skeletal's relationship with Rocky Mountain create personal jurisdiction over Skeletal in Oregon: the distribution of price sheets for Skeletal

products, the sales agreement between Skeletal and Rocky Mountain, and Rocky Mountain's employment of a sales representative, Michael MacDonald, who resides in Oregon.

1. The Price Sheets

Skeletal distributed price sheets for its products, including the Reduct screws to Rocky Mountain. These price sheets included pricing for a number of hospitals in Oregon. Kolitch Decl. Ex. B. Acumed asserts that the price sheets "can easily be interpreted as an 'offer to sell' the accused product to Oregon customers at least through the distributor."

The price sheets were sent to Skeletal's distributors, including Rocky Mountain Medical, but they were not shown to customers. Price Decl. Ex. 4, at 19. Based on the record, it does not appear that the price sheets sent by Skeletal to Rocky Mountain were ever communicated to any third party in Oregon and contained no description of the Reduct product or any other traditional indicia of an offer. I cannot, therefore, conclude that the price sheets constituted an offer to sell within the meaning of § 271(a).

2. The Sales Agreement

As previously discussed, Skeletal and Rocky Mountain signed a sales agreement under which Rocky Mountain was obligated to market Skeletal products in Oregon, Washington, and Idaho. Kolitch Decl. Ex. D. At least initially, this agreement included an obligation to market Reduct screws in Oregon, although no Reduct screws were actually sold in Oregon and Skeletal amended the sales agreement to forbid the sale or marketing of Reduct screws in Oregon after it was served with the Complaint in this case. Kolitch Decl. Ex. F, at 45.

As previously discussed, Skeletal's practice was to negotiate sales of Skeletal products directly with the facility where they would be used and there is no indication that Rocky Mountain ever engaged in any such negotiations in Oregon on behalf of Skeletal. To the

contrary, the record indicates that Rocky Mountain could not sell Reduct screws without permission from Skeletal. Campbell Decl. at 3.

Furthermore, the contract does not contain the sort of specific terms that constitute an offer to sell under *Rotec* and *MEMC*. The fact that the contract between Rocky Mountain and Skeletal contemplated the eventual sale of the Reduct screw to third parties in Oregon does not rise to the level of an offer to sell within the meaning of § 271(a).

3. Michael MacDonald

Rocky Mountain employs Michael MacDonald, an Oregon resident, as a sales representative for Oregon and Washington. Price Decl. Ex. 4 at 12. Campbell approved a request for product literature on the Reduct screw to be sent to MacDonald, but no product literature was ever sent because none was available. Price Decl. Ex. 4, at 13-14.

The simple fact that Rocky Mountain employs an Oregon-based sales representative who markets Skeletal products in Oregon is not sufficient to create personal jurisdiction, as only Skeletal's Reduct screws are at issue in this case. There is no indication that MacDonald ever approached any Oregon customers about the Reduct screws or that he entered into any negotiations sufficient to constitute an "offer to sell" within the meaning of § 271(a).

B. The Trinity Medical Contract

Acumed asserts that the contract between Skeletal and Trinity Health, which permits Skeletal to sell its products to Trinity Health hospitals, constitutes an "offer to sell" the Reduct screw in Oregon.

Acumed overstates the scope of the agreement between Trinity Health and Skeletal. The agreement permitted Skeletal to sell its products to Trinity Health hospitals, but each individual hospital still makes its own purchasing agreements through the VA process. Second Escagedo

Decl. at 3; Price Decl. Ex. 4, at 26. Skeletal never actually approached any of Trinity Health's Oregon hospitals about purchasing the Reduct screw. Price Decl. Ex. 4, at 27. I must conclude that there was never an "offer to sell" the Reduct screw in Oregon based on the Trinity Health contract.

C. The Preselling Meeting

In April 2015, Campbell met with an Oregon surgeon to discuss the Reduct screw. Campbell brought a single Reduct screw with him and showed it to the surgeon, telling him that it was a new product that would soon be available. Price Decl. Ex. 4, at 31; 35. Campbell did not provide the surgeon with any literature about the Reduct screw and they did not discuss pricing or other terms. Price Decl. Ex. 4, at 35-36. Acumed argues that this meeting, which Campbell characterized as "preselling," constituted an offer to sell the accused product.

In support of its argument, Acumed relies on *3D Sys., Inc. v. Aarotech Lab., Inc.*, in which the Federal Circuit held that the purpose of the § 271(a) provision against "offers to sell" was to prevent "generating interest in a potential infringing product to the commercial detriment of the rightful patentee." *3D Sys., Inc. v. Aarotech Lab., Inc.*, 160 F.3d 1373, 1379 (Fed. Cir. 1998). The Federal Circuit later clarified, however, that "offers to sell" under § 271(a) were to be assessed under the traditional theory of contract law and that, in order to qualify, the offer to sell would need to contain sufficient terms that the recipient's acceptance of the offer would create a contract. *Rotec*, 215 F.3d at 1257. The price is an essential term in an "offer to sell" under § 271(a). *MEMC*, 420 F.3d at 1378.

Other district courts have found that advertisements and solicitations do not rise to the level of offers. *See Moldflow Corp.* 296 F. Supp. 2d at 43-44. In *Moldflow Corp.*, the defendant's marketing representative distributed "flyers" which contained "a description of the

of the allegedly infringing software as well as some pricing information," but "lacked other terms necessary to create the power of acceptance on the part of the recipients." *Id.* at 44. In particular, the court noted the lack of information about quantity, time of delivery, or terms of payment and found that, without those terms, "none of the companies that received the promotional materials could contractually bind [the defendant] without at least some additional negotiation," and found that the distribution of the flyers did not constitute an offer to sell under § 271(a). *Id.*

In this case, Skeletal's "preselling" meeting with the Oregon surgeon fell below even the conduct described in *Moldflow Corp.* It is undisputed that Campbell did not discuss the price of the Reduct screw when he met with the surgeon, nor did he discuss availability or any other terms of sale. Skeletal never approached the facility where the surgeon worked about purchasing the Reduct screw and never initiated the VA process necessary to sell the Reduct screws to that facility. The meeting cannot, therefore, be considered an offer to sell the Reduct screw.

D. Skeletal's Oregon Sales

Finally, the fact that Oregon accounts for 1 percent of Skeletal's sales is not sufficient to create specific personal jurisdiction. Acumed does not dispute that Skeletal never sold any Reduct screws in Oregon. Skeletal's Oregon sales are derived from other, unrelated Skeletal products. Acumed's claims in this case do not, therefore, arise from or relate to those activities.

As I have concluded that Plaintiff's claims do not arise from or relate to Skeletal's activities within the State of Oregon, it is not necessary to determine whether the exercise of personal jurisdiction would be reasonable and fair. I conclude that this Court lacks personal jurisdiction over Skeletal.

III. Motion to Transfer

Skeletal moves to transfer this case to the Southern District of Florida as the more convenient venue. "For the convenience of parties and witnesses, in the interest of justice, a district court may transfer any civil action to any other district or division where it might have been brought." 28 U.S.C. § 1404(a). In determining whether transfer is proper, the Federal Circuit applies regional circuit law. *In re Link A Media Devices Corp.*, 662 F.3d 1221, 1222-23 (Fed. Cir. 2011). However, once a district court determines that it lacks personal jurisdiction and dismisses a complaint, it may not transfer the case to another district. *HollyAnne Corp.*, 199 F.3d at 1307.

As I have determined that this Court lacks personal jurisdiction over Skeletal and that dismissal is appropriate, I decline to transfer this case to the Southern District of Florida.

Conclusion

This Court lacks personal jurisdiction over Defendant Skeletal Dynamics, LLC. Accordingly, Defendant's Motion to Dismiss, ECF No. 10, is GRANTED. This case is DISMISSED without prejudice.

It is SO ORDERED and DATED this 13 day of July 2016.

OWEN M. PANNER
Senior District Judge

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: Skeletal Dynamics Inc.

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 7300 North Kendall Drive Suite 400

City: Miami State: FL Zip: 33156

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 305-596-7585 Website: skeletaldynamics.com

Licensing Company Email: contracts@skeletaldynamics.com

Section 2: Personal Information

First: Jorge Middle: Andres Last: Machado

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Brickell Avenue Apt. [redacted]

City: Miami State: FL Zip: 33129

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.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Massachusetts Institute of Technology		09/70- 05/72	
Address	City	State	Zip
77 Massachusetts Ave	Cambridge	MA	02139
Diploma/Degree obtained, if any			
Masters in Engeneering			

School Name		From - To (MM/YY – MM/YY)	
Catholic University		09/62 -05/67	
Address	City	State	Zip
620 Michigan Avenue	Washington	DC	20064
Diploma/Degree obtained, if any			
BA in Architecture			

School Name		From - To (MM/YY – MM/YY)	
John Carroll High School		01/61- 05/62	
Address	City	State	Zip
4300 Harewood Rd, NE	Washington	DC	20017
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Lasalle		10/60	
Address	City	State	Zip
	La Habana - Cuba		
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03-04- 08-22	[redacted] Brickell Avenue Apt 2506	Miami	Fl	33129
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
Skeletal Dynamics LLC			4/07-4/17
Business Address	**City**	**State**	**Zip**
7300 North Kendall Drive	Miami	FL	33156
Phone	**Title**		
305-596-7585			
Description of Duties			
VP of IP and New Business must be capable of reading, writing, and interpreting patents and related documents. The individual is responsible for organizing,overseeing a portfolio of all company IP, including patents, trademarks, licensing.			

Business Name			From - To (MM/YY – MM/YY)
Jorge A. Machado Business Consulting Service			
Business Address	**City**	**State**	**Zip**
2333 Brickell Avenue #2506	Miami	FL	33156
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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 # 5 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
3/2019	5/2022	MA	Boston	Suffolk
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
3:19-CV-30154-KAR		United States District Court		
Reason/Charge				
Personal Injury				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant			Lawsuit	
Name of Business/Industry/Entity				
Skeletal Dynamics, LLC				

Provide explanation below:

Individual who had workman's comp injury claimed an implant of Skeletal Dynamics caused his injury. The individual had 3 prior operations to treat his medical issue, none successful. He then had a 4th surgery where a medical device implant was used. He received workman's compensation. The case against Skeletal Dynamics was settled by the insurance company for the nuisance value of avoiding the expense of litigation. There was no finding that the product of Skeletal Dynamics was defective or caused the injury.

✓ Jorge Machado

Original Signature (electronic, copies or stamps not accepted)

6/1/22

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
8/2015	7/2016	OR	Portland	Multnomah

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
3:15-CV-01581-PA	United Stated District Court

Reason/Charge
Patent dispute

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Defendant	Lawsuit

Name of Business/Industry/Entity
Skeletal Dynamics, LLC

Provide explanation below:

Patent infringement suit filed alleging patent infringement relating to a medical device of Skeletal Dynamics. The lawsuit was dismissed for lack of jurisdiction and the parties settled the matter.

Jorge Mockaitis

Original Signature (electronic, copies or stamps not accepted)

8/11/22

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.

Jorge Andres Machado

Print Name (First, Last)

Jorge Machado

Original Signature (electronic, copies or stamps not accepted)

August 9, 2022

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Miami-Dade

I, Jorge Machado, 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.

Jorge Machado

Original Signature

Aug 9, 2022

Date

Subscribed and Sworn to before me this 9th day of Aug, 2022.

Notary Public Signature

Notary Public State of Florida
Mabel G Martinez
My Commission HH 008687
Expires 06/03/2024

(Seal)

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

CASE: 3:19CV30154

JOSEPH CHMIELEWSKI,
Plaintiff,

v.

SKELETAL DYNAMICS, INC.
Defendant.

STIPULATION OF DISMISSAL

In accordance with the provisions of Fed. R. Civ. P. 41, the parties to the above-captioned matter hereby stipulate to dismiss, with prejudice, without costs or attorneys' fees, and waiving all rights of appeal, any and all claims against the defendant in the above action.

Plaintiff,
By his Attorney,

/s/ Kevin Chrisanthopoulos

Kevin Chrisanthopoulos, Esq.,
BBO#643734
kevin@kctrialattorney.com
KC Law
30 Court Street, Suite 1
Westfield, MA 01085
Phone: 413-251-1010
Fax: 413-372-1610

Skeletal Dynamics, Inc.,
Defendant,
By its Attorneys,

/s/ Michael J. Racette

Michael J. Racette, BBO #555350
mracette@morrisonmahoney.com
Ti T. Ton, BBO #696608
tton@morrisonmahoney.com
MORRISON MAHONEY LLP
250 Summer Street
Boston, MA 02210-1181
Phone: 617-439-7500
Fax: 617-342-0155

Certificate of Service

I hereby certify that this document(s) filed through the ECF system will be sent electronically to the registered participants as identified on the Notice of Electronic Filing (NEF) and paper copies will be sent to those indicated as non-registered participants on this 27th day of May, 2022.

/s/ Michael J. Racette

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF OREGON

PORTLAND DIVISION

ACUMED LLC,

Plaintiff,

v.

SKELETAL DYNAMICS, LLC,

Defendant.

Civ. No. 3:15-cv-01581-PA

OPINION & ORDER

PANNER, Senior District Judge.

This matter comes before the Court on Defendant's Motion to Dismiss. ECF No. 10. In the alternative, Defendant moves to transfer this case to the United States District Court for the Southern District of Florida. For the reasons set forth below, Defendant's motion is GRANTED.

Background

Plaintiff in this case is Acumed LLC ("Acumed"), a Delaware limited liability company with its principal place of business in Hillsboro, Oregon. Acumed holds a number of patents, including U.S. Patent No. 6,030,162 ("the '162 patent"), which was issued on February 29, 2000, and is titled as "Axial Tension Screw."

Defendant Skeletal Dynamics LLC ("Skeletal") is a privately held Florida limited liability company with its principal place of business in Miami, Florida. Skeletal produces a number of medical devices for use in upper extremity orthopedic surgery. In March 2015 Skeletal began selling a product called the Reduct Headless Compression Screw ("the Reduct screw").

On August 20, 2015, Acumed brought this action, alleging that Skeletal's Reduct screw infringed on the '162 patent.

Legal Standards

Federal Circuit law, rather than regional circuit law, determines whether a district court has personal jurisdiction over the defendant in a patent infringement case. *Avocent Huntsville Corp. v. Aten Intern. Co. Ltd.*, 552 F.3d 1324, 1328 (Fed. Cir. 2008). If the parties have not conducted discovery, the plaintiff need only make a prima facie showing that the defendant is subject to personal jurisdiction. *Silent Drive, Inc. v. Strong Indus., Inc.*, 326 F.3d 1194, 1201 (Fed. Cir. 2003). In evaluating a Rule 12(b)(2) motion to dismiss for lack of personal jurisdiction without holding an evidentiary hearing, the court construes the pleadings and affidavits in the light most favorable to the non-moving party. *Graphics Controls Corp. v. Utah Med. Prods., Inc.* 149 F.3d 1382, 1383 n.1 (Fed. Cir. 1998).

Personal jurisdiction over an out-of-state defendant in a patent-related dispute involves two questions: whether jurisdiction exists under the forum state's long-arm statute and, if so, whether asserting personal jurisdiction is consistent with the limitations of the Due Process Clause of the Constitution. *Trintec Indus. Inc. v. Pedre Promotional Prods., Inc.*, 395 F.3d 1275, 1279 (Fed. Cir. 2005). These inquiries essentially merge because Oregon's long-arm statute extends jurisdiction to the outer limits of due process. *Columbia Sportswear North America, Inc.*

v. Seirus Innovative Accessories, No. 3:15-cv-00064-HZ, 2015 WL 3986148, at *2 (D. Or. June 29, 2015); *see also Trintec*, 395 F.3d at 1279 ("collaps[ing]" the two-part inquiry where a state's long-arm statute is coextensive with the limits of due process).

The Due Process Clause "protects an individual's liberty interest in not being subject to the binding judgment of a forum with which he has established no meaningful contacts, ties, or relationships." *Burger King Corp. v. Rudzewicz*, 471 U.S. 462, 471-72 (1985) (internal quotation marks and citations omitted). To satisfy this due process protection, the plaintiff must show that the defendant has "certain minimum contacts with [the forum state] such that the maintenance of the suit does not offend traditional notions of fair play and substantial justice." *Int'l Shoe Co. v. Washington*, 326 U.S. 310, 316 (1945). "The requirement for purposeful minimum contacts helps ensure that non-residents have fair warning that a particular activity may subject them to litigation within the forum." *Beverly Hills Fan Co. v. Royal Sovereign Corp.*, 21 F.3d 1558, 1565 (Fed. Cir. 1994).

"Under the 'minimum contacts' test, a defendant may be subject to either specific jurisdiction or general jurisdiction." *LSI Indus., Inc. v. Hubbell Lighting, Inc.*, 232 F.3d 1369, 1375 (Fed. Cir. 2000). A court has general jurisdiction over a nonresident defendant when that defendant has "continuous and systematic" contacts with the forum state. *Helicopteros Nacionales de Colombia, S.A. v. Hall*, 466 U.S. 408, 416 (1984). A court has specific jurisdiction where "the defendant has purposefully directed his activities at residents of the forum and the litigation results from alleged injuries that arise out of or relate to those activities." *Burger King*, 471 U.S. at 472 (internal quotation marks and citations omitted); *see also Beverly Hills Fan Co.*, 21 F.3d at 1562 n. 10 (citation omitted). In contrast to general jurisdiction, "specific jurisdiction is confined to adjudication of issues deriving from, or connected with, the

very controversy that establishes jurisdiction." *Goodyear Dunlop Tires Operations, S.A. v. Brown*, 564 U.S. 915, 919 (2011) (internal quotation marks and citation omitted).

A district court may exercise specific personal jurisdiction over a defendant subject to a three part test: (1) the defendant must have purposefully directed its activities at residents of the forum; (2) the plaintiff's claim must arise out of or relate to those activities; and (3) the exercise of personal jurisdiction must be reasonable and fair. *Autogenomics, Inc. v. Oxford Gene Tech. Ltd.*, 566 F.3d 1012, 1018 (Fed. Cir. 2009) (citing *Breckenridge Pharm. Inc. v. Metabolite Labs, Inc.*, 444 F.3d 1356, 1363 (Fed. Cir. 2006)). Under this test, a court may properly assert specific jurisdiction "even if the contacts are isolated and sporadic," as long as the cause of action arises out of or relates to those contacts. *Silent Drive, Inc.*, 326 F.3d at 1200 (citing *Burger King*, 471 U.S. at 472-73). The plaintiff bears the burden at steps one and two, but the burden shifts to the defendant at step three to prove that personal jurisdiction is unreasonable. *Grober v. Mako Prods., Inc.*, 686 F.3d 1335, 1346 (Fed. Cir. 2012).

Discussion

Skeletal moves to dismiss this action, alleging a lack of personal jurisdiction.[1] In the alternative, Skeletal moves to transfer this action to the Southern District of Florida.

I. Skeletal's Activities in Oregon

Before proceeding to the jurisdictional analysis, it is necessary to describe Skeletal's activities as they relate to Oregon and the Reduct screw. As previously noted, Skeletal is a Florida limited liability company that has never registered to do business in Oregon. Escagedo Decl. at 2. Skeletal has no offices or property in Oregon, nor does it have an Oregon mailing

[1] Skeletal also initially moved to dismiss on the basis of improper venue, but concedes that the Federal Circuit's recent decision in *In Re: TC Heartland LLC*, 821 F.3d 1338 (Fed. Cir. 2016), is contrary to that argument. ECF Dkt. # 36. I accept Skeletal's concession and commend counsel for their prompt notice to the Court regarding the Federal Circuit's decision.

address or telephone number, and none of its manufacturing is done in Oregon. Escagedo Decl. at 2. Skeletal does have a website that describes its products, but which does not offer the products for sale, consistent with industry regulations. Escagedo Decl. at 3.

The sale and marketing of Skeletal's products in Oregon is overseen by Trey Campbell ("Campbell"), Skeletal's Director of Sales and Marketing for the Western United States. Escagedo Decl. at 2; Campbell Decl. at 2. Campbell lives in Texas, but periodically travels to Oregon on behalf of Skeletal. Escagedo Decl. at 2; Campbell Decl. at 2. Campbell is also responsible for directing the independent distributors who promote the sale of Skeletal products. Escagedo Decl. at 2-3; Campbell Decl. at 2-3. Oregon sales account for 1 percent of Skeletal's total sales. Escagedo Decl. at 3.

Skeletal works with one independent distributor in Oregon, Rocky Mountain Medical ("Rocky Mountain"). Escagedo Decl. at 3. Rocky Mountain is based in Spokane, Washington, and is responsible for distribution in Oregon, Idaho, and Washington. Escagedo Decl. at 3. Skeletal's Sales Representation Agreement with Rocky Mountain includes the Reduct screw. Kolitch Decl. Ex. D, at 15. Skeletal also provided Rocky Mountain with price sheets for its products, including the Reduct screw. Kolitch Decl. Ex. B. One of Rocky Mountain's employees, Michael MacDonald ("MacDonald") is authorized to sell certain Skeletal products in Oregon. Campbell Decl. at 3. After the commencement of this lawsuit, Skeletal amended its Sales Representation Agreement with Rocky Mountain to prevent the sale of Reduct screws in Oregon. Kolitch Decl. Ex. F at 41.

Skeletal first sold the Reduct screw in March 2015. Escagedo Decl. at 2. Skeletal sells the Reduct screw as part of the Reduct Headless Compression Screw System ("Reduct System"), which includes a sterilization tray, specially designed instruments, and implants required for use

of the Reduct screw. Escagedo Decl. at 3. When Skeletal first began to sell the Reduct screws it had only a limited number of Reduct Systems available, none of which were designated for sale in Oregon. Kolitch Decl. Ex. F, at 46. Regulations require that Skeletal keep track of the names and addresses of any facility to which Skeletal ships its products. Second Escagedo Decl. at 4. After Skeletal was served with the Complaint in this case, it took steps to ensure that no Reduct screws were shipped to Oregon. Kolitch Decl. Ex. F, at 46. Neither Skeletal or Rocky Mountain have sold any Reduct screws in Oregon, nor has Skeletal shipped any Reduct Systems to Oregon. Escagedo Decl. at 3; Campbell Decl. at 3. Rocky Mountain cannot access either the Reduct System or the Reduct screw without authorization from Campbell and Campbell has not given that authorization. Campbell Decl. at 3. Rocky Mountain denies that it has marketed or sold the Reduct product in Oregon without Skeletal's knowledge. Campbell Decl. at 3.

Skeletal's target demographic is orthopedic surgeons. Second Escagedo Decl. at 2. Before selling its products, either Skeletal or its independent sales representatives will approach surgeons directly to gauge their interest in Skeletal's products. Second Escagedo Decl. at 2-3. Product pricing is not generally discussed in Skeletal's meetings with surgeons. Second Escagedo Decl. at 3; Price Decl. Ex. 4, at 35-36. Rather, if the surgeon expresses interest in using a particular product, Skeletal will approach the hospital or surgery center where the physician works or where a particular procedure will be performed. Second Escagedo Decl. at 3. Generally, the facility refers the matter to a "Value Analysis" program ("VA") and Skeletal will negotiate with the VA on issues of pricing and product availability. Second Escagedo Decl. at 3. If Skeletal reaches an agreement with a facility's VA on the use of Reduct products, it will send the facility a "tray" containing the Reduct System. Second Escagedo Decl. at 3-4. If the facility

uses a part from the Reduct system, it will inform Skeletal and only then will Skeletal bill the facility. Second Escagedo Decl. at 4.

In April 2015, Campbell met with an Oregon physician to show him the Reduct screw. Kolitch Decl. Ex. E, at 31. For the purposes of the meeting, Campbell brought a single Reduct screw with him. Kolitch Decl. Ex. E, at 31. Campbell was not authorized to discuss price, quantity, delivery, or any other terms for the sale of the Reduct screw. Second Escagedo Decl. at 5. Campbell informed the physician that the screw would be available at some point in the future, but Campbell did not provide the physician with any literature about the Reduct screws, nor did they discuss pricing. Kolitch Decl. Ex. E at 35. Skeletal never approached the facility where the Oregon surgeon worked about purchasing the Reduct screw and never initiated the VA process. Second Escagedo Decl. at 5. Campbell described this meeting as "preselling." Kolitch Decl. Ex. E at 35.

On October 1, 2015, Skeletal was awarded a three-year non-exclusive contract with Trinity Health, a healthcare provider that covers 78 hospitals, including three in Oregon, which would permit Skeletal to sell its products, including the Reduct screw, to Trinity Health hospitals. Kolitch Decl. Ex. C; Ex. E at 26. Actual sale of Skeletal products would still require approval by the individual hospitals through the VA process, and none of Trinity Health's Oregon hospitals have entered into agreements to purchase the Reduct screws. Kolitch Decl. Ex. E at 26-28; Second Escagedo Decl. at 3; Price Decl. Ex. 4, at 27. Skeletal has not gone through the VA process with any of Trinity Health's Oregon hospitals. Price Decl. Ex. 4, at 27.

II. Personal Jurisdiction

Skeletal contends that this Court lacks personal jurisdiction. Acumed concedes that Skeletal is not subject general personal jurisdiction in this district, but contends that Skeletal is subject to specific personal jurisdiction.

The first prong of the specific jurisdiction test refers to both purposeful availment and purposeful direction, but in cases involving tortious conduct, court most often apply a purposeful direction analysis. *College Source, Inc. v. AcademyOne, Inc.*, 653 F.3d 1066, 1076 (Fed. Cir. 2011). Acumed contends that Skeletal has purposefully directed its activities related to this lawsuit at residents of Oregon by (1) entering into an exclusive sales agreement with Rocky Mountain, which included an obligation to promote the sale of Reduct products in Oregon; (2) providing price sheets to Rocky Mountain for use with Oregon sales and approving Rocky Mountain's requests for product literature and samples of the Reduct screw; (3) transporting a sample of the Reduct screw to Oregon and using it in a "sales pitch" to an Oregon surgeon; (4) entering into purchase agreements with Trinity Health hospitals, which included the Reduct screw; and (5) selling 1 percent of its products to residents of Oregon.

Skeletal asserts that this case turns on the second prong of the test for specific jurisdiction: whether Acumed's claim "arises out of or directly relates to" the activities Acumed alleges are purposefully directed at Oregon. In making that determination, "the test is whether the activity in the forum state is *a* basis for the cause of action." *HollyAnne Corp. v. TFT, Inc.*, 199 F.3d 1304, 1308 n. 4 (Fed. Cir. 1999) (emphasis in orginal). To establish that a lawsuit "arises out of or relates to" a defendant's contacts with the forum state, "the plaintiffs must make a *prima facie* showing that their claim for patent infringement is connected" to the defendant's activities within the forum state. *Moldflow Corp. v. Simcon, Inc.*, 296 F. Supp. 2d 34, 41 (D.

Ma. 2003); *Authentify Patent Co., LLC v. Strikeforce Tech., Inc.*, 39 F. Supp. 3d 1135, 1145 (W. D. Wa. 2014) ("Plaintiff must demonstrate by a preponderance of the evidence that its claim for patent infringement is connected to Strikeforce's activity within the State of Washington related to its '858 patent."); *Hockerson-Halberstadt, Inc. v. Costco Wholesale Corp.*, 93 F. Supp. 2d 738, 743 (E.D. La. 2000) ("HHI has not shown that Costco's alleged footwear patent infringement arises out of or directly relates to any Costco activities directed at the state of Louisiana.").

Patent infringement occurs when someone "without authority makes, uses, offers to sell, or sells any patented invention . . . during the term of the patent[.]" 35 U.S.C. § 271(a). Acumed argues that Skeletal has offered to sell the Reduct screw in Oregon. The Federal Circuit has interpreted "offer to sell" liability under § 271(a) "according to its ordinary meaning in contract law, as revealed by traditional sources of authority." *Rotec Indus., Inc. v. Mitsubishi Corp.*, 215 F.3d 1246, 1254-55 (Fed. Cir. 2000). A party has made an "offer to sell" if it communicates "a 'manifestation of willingness to enter into a bargain, so made as to justify another person in understanding that his assent to that bargain is invited and will conclude it.'" *Id.* at 1257 (quoting *Restatement 2d. of Contracts* § 24 (1975)); *see also MEMC Elec. Silicon Materials, Inc. v. Mitsubishi Materials Silicon Corp.*, 420 F.3d 1369, 1376 (Fed. Cir. 2005) (finding email exchanges containing a description of the allegedly infringing product did not constitute an offer to sell because they lacked a price term and could not, therefore, be transformed into a contract by the recipient's acceptance).

A. Rocky Mountain Medical

Acumed argues that three aspects of Skeletal's relationship with Rocky Mountain create personal jurisdiction over Skeletal in Oregon: the distribution of price sheets for Skeletal

products, the sales agreement between Skeletal and Rocky Mountain, and Rocky Mountain's employment of a sales representative, Michael MacDonald, who resides in Oregon.

1. The Price Sheets

Skeletal distributed price sheets for its products, including the Reduct screws to Rocky Mountain. These price sheets included pricing for a number of hospitals in Oregon. Kolitch Decl. Ex. B. Acumed asserts that the price sheets "can easily be interpreted as an 'offer to sell' the accused product to Oregon customers at least through the distributor."

The price sheets were sent to Skeletal's distributors, including Rocky Mountain Medical, but they were not shown to customers. Price Decl. Ex. 4, at 19. Based on the record, it does not appear that the price sheets sent by Skeletal to Rocky Mountain were ever communicated to any third party in Oregon and contained no description of the Reduct product or any other traditional indicia of an offer. I cannot, therefore, conclude that the price sheets constituted an offer to sell within the meaning of § 271(a).

2. The Sales Agreement

As previously discussed, Skeletal and Rocky Mountain signed a sales agreement under which Rocky Mountain was obligated to market Skeletal products in Oregon, Washington, and Idaho. Kolitch Decl. Ex. D. At least initially, this agreement included an obligation to market Reduct screws in Oregon, although no Reduct screws were actually sold in Oregon and Skeletal amended the sales agreement to forbid the sale or marketing of Reduct screws in Oregon after it was served with the Complaint in this case. Kolitch Decl. Ex. F, at 45.

As previously discussed, Skeletal's practice was to negotiate sales of Skeletal products directly with the facility where they would be used and there is no indication that Rocky Mountain ever engaged in any such negotiations in Oregon on behalf of Skeletal. To the

contrary, the record indicates that Rocky Mountain could not sell Reduct screws without permission from Skeletal. Campbell Decl. at 3.

Furthermore, the contract does not contain the sort of specific terms that constitute an offer to sell under *Rotec* and *MEMC*. The fact that the contract between Rocky Mountain and Skeletal contemplated the eventual sale of the Reduct screw to third parties in Oregon does not rise to the level of an offer to sell within the meaning of § 271(a).

3. Michael MacDonald

Rocky Mountain employs Michael MacDonald, an Oregon resident, as a sales representative for Oregon and Washington. Price Decl. Ex. 4 at 12. Campbell approved a request for product literature on the Reduct screw to be sent to MacDonald, but no product literature was ever sent because none was available. Price Decl. Ex. 4, at 13-14.

The simple fact that Rocky Mountain employs an Oregon-based sales representative who markets Skeletal products in Oregon is not sufficient to create personal jurisdiction, as only Skeletal's Reduct screws are at issue in this case. There is no indication that MacDonald ever approached any Oregon customers about the Reduct screws or that he entered into any negotiations sufficient to constitute an "offer to sell" within the meaning of § 271(a).

B. The Trinity Medical Contract

Acumed asserts that the contract between Skeletal and Trinity Health, which permits Skeletal to sell its products to Trinity Health hospitals, constitutes an "offer to sell" the Reduct screw in Oregon.

Acumed overstates the scope of the agreement between Trinity Health and Skeletal. The agreement permitted Skeletal to sell its products to Trinity Health hospitals, but each individual hospital still makes its own purchasing agreements through the VA process. Second Escagedo

Decl. at 3; Price Decl. Ex. 4, at 26. Skeletal never actually approached any of Trinity Health's Oregon hospitals about purchasing the Reduct screw. Price Decl. Ex. 4, at 27. I must conclude that there was never an "offer to sell" the Reduct screw in Oregon based on the Trinity Health contract.

C. The Preselling Meeting

In April 2015, Campbell met with an Oregon surgeon to discuss the Reduct screw. Campbell brought a single Reduct screw with him and showed it to the surgeon, telling him that it was a new product that would soon be available. Price Decl. Ex. 4, at 31; 35. Campbell did not provide the surgeon with any literature about the Reduct screw and they did not discuss pricing or other terms. Price Decl. Ex. 4, at 35-36. Acumed argues that this meeting, which Campbell characterized as "preselling," constituted an offer to sell the accused product.

In support of its argument, Acumed relies on *3D Sys., Inc. v. Aarotech Lab., Inc.*, in which the Federal Circuit held that the purpose of the § 271(a) provision against "offers to sell" was to prevent "generating interest in a potential infringing product to the commercial detriment of the rightful patentee." *3D Sys., Inc. v. Aarotech Lab., Inc.*, 160 F.3d 1373, 1379 (Fed. Cir. 1998). The Federal Circuit later clarified, however, that "offers to sell" under § 271(a) were to be assessed under the traditional theory of contract law and that, in order to qualify, the offer to sell would need to contain sufficient terms that the recipient's acceptance of the offer would create a contract. *Rotec*, 215 F.3d at 1257. The price is an essential term in an "offer to sell" under § 271(a). *MEMC*, 420 F.3d at 1378.

Other district courts have found that advertisements and solicitations do not rise to the level of offers. *See Moldflow Corp.* 296 F. Supp. 2d at 43-44. In *Moldflow Corp.*, the defendant's marketing representative distributed "flyers" which contained "a description of the

of the allegedly infringing software as well as some pricing information," but "lacked other terms necessary to create the power of acceptance on the part of the recipients." *Id.* at 44. In particular, the court noted the lack of information about quantity, time of delivery, or terms of payment and found that, without those terms, "none of the companies that received the promotional materials could contractually bind [the defendant] without at least some additional negotiation," and found that the distribution of the flyers did not constitute an offer to sell under § 271(a). *Id.*

In this case, Skeletal's "preselling" meeting with the Oregon surgeon fell below even the conduct described in *Moldflow Corp.* It is undisputed that Campbell did not discuss the price of the Reduct screw when he met with the surgeon, nor did he discuss availability or any other terms of sale. Skeletal never approached the facility where the surgeon worked about purchasing the Reduct screw and never initiated the VA process necessary to sell the Reduct screws to that facility. The meeting cannot, therefore, be considered an offer to sell the Reduct screw.

D. Skeletal's Oregon Sales

Finally, the fact that Oregon accounts for 1 percent of Skeletal's sales is not sufficient to create specific personal jurisdiction. Acumed does not dispute that Skeletal never sold any Reduct screws in Oregon. Skeletal's Oregon sales are derived from other, unrelated Skeletal products. Acumed's claims in this case do not, therefore, arise from or relate to those activities.

As I have concluded that Plaintiff's claims do not arise from or relate to Skeletal's activities within the State of Oregon, it is not necessary to determine whether the exercise of personal jurisdiction would be reasonable and fair. I conclude that this Court lacks personal jurisdiction over Skeletal.

III. Motion to Transfer

Skeletal moves to transfer this case to the Southern District of Florida as the more convenient venue. "For the convenience of parties and witnesses, in the interest of justice, a district court may transfer any civil action to any other district or division where it might have been brought." 28 U.S.C. § 1404(a). In determining whether transfer is proper, the Federal Circuit applies regional circuit law. *In re Link A Media Devices Corp.*, 662 F.3d 1221, 1222-23 (Fed. Cir. 2011). However, once a district court determines that it lacks personal jurisdiction and dismisses a complaint, it may not transfer the case to another district. *HollyAnne Corp.*, 199 F.3d at 1307.

As I have determined that this Court lacks personal jurisdiction over Skeletal and that dismissal is appropriate, I decline to transfer this case to the Southern District of Florida.

Conclusion

This Court lacks personal jurisdiction over Defendant Skeletal Dynamics, LLC. Accordingly, Defendant's Motion to Dismiss, ECF No. 10, is GRANTED. This case is DISMISSED without prejudice.

It is SO ORDERED and DATED this 13 day of July 2016.

Owen M. Panner

OWEN M. PANNER
Senior District Judge

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: Skeletal Dynamics Inc.

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 7300 North Kendall Drive Suite 400

City: Miami State: FL Zip: 33156

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 305-596-7585 Website: www.skeletaldynamics.com

Licensing Company Email: contracts@skeletaldynamics.com

Section 2: Personal Information

First: Jorge Middle: Luis Last: Orbay

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: 7300 North Kendall Drive, Suite 400

City: Miami State: FL Zip: 33156

Telephone: 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.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the 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)	
Univ of Miami		1990-1991	
Address	**City**	**State**	**Zip**
1600 NW 10th Avenue	Miami	FL	33136
Diploma/Degree obtained, if any			
Hand Fellowship			

School Name		From - To (MM/YY – MM/YY)	
Hospital for Joint Diseases		1985-1990	
Address	**City**	**State**	**Zip**
301 East 17 Street	New York	NY	10010
Diploma/Degree obtained, if any			
Orthopedic Residency			

School Name		From - To (MM/YY – MM/YY)	
Public Service General Practitioner Puerto Rico - Hospital Universitario Rio Piedras		1983-1983	
Address	**City**	**State**	**Zip**
Barrio Monacillo Centro Medico	Rio Piedras	PR	00927
Diploma/Degree obtained, if any			
Public service post medical school			

School Name		From - To (MM/YY – MM/YY)	
Univ. of Puerto Rico, Undergraduate and School of Medicine		1975-1985	
Address	**City**	**State**	**Zip**
14 Ave. Universidad Ste	San Juan	PR	00925
Diploma/Degree obtained, if any			
Bachelor of Science and Medical Degree			

School Name		From - To (MM/YY – MM/YY	
Colegio Marista		1971-1975	
Address	**City**	**State**	**Zip**
6 C. Marcelino Champagnat	Guaynabo	PR	00969
Diploma/Degree obtained, if any			
High School			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
8/2012-8/2022	[redacted] Leucadendra Drive	Coral Gables	FL	33156
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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: Skeletal Dynamics LLC			From - To (MM/YY – MM/YY): 6/12-8/22
Business Address: 7300 North Kendall Drive	City: Miami	State: FL	Zip: 33156
Phone: 305-596-7585	Title: Director, Partner		
Description of Duties: Director and Chief Scientific Officer responsible for all product development			

Business Name: The Hand & Upper Extremity Institiute			From - To (MM/YY – MM/YY): 8/91-8/22T
Business Address: 8905 SW 87 Avenue	City: Miami	State: FL	Zip: 33176
Phone: 305-661-3000	Title: Director, Partner		
Description of Duties: Surgeon and director of medical practice			

Business Name: Miami Hand Center			From - To (MM/YY – MM/YY): 8/97-8/22
Business Address: 8905 SW 87 Avenue	City: Miami	State: FL	Zip: 33176
Phone: 305-661-3000	Title: Director, Partner		
Description of Duties: Surgeon and Director of ambulatory 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			

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 # 5. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
3/2019	5/2022	MA	Boston	Suffolk
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
3:19-CV-30154-KAR		United States District Court		
Reason/Charge				
Personal Injury				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant			Lawsuit	
Name of Business/Industry/Entity				
Skeletal Dynamics, LLC				

Provide explanation below:

Individual who had workman's comp injury claimed an implant of Skeletal Dynamics caused his injury. The individual had 3 prior operations to treat his medical issue, none successful. He then had a 4th surgery where a medical device implant was used. He received workman's compensation. The case against Skeletal Dynamics was settled by the insurance company for the nuisance value of avoiding the expense of litigation. There was no finding that the product of Skeletal Dynamics was defective or caused the injury.

Original Signature (electronic, copies or stamps not accepted)

8/11/22
Date

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

CASE: 3:19CV30154

JOSEPH CHMIELEWSKI,
Plaintiff,

v.

SKELETAL DYNAMICS, INC.
Defendant.

STIPULATION OF DISMISSAL

In accordance with the provisions of Fed. R. Civ. P. 41, the parties to the above-captioned matter hereby stipulate to dismiss, with prejudice, without costs or attorneys' fees, and waiving all rights of appeal, any and all claims against the defendant in the above action.

Plaintiff,
By his Attorney,

/s/ Kevin Chrisanthopoulos

Kevin Chrisanthopoulos, Esq.,
BBO#643734
kevin@kctrialattorney.com
KC Law
30 Court Street, Suite 1
Westfield, MA 01085
Phone: 413-251-1010
Fax: 413-372-1610

Skeletal Dynamics, Inc.,
Defendant,
By its Attorneys,

/s/ Michael J. Racette

Michael J. Racette, BBO #555350
mracette@morrisonmahoney.com
Ti T. Ton, BBO #696608
tton@morrisonmahoney.com
MORRISON MAHONEY LLP
250 Summer Street
Boston, MA 02210-1181
Phone: 617-439-7500
Fax: 617-342-0155

Certificate of Service

I hereby certify that this document(s) filed through the ECF system will be sent electronically to the registered participants as identified on the Notice of Electronic Filing (NEF) and paper copies will be sent to those indicated as non-registered participants on this 27th day of May, 2022.

/s/ Michael J. Racette

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
8/2015	7/2016	OR	Portland	Multnomah
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
3:15-CV-01581-PA		United Stated District Court		
Reason/Charge				
Patent dispute				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant			Lawsuit	
Name of Business/Industry/Entity				
Skeletal Dynamics, LLC				

Provide explanation below:

Patent infringement suit filed alleging patent infringement relating to a medical device of Skeletal Dynamics. The lawsuit was dismissed for lack of jurisdiction and the parties settled the matter.

Original Signature (electronic, copies or stamps not accepted)

8/11/22
Date

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF OREGON

PORTLAND DIVISION

ACUMED LLC,

Plaintiff,

v.

SKELETAL DYNAMICS, LLC,

Defendant.

Civ. No. 3:15-cv-01581-PA

OPINION & ORDER

PANNER, Senior District Judge.

This matter comes before the Court on Defendant's Motion to Dismiss. ECF No. 10. In the alternative, Defendant moves to transfer this case to the United States District Court for the Southern District of Florida. For the reasons set forth below, Defendant's motion is GRANTED.

Background

Plaintiff in this case is Acumed LLC ("Acumed"), a Delaware limited liability company with its principal place of business in Hillsboro, Oregon. Acumed holds a number of patents, including U.S. Patent No. 6,030,162 ("the '162 patent"), which was issued on February 29, 2000, and is titled as "Axial Tension Screw."

Defendant Skeletal Dynamics LLC ("Skeletal") is a privately held Florida limited liability company with its principal place of business in Miami, Florida. Skeletal produces a number of medical devices for use in upper extremity orthopedic surgery. In March 2015 Skeletal began selling a product called the Reduct Headless Compression Screw ("the Reduct screw").

On August 20, 2015, Acumed brought this action, alleging that Skeletal's Reduct screw infringed on the '162 patent.

Legal Standards

Federal Circuit law, rather than regional circuit law, determines whether a district court has personal jurisdiction over the defendant in a patent infringement case. *Avocent Huntsville Corp. v. Aten Intern. Co. Ltd.*, 552 F.3d 1324, 1328 (Fed. Cir. 2008). If the parties have not conducted discovery, the plaintiff need only make a prima facie showing that the defendant is subject to personal jurisdiction. *Silent Drive, Inc. v. Strong Indus., Inc.*, 326 F.3d 1194, 1201 (Fed. Cir. 2003). In evaluating a Rule 12(b)(2) motion to dismiss for lack of personal jurisdiction without holding an evidentiary hearing, the court construes the pleadings and affidavits in the light most favorable to the non-moving party. *Graphics Controls Corp. v. Utah Med. Prods., Inc.* 149 F.3d 1382, 1383 n.1 (Fed. Cir. 1998).

Personal jurisdiction over an out-of-state defendant in a patent-related dispute involves two questions: whether jurisdiction exists under the forum state's long-arm statute and, if so, whether asserting personal jurisdiction is consistent with the limitations of the Due Process Clause of the Constitution. *Trintec Indus. Inc. v. Pedre Promotional Prods., Inc.*, 395 F.3d 1275, 1279 (Fed. Cir. 2005). These inquiries essentially merge because Oregon's long-arm statute extends jurisdiction to the outer limits of due process. *Columbia Sportswear North America, Inc.*

v. Seirus Innovative Accessories, No. 3:15-cv-00064-HZ, 2015 WL 3986148, at *2 (D. Or. June 29, 2015); *see also Trintec*, 395 F.3d at 1279 ("collaps[ing]" the two-part inquiry where a state's long-arm statute is coextensive with the limits of due process).

The Due Process Clause "protects an individual's liberty interest in not being subject to the binding judgment of a forum with which he has established no meaningful contacts, ties, or relationships." *Burger King Corp. v. Rudzewicz*, 471 U.S. 462, 471-72 (1985) (internal quotation marks and citations omitted). To satisfy this due process protection, the plaintiff must show that the defendant has "certain minimum contacts with [the forum state] such that the maintenance of the suit does not offend traditional notions of fair play and substantial justice." *Int'l Shoe Co. v. Washington*, 326 U.S. 310, 316 (1945). "The requirement for purposeful minimum contacts helps ensure that non-residents have fair warning that a particular activity may subject them to litigation within the forum." *Beverly Hills Fan Co. v. Royal Sovereign Corp.*, 21 F.3d 1558, 1565 (Fed. Cir. 1994).

"Under the 'minimum contacts' test, a defendant may be subject to either specific jurisdiction or general jurisdiction." *LSI Indus., Inc. v. Hubbell Lighting, Inc.*, 232 F.3d 1369, 1375 (Fed. Cir. 2000). A court has general jurisdiction over a nonresident defendant when that defendant has "continuous and systematic" contacts with the forum state. *Helicopteros Nacionales de Colombia, S.A. v. Hall*, 466 U.S. 408, 416 (1984). A court has specific jurisdiction where "the defendant has purposefully directed his activities at residents of the forum and the litigation results from alleged injuries that arise out of or relate to those activities." *Burger King*, 471 U.S. at 472 (internal quotation marks and citations omitted); *see also Beverly Hills Fan Co.*, 21 F.3d at 1562 n. 10 (citation omitted). In contrast to general jurisdiction, "specific jurisdiction is confined to adjudication of issues deriving from, or connected with, the

very controversy that establishes jurisdiction." *Goodyear Dunlop Tires Operations, S.A. v. Brown*, 564 U.S. 915, 919 (2011) (internal quotation marks and citation omitted).

A district court may exercise specific personal jurisdiction over a defendant subject to a three part test: (1) the defendant must have purposefully directed its activities at residents of the forum; (2) the plaintiff's claim must arise out of or relate to those activities; and (3) the exercise of personal jurisdiction must be reasonable and fair. *Autogenomics, Inc. v. Oxford Gene Tech. Ltd.*, 566 F.3d 1012, 1018 (Fed. Cir. 2009) (citing *Breckenridge Pharm. Inc. v. Metabolite Labs, Inc.*, 444 F.3d 1356, 1363 (Fed. Cir. 2006)). Under this test, a court may properly assert specific jurisdiction "even if the contacts are isolated and sporadic," as long as the cause of action arises out of or relates to those contacts. *Silent Drive, Inc.*, 326 F.3d at 1200 (citing *Burger King*, 471 U.S. at 472-73). The plaintiff bears the burden at steps one and two, but the burden shifts to the defendant at step three to prove that personal jurisdiction is unreasonable. *Grober v. Mako Prods., Inc.*, 686 F.3d 1335, 1346 (Fed. Cir. 2012).

Discussion

Skeletal moves to dismiss this action, alleging a lack of personal jurisdiction.[1] In the alternative, Skeletal moves to transfer this action to the Southern District of Florida.

I. Skeletal's Activities in Oregon

Before proceeding to the jurisdictional analysis, it is necessary to describe Skeletal's activities as they relate to Oregon and the Reduct screw. As previously noted, Skeletal is a Florida limited liability company that has never registered to do business in Oregon. Escagedo Decl. at 2. Skeletal has no offices or property in Oregon, nor does it have an Oregon mailing

[1] Skeletal also initially moved to dismiss on the basis of improper venue, but concedes that the Federal Circuit's recent decision in *In Re: TC Heartland LLC*, 821 F.3d 1338 (Fed. Cir. 2016), is contrary to that argument. ECF Dkt. # 36. I accept Skeletal's concession and commend counsel for their prompt notice to the Court regarding the Federal Circuit's decision.

address or telephone number, and none of its manufacturing is done in Oregon. Escagedo Decl. at 2. Skeletal does have a website that describes its products, but which does not offer the products for sale, consistent with industry regulations. Escagedo Decl. at 3.

The sale and marketing of Skeletal's products in Oregon is overseen by Trey Campbell ("Campbell"), Skeletal's Director of Sales and Marketing for the Western United States. Escagedo Decl. at 2; Campbell Decl. at 2. Campbell lives in Texas, but periodically travels to Oregon on behalf of Skeletal. Escagedo Decl. at 2; Campbell Decl. at 2. Campbell is also responsible for directing the independent distributors who promote the sale of Skeletal products. Escagedo Decl. at 2-3; Campbell Decl. at 2-3. Oregon sales account for 1 percent of Skeletal's total sales. Escagedo Decl. at 3.

Skeletal works with one independent distributor in Oregon, Rocky Mountain Medical ("Rocky Mountain"). Escagedo Decl. at 3. Rocky Mountain is based in Spokane, Washington, and is responsible for distribution in Oregon, Idaho, and Washington. Escagedo Decl. at 3. Skeletal's Sales Representation Agreement with Rocky Mountain includes the Reduct screw. Kolitch Decl. Ex. D, at 15. Skeletal also provided Rocky Mountain with price sheets for its products, including the Reduct screw. Kolitch Decl. Ex. B. One of Rocky Mountain's employees, Michael MacDonald ("MacDonald") is authorized to sell certain Skeletal products in Oregon. Campbell Decl. at 3. After the commencement of this lawsuit, Skeletal amended its Sales Representation Agreement with Rocky Mountain to prevent the sale of Reduct screws in Oregon. Kolitch Decl. Ex. F at 41.

Skeletal first sold the Reduct screw in March 2015. Escagedo Decl. at 2. Skeletal sells the Reduct screw as part of the Reduct Headless Compression Screw System ("Reduct System"), which includes a sterilization tray, specially designed instruments, and implants required for use

of the Reduct screw. Escagedo Decl. at 3. When Skeletal first began to sell the Reduct screws it had only a limited number of Reduct Systems available, none of which were designated for sale in Oregon. Kolitch Decl. Ex. F, at 46. Regulations require that Skeletal keep track of the names and addresses of any facility to which Skeletal ships its products. Second Escagedo Decl. at 4. After Skeletal was served with the Complaint in this case, it took steps to ensure that no Reduct screws were shipped to Oregon. Kolitch Decl. Ex. F, at 46. Neither Skeletal or Rocky Mountain have sold any Reduct screws in Oregon, nor has Skeletal shipped any Reduct Systems to Oregon. Escagedo Decl. at 3; Campbell Decl. at 3. Rocky Mountain cannot access either the Reduct System or the Reduct screw without authorization from Campbell and Campbell has not given that authorization. Campbell Decl. at 3. Rocky Mountain denies that it has marketed or sold the Reduct product in Oregon without Skeletal's knowledge. Campbell Decl. at 3.

Skeletal's target demographic is orthopedic surgeons. Second Escagedo Decl. at 2. Before selling its products, either Skeletal or its independent sales representatives will approach surgeons directly to gauge their interest in Skeletal's products. Second Escagedo Decl. at 2-3. Product pricing is not generally discussed in Skeletal's meetings with surgeons. Second Escagedo Decl. at 3; Price Decl. Ex. 4, at 35-36. Rather, if the surgeon expresses interest in using a particular product, Skeletal will approach the hospital or surgery center where the physician works or where a particular procedure will be performed. Second Escagedo Decl. at 3. Generally, the facility refers the matter to a "Value Analysis" program ("VA") and Skeletal will negotiate with the VA on issues of pricing and product availability. Second Escagedo Decl. at 3. If Skeletal reaches an agreement with a facility's VA on the use of Reduct products, it will send the facility a "tray" containing the Reduct System. Second Escagedo Decl. at 3-4. If the facility

uses a part from the Reduct system, it will inform Skeletal and only then will Skeletal bill the facility. Second Escagedo Decl. at 4.

In April 2015, Campbell met with an Oregon physician to show him the Reduct screw. Kolitch Decl. Ex. E, at 31. For the purposes of the meeting, Campbell brought a single Reduct screw with him. Kolitch Decl. Ex. E, at 31. Campbell was not authorized to discuss price, quantity, delivery, or any other terms for the sale of the Reduct screw. Second Escagedo Decl. at 5. Campbell informed the physician that the screw would be available at some point in the future, but Campbell did not provide the physician with any literature about the Reduct screws, nor did they discuss pricing. Kolitch Decl. Ex. E at 35. Skeletal never approached the facility where the Oregon surgeon worked about purchasing the Reduct screw and never initiated the VA process. Second Escagedo Decl. at 5. Campbell described this meeting as "preselling." Kolitch Decl. Ex. E at 35.

On October 1, 2015, Skeletal was awarded a three-year non-exclusive contract with Trinity Health, a healthcare provider that covers 78 hospitals, including three in Oregon, which would permit Skeletal to sell its products, including the Reduct screw, to Trinity Health hospitals. Kolitch Decl. Ex. C; Ex. E at 26. Actual sale of Skeletal products would still require approval by the individual hospitals through the VA process, and none of Trinity Health's Oregon hospitals have entered into agreements to purchase the Reduct screws. Kolitch Decl. Ex. E at 26-28; Second Escagedo Decl. at 3; Price Decl. Ex. 4, at 27. Skeletal has not gone through the VA process with any of Trinity Health's Oregon hospitals. Price Decl. Ex. 4, at 27.

II. Personal Jurisdiction

Skeletal contends that this Court lacks personal jurisdiction. Acumed concedes that Skeletal is not subject general personal jurisdiction in this district, but contends that Skeletal is subject to specific personal jurisdiction.

The first prong of the specific jurisdiction test refers to both purposeful availment and purposeful direction, but in cases involving tortious conduct, court most often apply a purposeful direction analysis. *College Source, Inc. v. AcademyOne, Inc.*, 653 F.3d 1066, 1076 (Fed. Cir. 2011). Acumed contends that Skeletal has purposefully directed its activities related to this lawsuit at residents of Oregon by (1) entering into an exclusive sales agreement with Rocky Mountain, which included an obligation to promote the sale of Reduct products in Oregon; (2) providing price sheets to Rocky Mountain for use with Oregon sales and approving Rocky Mountain's requests for product literature and samples of the Reduct screw; (3) transporting a sample of the Reduct screw to Oregon and using it in a "sales pitch" to an Oregon surgeon; (4) entering into purchase agreements with Trinity Health hospitals, which included the Reduct screw; and (5) selling 1 percent of its products to residents of Oregon.

Skeletal asserts that this case turns on the second prong of the test for specific jurisdiction: whether Acumed's claim "arises out of or directly relates to" the activities Acumed alleges are purposefully directed at Oregon. In making that determination, "the test is whether the activity in the forum state is *a* basis for the cause of action." *HollyAnne Corp. v. TFT, Inc.*, 199 F.3d 1304, 1308 n. 4 (Fed. Cir. 1999) (emphasis in orginal). To establish that a lawsuit "arises out of or relates to" a defendant's contacts with the forum state, "the plaintiffs must make a *prima facie* showing that their claim for patent infringement is connected" to the defendant's activities within the forum state. *Moldflow Corp. v. Simcon, Inc.*, 296 F. Supp. 2d 34, 41 (D.

Ma. 2003); *Authentify Patent Co., LLC v. Strikeforce Tech., Inc.*, 39 F. Supp. 3d 1135, 1145 (W. D. Wa. 2014) ("Plaintiff must demonstrate by a preponderance of the evidence that its claim for patent infringement is connected to Strikeforce's activity within the State of Washington related to its '858 patent."); *Hockerson-Halberstadt, Inc. v. Costco Wholesale Corp.*, 93 F. Supp. 2d 738, 743 (E.D. La. 2000) ("HHI has not shown that Costco's alleged footwear patent infringement arises out of or directly relates to any Costco activities directed at the state of Louisiana.").

Patent infringement occurs when someone "without authority makes, uses, offers to sell, or sells any patented invention . . . during the term of the patent[.]" 35 U.S.C. § 271(a). Acumed argues that Skeletal has offered to sell the Reduct screw in Oregon. The Federal Circuit has interpreted "offer to sell" liability under § 271(a) "according to its ordinary meaning in contract law, as revealed by traditional sources of authority." *Rotec Indus., Inc. v. Mitsubishi Corp.*, 215 F.3d 1246, 1254-55 (Fed. Cir. 2000). A party has made an "offer to sell" if it communicates "a 'manifestation of willingness to enter into a bargain, so made as to justify another person in understanding that his assent to that bargain is invited and will conclude it.'" *Id.* at 1257 (quoting *Restatement 2d. of Contracts* § 24 (1975)); *see also MEMC Elec. Silicon Materials, Inc. v. Mitsubishi Materials Silicon Corp.*, 420 F.3d 1369, 1376 (Fed. Cir. 2005) (finding email exchanges containing a description of the allegedly infringing product did not constitute an offer to sell because they lacked a price term and could not, therefore, be transformed into a contract by the recipient's acceptance).

A. Rocky Mountain Medical

Acumed argues that three aspects of Skeletal's relationship with Rocky Mountain create personal jurisdiction over Skeletal in Oregon: the distribution of price sheets for Skeletal

products, the sales agreement between Skeletal and Rocky Mountain, and Rocky Mountain's employment of a sales representative, Michael MacDonald, who resides in Oregon.

1. The Price Sheets

Skeletal distributed price sheets for its products, including the Reduct screws to Rocky Mountain. These price sheets included pricing for a number of hospitals in Oregon. Kolitch Decl. Ex. B. Acumed asserts that the price sheets "can easily be interpreted as an 'offer to sell' the accused product to Oregon customers at least through the distributor."

The price sheets were sent to Skeletal's distributors, including Rocky Mountain Medical, but they were not shown to customers. Price Decl. Ex. 4, at 19. Based on the record, it does not appear that the price sheets sent by Skeletal to Rocky Mountain were ever communicated to any third party in Oregon and contained no description of the Reduct product or any other traditional indicia of an offer. I cannot, therefore, conclude that the price sheets constituted an offer to sell within the meaning of § 271(a).

2. The Sales Agreement

As previously discussed, Skeletal and Rocky Mountain signed a sales agreement under which Rocky Mountain was obligated to market Skeletal products in Oregon, Washington, and Idaho. Kolitch Decl. Ex. D. At least initially, this agreement included an obligation to market Reduct screws in Oregon, although no Reduct screws were actually sold in Oregon and Skeletal amended the sales agreement to forbid the sale or marketing of Reduct screws in Oregon after it was served with the Complaint in this case. Kolitch Decl. Ex. F, at 45.

As previously discussed, Skeletal's practice was to negotiate sales of Skeletal products directly with the facility where they would be used and there is no indication that Rocky Mountain ever engaged in any such negotiations in Oregon on behalf of Skeletal. To the

contrary, the record indicates that Rocky Mountain could not sell Reduct screws without permission from Skeletal. Campbell Decl. at 3.

Furthermore, the contract does not contain the sort of specific terms that constitute an offer to sell under *Rotec* and *MEMC*. The fact that the contract between Rocky Mountain and Skeletal contemplated the eventual sale of the Reduct screw to third parties in Oregon does not rise to the level of an offer to sell within the meaning of § 271(a).

3. Michael MacDonald

Rocky Mountain employs Michael MacDonald, an Oregon resident, as a sales representative for Oregon and Washington. Price Decl. Ex. 4 at 12. Campbell approved a request for product literature on the Reduct screw to be sent to MacDonald, but no product literature was ever sent because none was available. Price Decl. Ex. 4, at 13-14.

The simple fact that Rocky Mountain employs an Oregon-based sales representative who markets Skeletal products in Oregon is not sufficient to create personal jurisdiction, as only Skeletal's Reduct screws are at issue in this case. There is no indication that MacDonald ever approached any Oregon customers about the Reduct screws or that he entered into any negotiations sufficient to constitute an "offer to sell" within the meaning of § 271(a).

B. The Trinity Medical Contract

Acumed asserts that the contract between Skeletal and Trinity Health, which permits Skeletal to sell its products to Trinity Health hospitals, constitutes an "offer to sell" the Reduct screw in Oregon.

Acumed overstates the scope of the agreement between Trinity Health and Skeletal. The agreement permitted Skeletal to sell its products to Trinity Health hospitals, but each individual hospital still makes its own purchasing agreements through the VA process. Second Escagedo

Decl. at 3; Price Decl. Ex. 4, at 26. Skeletal never actually approached any of Trinity Health's Oregon hospitals about purchasing the Reduct screw. Price Decl. Ex. 4, at 27. I must conclude that there was never an "offer to sell" the Reduct screw in Oregon based on the Trinity Health contract.

C. The Preselling Meeting

In April 2015, Campbell met with an Oregon surgeon to discuss the Reduct screw. Campbell brought a single Reduct screw with him and showed it to the surgeon, telling him that it was a new product that would soon be available. Price Decl. Ex. 4, at 31; 35. Campbell did not provide the surgeon with any literature about the Reduct screw and they did not discuss pricing or other terms. Price Decl. Ex. 4, at 35-36. Acumed argues that this meeting, which Campbell characterized as "preselling," constituted an offer to sell the accused product.

In support of its argument, Acumed relies on *3D Sys., Inc. v. Aarotech Lab., Inc.*, in which the Federal Circuit held that the purpose of the § 271(a) provision against "offers to sell" was to prevent "generating interest in a potential infringing product to the commercial detriment of the rightful patentee." *3D Sys., Inc. v. Aarotech Lab., Inc.*, 160 F.3d 1373, 1379 (Fed. Cir. 1998). The Federal Circuit later clarified, however, that "offers to sell" under § 271(a) were to be assessed under the traditional theory of contract law and that, in order to qualify, the offer to sell would need to contain sufficient terms that the recipient's acceptance of the offer would create a contract. *Rotec*, 215 F.3d at 1257. The price is an essential term in an "offer to sell" under § 271(a). *MEMC*, 420 F.3d at 1378.

Other district courts have found that advertisements and solicitations do not rise to the level of offers. *See Moldflow Corp.* 296 F. Supp. 2d at 43-44. In *Moldflow Corp.*, the defendant's marketing representative distributed "flyers" which contained "a description of the

of the allegedly infringing software as well as some pricing information," but "lacked other terms necessary to create the power of acceptance on the part of the recipients." *Id.* at 44. In particular, the court noted the lack of information about quantity, time of delivery, or terms of payment and found that, without those terms, "none of the companies that received the promotional materials could contractually bind [the defendant] without at least some additional negotiation," and found that the distribution of the flyers did not constitute an offer to sell under § 271(a). *Id.*

In this case, Skeletal's "preselling" meeting with the Oregon surgeon fell below even the conduct described in *Moldflow Corp*. It is undisputed that Campbell did not discuss the price of the Reduct screw when he met with the surgeon, nor did he discuss availability or any other terms of sale. Skeletal never approached the facility where the surgeon worked about purchasing the Reduct screw and never initiated the VA process necessary to sell the Reduct screws to that facility. The meeting cannot, therefore, be considered an offer to sell the Reduct screw.

D. Skeletal's Oregon Sales

Finally, the fact that Oregon accounts for 1 percent of Skeletal's sales is not sufficient to create specific personal jurisdiction. Acumed does not dispute that Skeletal never sold any Reduct screws in Oregon. Skeletal's Oregon sales are derived from other, unrelated Skeletal products. Acumed's claims in this case do not, therefore, arise from or relate to those activities.

As I have concluded that Plaintiff's claims do not arise from or relate to Skeletal's activities within the State of Oregon, it is not necessary to determine whether the exercise of personal jurisdiction would be reasonable and fair. I conclude that this Court lacks personal jurisdiction over Skeletal.

III. Motion to Transfer

Skeletal moves to transfer this case to the Southern District of Florida as the more convenient venue. "For the convenience of parties and witnesses, in the interest of justice, a district court may transfer any civil action to any other district or division where it might have been brought." 28 U.S.C. § 1404(a). In determining whether transfer is proper, the Federal Circuit applies regional circuit law. *In re Link A Media Devices Corp.*, 662 F.3d 1221, 1222-23 (Fed. Cir. 2011). However, once a district court determines that it lacks personal jurisdiction and dismisses a complaint, it may not transfer the case to another district. *HollyAnne Corp.*, 199 F.3d at 1307.

As I have determined that this Court lacks personal jurisdiction over Skeletal and that dismissal is appropriate, I decline to transfer this case to the Southern District of Florida.

Conclusion

This Court lacks personal jurisdiction over Defendant Skeletal Dynamics, LLC. Accordingly, Defendant's Motion to Dismiss, ECF No. 10, is GRANTED. This case is DISMISSED without prejudice.

It is SO ORDERED and DATED this 13 day of July 2016.

Owen M Panner

OWEN M. PANNER
Senior District Judge

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jorge L. Orbay

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/11/22

Date

Please have this section completed in the presence of a Notary Public.

State of FLORIDA, ss. County of MIAMI-DADE

I, JORGE L. ORBAY, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/11/22

Date

Subscribed and Sworn to before me this 11 day of Aug, 2022.

Notary Public Signature

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Skeletal Dynamics Inc.

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 7300 North Kendall Drive Suite 400

City Miami State FL Zip 33156

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 305-596-7585 Website skeletaldynamics.com

Licensing Company Email contracts@skeletaldynamics.com

Section 2: Personal Information

First Mickey Middle Lee Last Moore

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] SW 111 Terrace

City Miami State FL Zip 33156

Telephone [redacted] Email [redacted]@aol.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)	
Golden Gae University		1974-1975	
Address	**City**	**State**	**Zip**
536 Mission Street	San Francisco	CA	94105
Diploma/Degree obtained, if any			
MBA - Taxation			

School Name		From - To (MM/YY – MM/YY)	
Northeasr Missouri State University (Now Truman University)		1966-1969	
Address	**City**	**State**	**Zip**
100 East Normal Ave	Kirksville	MO	63501
Diploma/Degree obtained, if any			
Bachelor of Science - Accounting			

School Name		From - To (MM/YY – MM/YY)	
St. Michaels College		1965-1966	
Address	**City**	**State**	**Zip**
One Winooski Park	Winooski	VT	05439
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Dexfield High School		1961-1965	
Address	**City**	**State**	**Zip**
1375 High Street	Redfield	Iowa	50233
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/12-08/22	[redacted] SW 111 Terrace	Pinecrest	FL	33156
From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/11-10/12	[redacted] SW 63rd Ave	Pinecrest	FL	33156
From - To (MM/YY – MM/YY)	**Address**	**City**	**State**	**Zip**
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	**Address**	**City**	**State**	**Zip**
From - To (MM/YY – MM/YY)	**Address**	**City**	**State**	**Zip**
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	**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)
Skeletal Dynamics LLC			12/06 - 08/22
Business Address	**City**	**State**	**Zip**
7300 North Kendall Drive	Miami	FL	33156
Phone	Title		
	Shareholder		
Description of Duties			
Retired April, 2017			

Business Name			From - To (MM/YY – MM/YY)
Moore's Management Consulting Services, Inc			01/17 - 08/22
Business Address	**City**	**State**	**Zip**
5715 SW 111 Terrace	Miami	FL	33156
Phone	Title		
786-877-5658	Shareholder		
Description of Duties			
Management of business providing tax and consulting services			

Business Name			From - To (MM/YY – MM/YY)
Useitt, LLC			01/20 - 08/22
Business Address	**City**	**State**	**Zip**
5715 SW 111 Terrace	Pinecrest	FL	33156
Phone	Title		
786-877-5658	Partner		
Description of Duties			
Management of LLC			

Business Name			From - To (MM/YY – MM/YY)
Neocis Inc			3/18-01/19
Business Address	**City**	**State**	**Zip**
2800 Biscayne Blvd #600	Miami	FL	33137
Phone	Title		
855-963-6247	CFO		
Description of Duties			
Financial Managwment			

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 # 5 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
3/2019	5/2022	MA	Boston	Suffolk
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
3:19-CV-30154-KAR		United States District Court		
Reason/Charge				
Personal Injury				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant			Lawsuit	
Name of Business/Industry/Entity				
Skeletal Dynamics, LLC				

Provide explanation below:

Individual who had workman's comp injury claimed an implant of Skeletal Dynamics caused his injury. The individual had 3 prior operations to treat his medical issue, none successful. He then had a 4th surgery where a medical device implant was used. He received workman's compensation. The case against Skeletal Dynamics was settled by the insurance company for the nuisance value of avoiding the expense of litigation. There was no finding that the product of Skeletal Dynamics was defective or caused the injury.

Mickey L. Moore
Original Signature (electronic, copies or stamps not accepted)

8/8/2022
Date

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

CASE: 3:19CV30154

JOSEPH CHMIELEWSKI,

Plaintiff,

v.

SKELETAL DYNAMICS, INC.

Defendant.

STIPULATION OF DISMISSAL

In accordance with the provisions of Fed. R. Civ. P. 41, the parties to the above-captioned matter hereby stipulate to dismiss, with prejudice, without costs or attorneys' fees, and waiving all rights of appeal, any and all claims against the defendant in the above action.

Plaintiff,
By his Attorney,

/s/ Kevin Chrisanthopoulos

Kevin Chrisanthopoulos, Esq.,
BBO#643734
kevin@kctrialattorney.com
KC Law
30 Court Street, Suite 1
Westfield, MA 01085
Phone: 413-251-1010
Fax: 413-372-1610

Skeletal Dynamics, Inc.,
Defendant,
By its Attorneys,

/s/ Michael J. Racette

Michael J. Racette, BBO #555350
mracette@morrisonmahoney.com
Ti T. Ton, BBO #696608
tton@morrisonmahoney.com
MORRISON MAHONEY LLP
250 Summer Street
Boston, MA 02210-1181
Phone: 617-439-7500
Fax: 617-342-0155

Certificate of Service

I hereby certify that this document(s) filed through the ECF system will be sent electronically to the registered participants as identified on the Notice of Electronic Filing (NEF) and paper copies will be sent to those indicated as non-registered participants on this 27th day of May, 2022.

/s/ Michael J. Racette

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
8/2015	7/2016	OR	Portland	Multnomah
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
3:15-CV-01581-PA		United Stated District Court		
Reason/Charge				
Patent dispute				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant			Lawsuit	
Name of Business/Industry/Entity				
Skeletal Dynamics, LLC				

Provide explanation below:

Patent infringement suit filed alleging patent infringement relating to a medical device of Skeletal Dynamics. The lawsuit was dismissed for lack of jurisdiction and the parties settled the matter.

Mindy L. Moore
Original Signature (electronic, copies or stamps not accepted)

8/8/2022
Date

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF OREGON

PORTLAND DIVISION

ACUMED LLC,

Plaintiff,

v.

SKELETAL DYNAMICS, LLC,

Defendant.

Civ. No. 3:15-cv-01581-PA

OPINION & ORDER

PANNER, Senior District Judge.

This matter comes before the Court on Defendant's Motion to Dismiss. ECF No. 10. In the alternative, Defendant moves to transfer this case to the United States District Court for the Southern District of Florida. For the reasons set forth below, Defendant's motion is GRANTED.

Background

Plaintiff in this case is Acumed LLC ("Acumed"), a Delaware limited liability company with its principal place of business in Hillsboro, Oregon. Acumed holds a number of patents, including U.S. Patent No. 6,030,162 ("the '162 patent"), which was issued on February 29, 2000, and is titled as "Axial Tension Screw."

Defendant Skeletal Dynamics LLC ("Skeletal") is a privately held Florida limited liability company with its principal place of business in Miami, Florida. Skeletal produces a number of medical devices for use in upper extremity orthopedic surgery. In March 2015 Skeletal began selling a product called the Reduct Headless Compression Screw ("the Reduct screw").

On August 20, 2015, Acumed brought this action, alleging that Skeletal's Reduct screw infringed on the '162 patent.

Legal Standards

Federal Circuit law, rather than regional circuit law, determines whether a district court has personal jurisdiction over the defendant in a patent infringement case. *Avocent Huntsville Corp. v. Aten Intern. Co. Ltd.*, 552 F.3d 1324, 1328 (Fed. Cir. 2008). If the parties have not conducted discovery, the plaintiff need only make a prima facie showing that the defendant is subject to personal jurisdiction. *Silent Drive, Inc. v. Strong Indus., Inc.*, 326 F.3d 1194, 1201 (Fed. Cir. 2003). In evaluating a Rule 12(b)(2) motion to dismiss for lack of personal jurisdiction without holding an evidentiary hearing, the court construes the pleadings and affidavits in the light most favorable to the non-moving party. *Graphics Controls Corp. v. Utah Med. Prods., Inc.* 149 F.3d 1382, 1383 n.1 (Fed. Cir. 1998).

Personal jurisdiction over an out-of-state defendant in a patent-related dispute involves two questions: whether jurisdiction exists under the forum state's long-arm statute and, if so, whether asserting personal jurisdiction is consistent with the limitations of the Due Process Clause of the Constitution. *Trintec Indus. Inc. v. Pedre Promotional Prods., Inc.*, 395 F.3d 1275, 1279 (Fed. Cir. 2005). These inquiries essentially merge because Oregon's long-arm statute extends jurisdiction to the outer limits of due process. *Columbia Sportswear North America, Inc.*

v. Seirus Innovative Accessories, No. 3:15-cv-00064-HZ, 2015 WL 3986148, at *2 (D. Or. June 29, 2015); *see also Trintec*, 395 F.3d at 1279 ("collaps[ing]" the two-part inquiry where a state's long-arm statute is coextensive with the limits of due process).

The Due Process Clause "protects an individual's liberty interest in not being subject to the binding judgment of a forum with which he has established no meaningful contacts, ties, or relationships." *Burger King Corp. v. Rudzewicz*, 471 U.S. 462, 471-72 (1985) (internal quotation marks and citations omitted). To satisfy this due process protection, the plaintiff must show that the defendant has "certain minimum contacts with [the forum state] such that the maintenance of the suit does not offend traditional notions of fair play and substantial justice." *Int'l Shoe Co. v. Washington*, 326 U.S. 310, 316 (1945). "The requirement for purposeful minimum contacts helps ensure that non-residents have fair warning that a particular activity may subject them to litigation within the forum." *Beverly Hills Fan Co. v. Royal Sovereign Corp.*, 21 F.3d 1558, 1565 (Fed. Cir. 1994).

"Under the 'minimum contacts' test, a defendant may be subject to either specific jurisdiction or general jurisdiction." *LSI Indus., Inc. v. Hubbell Lighting, Inc.*, 232 F.3d 1369, 1375 (Fed. Cir. 2000). A court has general jurisdiction over a nonresident defendant when that defendant has "continuous and systematic" contacts with the forum state. *Helicopteros Nacionales de Colombia, S.A. v. Hall*, 466 U.S. 408, 416 (1984). A court has specific jurisdiction where "the defendant has purposefully directed his activities at residents of the forum and the litigation results from alleged injuries that arise out of or relate to those activities." *Burger King*, 471 U.S. at 472 (internal quotation marks and citations omitted); *see also Beverly Hills Fan Co.*, 21 F.3d at 1562 n. 10 (citation omitted). In contrast to general jurisdiction, "specific jurisdiction is confined to adjudication of issues deriving from, or connected with, the

very controversy that establishes jurisdiction." *Goodyear Dunlop Tires Operations, S.A. v. Brown*, 564 U.S. 915, 919 (2011) (internal quotation marks and citation omitted).

A district court may exercise specific personal jurisdiction over a defendant subject to a three part test: (1) the defendant must have purposefully directed its activities at residents of the forum; (2) the plaintiff's claim must arise out of or relate to those activities; and (3) the exercise of personal jurisdiction must be reasonable and fair. *Autogenomics, Inc. v. Oxford Gene Tech. Ltd.*, 566 F.3d 1012, 1018 (Fed. Cir. 2009) (citing *Breckenridge Pharm. Inc. v. Metabolite Labs, Inc.*, 444 F.3d 1356, 1363 (Fed. Cir. 2006)). Under this test, a court may properly assert specific jurisdiction "even if the contacts are isolated and sporadic," as long as the cause of action arises out of or relates to those contacts. *Silent Drive, Inc.*, 326 F.3d at 1200 (citing *Burger King*, 471 U.S. at 472-73). The plaintiff bears the burden at steps one and two, but the burden shifts to the defendant at step three to prove that personal jurisdiction is unreasonable. *Grober v. Mako Prods., Inc.*, 686 F.3d 1335, 1346 (Fed. Cir. 2012).

Discussion

Skeletal moves to dismiss this action, alleging a lack of personal jurisdiction.[1] In the alternative, Skeletal moves to transfer this action to the Southern District of Florida.

I. Skeletal's Activities in Oregon

Before proceeding to the jurisdictional analysis, it is necessary to describe Skeletal's activities as they relate to Oregon and the Reduct screw. As previously noted, Skeletal is a Florida limited liability company that has never registered to do business in Oregon. Escagedo Decl. at 2. Skeletal has no offices or property in Oregon, nor does it have an Oregon mailing

[1] Skeletal also initially moved to dismiss on the basis of improper venue, but concedes that the Federal Circuit's recent decision in *In Re: TC Heartland LLC*, 821 F.3d 1338 (Fed. Cir. 2016), is contrary to that argument. ECF Dkt. # 36. I accept Skeletal's concession and commend counsel for their prompt notice to the Court regarding the Federal Circuit's decision.

address or telephone number, and none of its manufacturing is done in Oregon. Escagedo Decl. at 2. Skeletal does have a website that describes its products, but which does not offer the products for sale, consistent with industry regulations. Escagedo Decl. at 3.

The sale and marketing of Skeletal's products in Oregon is overseen by Trey Campbell ("Campbell"), Skeletal's Director of Sales and Marketing for the Western United States. Escagedo Decl. at 2; Campbell Decl. at 2. Campbell lives in Texas, but periodically travels to Oregon on behalf of Skeletal. Escagedo Decl. at 2; Campbell Decl. at 2. Campbell is also responsible for directing the independent distributors who promote the sale of Skeletal products. Escagedo Decl. at 2-3; Campbell Decl. at 2-3. Oregon sales account for 1 percent of Skeletal's total sales. Escagedo Decl. at 3.

Skeletal works with one independent distributor in Oregon, Rocky Mountain Medical ("Rocky Mountain"). Escagedo Decl. at 3. Rocky Mountain is based in Spokane, Washington, and is responsible for distribution in Oregon, Idaho, and Washington. Escagedo Decl. at 3. Skeletal's Sales Representation Agreement with Rocky Mountain includes the Reduct screw. Kolitch Decl. Ex. D, at 15. Skeletal also provided Rocky Mountain with price sheets for its products, including the Reduct screw. Kolitch Decl. Ex. B. One of Rocky Mountain's employees, Michael MacDonald ("MacDonald") is authorized to sell certain Skeletal products in Oregon. Campbell Decl. at 3. After the commencement of this lawsuit, Skeletal amended its Sales Representation Agreement with Rocky Mountain to prevent the sale of Reduct screws in Oregon. Kolitch Decl. Ex. F at 41.

Skeletal first sold the Reduct screw in March 2015. Escagedo Decl. at 2. Skeletal sells the Reduct screw as part of the Reduct Headless Compression Screw System ("Reduct System"), which includes a sterilization tray, specially designed instruments, and implants required for use

of the Reduct screw. Escagedo Decl. at 3. When Skeletal first began to sell the Reduct screws it had only a limited number of Reduct Systems available, none of which were designated for sale in Oregon. Kolitch Decl. Ex. F, at 46. Regulations require that Skeletal keep track of the names and addresses of any facility to which Skeletal ships its products. Second Escagedo Decl. at 4. After Skeletal was served with the Complaint in this case, it took steps to ensure that no Reduct screws were shipped to Oregon. Kolitch Decl. Ex. F, at 46. Neither Skeletal or Rocky Mountain have sold any Reduct screws in Oregon, nor has Skeletal shipped any Reduct Systems to Oregon. Escagedo Decl. at 3; Campbell Decl. at 3. Rocky Mountain cannot access either the Reduct System or the Reduct screw without authorization from Campbell and Campbell has not given that authorization. Campbell Decl. at 3. Rocky Mountain denies that it has marketed or sold the Reduct product in Oregon without Skeletal's knowledge. Campbell Decl. at 3.

Skeletal's target demographic is orthopedic surgeons. Second Escagedo Decl. at 2. Before selling its products, either Skeletal or its independent sales representatives will approach surgeons directly to gauge their interest in Skeletal's products. Second Escagedo Decl. at 2-3. Product pricing is not generally discussed in Skeletal's meetings with surgeons. Second Escagedo Decl. at 3; Price Decl. Ex. 4, at 35-36. Rather, if the surgeon expresses interest in using a particular product, Skeletal will approach the hospital or surgery center where the physician works or where a particular procedure will be performed. Second Escagedo Decl. at 3. Generally, the facility refers the matter to a "Value Analysis" program ("VA") and Skeletal will negotiate with the VA on issues of pricing and product availability. Second Escagedo Decl. at 3. If Skeletal reaches an agreement with a facility's VA on the use of Reduct products, it will send the facility a "tray" containing the Reduct System. Second Escagedo Decl. at 3-4. If the facility

uses a part from the Reduct system, it will inform Skeletal and only then will Skeletal bill the facility. Second Escagedo Decl. at 4.

In April 2015, Campbell met with an Oregon physician to show him the Reduct screw. Kolitch Decl. Ex. E, at 31. For the purposes of the meeting, Campbell brought a single Reduct screw with him. Kolitch Decl. Ex. E, at 31. Campbell was not authorized to discuss price, quantity, delivery, or any other terms for the sale of the Reduct screw. Second Escagedo Decl. at 5. Campbell informed the physician that the screw would be available at some point in the future, but Campbell did not provide the physician with any literature about the Reduct screws, nor did they discuss pricing. Kolitch Decl. Ex. E at 35. Skeletal never approached the facility where the Oregon surgeon worked about purchasing the Reduct screw and never initiated the VA process. Second Escagedo Decl. at 5. Campbell described this meeting as "preselling." Kolitch Decl. Ex. E at 35.

On October 1, 2015, Skeletal was awarded a three-year non-exclusive contract with Trinity Health, a healthcare provider that covers 78 hospitals, including three in Oregon, which would permit Skeletal to sell its products, including the Reduct screw, to Trinity Health hospitals. Kolitch Decl. Ex. C; Ex. E at 26. Actual sale of Skeletal products would still require approval by the individual hospitals through the VA process, and none of Trinity Health's Oregon hospitals have entered into agreements to purchase the Reduct screws. Kolitch Decl. Ex. E at 26-28; Second Escagedo Decl. at 3; Price Decl. Ex. 4, at 27. Skeletal has not gone through the VA process with any of Trinity Health's Oregon hospitals. Price Decl. Ex. 4, at 27.

II. Personal Jurisdiction

Skeletal contends that this Court lacks personal jurisdiction. Acumed concedes that Skeletal is not subject general personal jurisdiction in this district, but contends that Skeletal is subject to specific personal jurisdiction.

The first prong of the specific jurisdiction test refers to both purposeful availment and purposeful direction, but in cases involving tortious conduct, court most often apply a purposeful direction analysis. *College Source, Inc. v. AcademyOne, Inc.*, 653 F.3d 1066, 1076 (Fed. Cir. 2011). Acumed contends that Skeletal has purposefully directed its activities related to this lawsuit at residents of Oregon by (1) entering into an exclusive sales agreement with Rocky Mountain, which included an obligation to promote the sale of Reduct products in Oregon; (2) providing price sheets to Rocky Mountain for use with Oregon sales and approving Rocky Mountain's requests for product literature and samples of the Reduct screw; (3) transporting a sample of the Reduct screw to Oregon and using it in a "sales pitch" to an Oregon surgeon; (4) entering into purchase agreements with Trinity Health hospitals, which included the Reduct screw; and (5) selling 1 percent of its products to residents of Oregon.

Skeletal asserts that this case turns on the second prong of the test for specific jurisdiction: whether Acumed's claim "arises out of or directly relates to" the activities Acumed alleges are purposefully directed at Oregon. In making that determination, "the test is whether the activity in the forum state is *a* basis for the cause of action." *HollyAnne Corp. v. TFT, Inc.*, 199 F.3d 1304, 1308 n. 4 (Fed. Cir. 1999) (emphasis in orginal). To establish that a lawsuit "arises out of or relates to" a defendant's contacts with the forum state, "the plaintiffs must make a *prima facie* showing that their claim for patent infringement is connected" to the defendant's activities within the forum state. *Moldflow Corp. v. Simcon, Inc.*, 296 F. Supp. 2d 34, 41 (D.

Ma. 2003); *Authentify Patent Co., LLC v. Strikeforce Tech., Inc.*, 39 F. Supp. 3d 1135, 1145 (W. D. Wa. 2014) ("Plaintiff must demonstrate by a preponderance of the evidence that its claim for patent infringement is connected to Strikeforce's activity within the State of Washington related to its '858 patent."); *Hockerson-Halberstadt, Inc. v. Costco Wholesale Corp.*, 93 F. Supp. 2d 738, 743 (E.D. La. 2000) ("HHI has not shown that Costco's alleged footwear patent infringement arises out of or directly relates to any Costco activities directed at the state of Louisiana.").

Patent infringement occurs when someone "without authority makes, uses, offers to sell, or sells any patented invention . . . during the term of the patent[.]" 35 U.S.C. § 271(a). Acumed argues that Skeletal has offered to sell the Reduct screw in Oregon. The Federal Circuit has interpreted "offer to sell" liability under § 271(a) "according to its ordinary meaning in contract law, as revealed by traditional sources of authority." *Rotec Indus., Inc. v. Mitsubishi Corp.*, 215 F.3d 1246, 1254-55 (Fed. Cir. 2000). A party has made an "offer to sell" if it communicates "a 'manifestation of willingness to enter into a bargain, so made as to justify another person in understanding that his assent to that bargain is invited and will conclude it.'" *Id.* at 1257 (quoting *Restatement 2d. of Contracts* § 24 (1975)); *see also MEMC Elec. Silicon Materials, Inc. v. Mitsubishi Materials Silicon Corp.*, 420 F.3d 1369, 1376 (Fed. Cir. 2005) (finding email exchanges containing a description of the allegedly infringing product did not constitute an offer to sell because they lacked a price term and could not, therefore, be transformed into a contract by the recipient's acceptance).

A. Rocky Mountain Medical

Acumed argues that three aspects of Skeletal's relationship with Rocky Mountain create personal jurisdiction over Skeletal in Oregon: the distribution of price sheets for Skeletal

products, the sales agreement between Skeletal and Rocky Mountain, and Rocky Mountain's employment of a sales representative, Michael MacDonald, who resides in Oregon.

1. The Price Sheets

Skeletal distributed price sheets for its products, including the Reduct screws to Rocky Mountain. These price sheets included pricing for a number of hospitals in Oregon. Kolitch Decl. Ex. B. Acumed asserts that the price sheets "can easily be interpreted as an 'offer to sell' the accused product to Oregon customers at least through the distributor."

The price sheets were sent to Skeletal's distributors, including Rocky Mountain Medical, but they were not shown to customers. Price Decl. Ex. 4, at 19. Based on the record, it does not appear that the price sheets sent by Skeletal to Rocky Mountain were ever communicated to any third party in Oregon and contained no description of the Reduct product or any other traditional indicia of an offer. I cannot, therefore, conclude that the price sheets constituted an offer to sell within the meaning of § 271(a).

2. The Sales Agreement

As previously discussed, Skeletal and Rocky Mountain signed a sales agreement under which Rocky Mountain was obligated to market Skeletal products in Oregon, Washington, and Idaho. Kolitch Decl. Ex. D. At least initially, this agreement included an obligation to market Reduct screws in Oregon, although no Reduct screws were actually sold in Oregon and Skeletal amended the sales agreement to forbid the sale or marketing of Reduct screws in Oregon after it was served with the Complaint in this case. Kolitch Decl. Ex. F, at 45.

As previously discussed, Skeletal's practice was to negotiate sales of Skeletal products directly with the facility where they would be used and there is no indication that Rocky Mountain ever engaged in any such negotiations in Oregon on behalf of Skeletal. To the

contrary, the record indicates that Rocky Mountain could not sell Reduct screws without permission from Skeletal. Campbell Decl. at 3.

Furthermore, the contract does not contain the sort of specific terms that constitute an offer to sell under *Rotec* and *MEMC*. The fact that the contract between Rocky Mountain and Skeletal contemplated the eventual sale of the Reduct screw to third parties in Oregon does not rise to the level of an offer to sell within the meaning of § 271(a).

3. Michael MacDonald

Rocky Mountain employs Michael MacDonald, an Oregon resident, as a sales representative for Oregon and Washington. Price Decl. Ex. 4 at 12. Campbell approved a request for product literature on the Reduct screw to be sent to MacDonald, but no product literature was ever sent because none was available. Price Decl. Ex. 4, at 13-14.

The simple fact that Rocky Mountain employs an Oregon-based sales representative who markets Skeletal products in Oregon is not sufficient to create personal jurisdiction, as only Skeletal's Reduct screws are at issue in this case. There is no indication that MacDonald ever approached any Oregon customers about the Reduct screws or that he entered into any negotiations sufficient to constitute an "offer to sell" within the meaning of § 271(a).

B. The Trinity Medical Contract

Acumed asserts that the contract between Skeletal and Trinity Health, which permits Skeletal to sell its products to Trinity Health hospitals, constitutes an "offer to sell" the Reduct screw in Oregon.

Acumed overstates the scope of the agreement between Trinity Health and Skeletal. The agreement permitted Skeletal to sell its products to Trinity Health hospitals, but each individual hospital still makes its own purchasing agreements through the VA process. Second Escagedo

Decl. at 3; Price Decl. Ex. 4, at 26. Skeletal never actually approached any of Trinity Health's Oregon hospitals about purchasing the Reduct screw. Price Decl. Ex. 4, at 27. I must conclude that there was never an "offer to sell" the Reduct screw in Oregon based on the Trinity Health contract.

C. The Preselling Meeting

In April 2015, Campbell met with an Oregon surgeon to discuss the Reduct screw. Campbell brought a single Reduct screw with him and showed it to the surgeon, telling him that it was a new product that would soon be available. Price Decl. Ex. 4, at 31; 35. Campbell did not provide the surgeon with any literature about the Reduct screw and they did not discuss pricing or other terms. Price Decl. Ex. 4, at 35-36. Acumed argues that this meeting, which Campbell characterized as "preselling," constituted an offer to sell the accused product.

In support of its argument, Acumed relies on *3D Sys., Inc. v. Aarotech Lab., Inc.*, in which the Federal Circuit held that the purpose of the § 271(a) provision against "offers to sell" was to prevent "generating interest in a potential infringing product to the commercial detriment of the rightful patentee." *3D Sys., Inc. v. Aarotech Lab., Inc.*, 160 F.3d 1373, 1379 (Fed. Cir. 1998). The Federal Circuit later clarified, however, that "offers to sell" under § 271(a) were to be assessed under the traditional theory of contract law and that, in order to qualify, the offer to sell would need to contain sufficient terms that the recipient's acceptance of the offer would create a contract. *Rotec*, 215 F.3d at 1257. The price is an essential term in an "offer to sell" under § 271(a). *MEMC*, 420 F.3d at 1378.

Other district courts have found that advertisements and solicitations do not rise to the level of offers. *See Moldflow Corp.* 296 F. Supp. 2d at 43-44. In *Moldflow Corp.*, the defendant's marketing representative distributed "flyers" which contained "a description of the

of the allegedly infringing software as well as some pricing information," but "lacked other terms necessary to create the power of acceptance on the part of the recipients." *Id.* at 44. In particular, the court noted the lack of information about quantity, time of delivery, or terms of payment and found that, without those terms, "none of the companies that received the promotional materials could contractually bind [the defendant] without at least some additional negotiation," and found that the distribution of the flyers did not constitute an offer to sell under § 271(a). *Id.*

In this case, Skeletal's "preselling" meeting with the Oregon surgeon fell below even the conduct described in *Moldflow Corp.* It is undisputed that Campbell did not discuss the price of the Reduct screw when he met with the surgeon, nor did he discuss availability or any other terms of sale. Skeletal never approached the facility where the surgeon worked about purchasing the Reduct screw and never initiated the VA process necessary to sell the Reduct screws to that facility. The meeting cannot, therefore, be considered an offer to sell the Reduct screw.

D. Skeletal's Oregon Sales

Finally, the fact that Oregon accounts for 1 percent of Skeletal's sales is not sufficient to create specific personal jurisdiction. Acumed does not dispute that Skeletal never sold any Reduct screws in Oregon. Skeletal's Oregon sales are derived from other, unrelated Skeletal products. Acumed's claims in this case do not, therefore, arise from or relate to those activities.

As I have concluded that Plaintiff's claims do not arise from or relate to Skeletal's activities within the State of Oregon, it is not necessary to determine whether the exercise of personal jurisdiction would be reasonable and fair. I conclude that this Court lacks personal jurisdiction over Skeletal.

III. Motion to Transfer

Skeletal moves to transfer this case to the Southern District of Florida as the more convenient venue. "For the convenience of parties and witnesses, in the interest of justice, a district court may transfer any civil action to any other district or division where it might have been brought." 28 U.S.C. § 1404(a). In determining whether transfer is proper, the Federal Circuit applies regional circuit law. *In re Link A Media Devices Corp.*, 662 F.3d 1221, 1222-23 (Fed. Cir. 2011). However, once a district court determines that it lacks personal jurisdiction and dismisses a complaint, it may not transfer the case to another district. *HollyAnne Corp.*, 199 F.3d at 1307.

As I have determined that this Court lacks personal jurisdiction over Skeletal and that dismissal is appropriate, I decline to transfer this case to the Southern District of Florida.

Conclusion

This Court lacks personal jurisdiction over Defendant Skeletal Dynamics, LLC. Accordingly, Defendant's Motion to Dismiss, ECF No. 10, is GRANTED. This case is DISMISSED without prejudice.

It is SO ORDERED and DATED this 13 day of July 2016.

OWEN M. PANNER
Senior District Judge

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under **NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to** comply with all applicable federal and state statutes and regulations governing this license or registration and **understand that any violation may result in discipline.**

Mickey Moore

Print Name (First, Last)

Mickey L Moore

Original Signature (electronic, copies or stamps not accepted)

08/08/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Miami-Dade

I, Pilar Moore, 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.

Mickey Lee Moore

Original Signature

8/8/2022

Date

Subscribed and Sworn to before me this 8 day of August

Notary Public Signature

PILAR MOORE
Notary Public - State of Florida
Commission # HH 206842
My Comm. Expires Dec 13, 2025
Bonded through National Notary Assn.

(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)

Name of Pharmacy/MDEG/Wholesaler Skeletal Dynamics Inc.

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 7300 North Kendall Drive Suite 400

City Miami State FL Zip 33156

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 305-596-7585 Website www.skeletaldynamics.com

Licensing Company Email contracts@skeletaldynamics.com

First Ana Middle Maria Last Escagedo

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Southwest 119th Street

City Miami State FL Zip 33156

Telephone [redacted] Email aescagedo@skeletaldynamics.com

Are you a citizen of the United States? ☒ Yes ☐ No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

School Name		From - To (MM/YY – MM/YY)	
University of Miami, School of Law		1984-1987	
Address	City	State	Zip
1306 Stanford Drive	Coral Gables	FL	33146
Diploma/Degree obtained, if any			
JD			

School Name		From - To (MM/YY – MM/YY)	
University of Miami		1976-1981	
Address	City	State	Zip
1306 Stanford Drive	Coral Gables	FL	33146
Diploma/Degree obtained, if any			
MBA, BS Econ			

School Name		From - To (MM/YY – MM/YY)	
Carrollton School			
Address	City	State	Zip
3747 Main Highway	Miami	FL	33133
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			

From - To (MM/YY – MM/YY)	Address	City	State	Zip
8/1995-8/2022	[redacted] Southwest 119th St	Coral Gables	FL	33156
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Business Name			From - To (MM/YY – MM/YY)
Skeletal Dynamics Inc.			1/18-8/22
Business Address	**City**	**State**	**Zip**
7300 North Kendall Drive Suite 400	Miami	FL	33156
Phone	**Title**		
305-596-7585	President, Director		
Description of Duties			
President of Skeletal Dynamics leading strategic efforts and vision of the organization.			

Business Name			From - To (MM/YY – MM/YY)
Skeletal Dynamics LLC			1/18-12/17
Business Address	**City**	**State**	**Zip**
7300 North Kendall Drive Suite 400	Miami	FL	33156
Phone	**Title**		
305-596-7585	President, Director		
Description of Duties			
President of Skeletal Dynamics leading strategic efforts and vision of the organization.			

Business Name			From - To (MM/YY – MM/YY)
Cypress Heights LLC			
Business Address	**City**	**State**	**Zip**
5745 Southwest 119th St	Coral Gables	FL	33156
Phone	**Title**		
305-987-1703	Manager		
Description of Duties			
Manages the affairs of the company, which holds interests in Skeletal Dynamics			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
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
2017	2020	FL	Miami	Miami-Dade
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2017-001568-CP02		Miami-Dade County Probate Court		
Reason/Charge				
Probate dispute				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Defendant		Lawsuit		
Name of Business/Industry/Entity				
NA				

Provide explanation below:

Family dispute regarding father's estate. No finding of liability or wrongdoing. Matter settled and case dismissed.

Original Signature (electronic, copies or stamps not accepted)

8/11/22
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
3/2019	5/2022	MA	Boston	Suffolk
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
3:19-CV-30154-KAR		United States District Court		
Reason/Charge				
Personal Injury				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant			Lawsuit	
Name of Business/Industry/Entity				
Skeletal Dynamics, LLC				

Provide explanation below:

Individual who had workman's comp injury claimed an implant of Skeletal Dynamics caused his injury. The individual had 3 prior operations to treat his medical issue, none successful. He then had a 4th surgery where a medical device implant was used. He received workman's compensation. The case against Skeletal Dynamics was settled by the insurance company for the nuisance value of avoiding the expense of litigation. There was no finding that the product of Skeletal Dynamics was defective or caused the injury.

Original Signature (electronic, copies or stamps not accepted)

8/11/22
Date

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

CASE: 3:19CV30154

JOSEPH CHMIELEWSKI,
Plaintiff,

v.

SKELETAL DYNAMICS, INC.
Defendant.

STIPULATION OF DISMISSAL

In accordance with the provisions of Fed. R. Civ. P. 41, the parties to the above-captioned matter hereby stipulate to dismiss, with prejudice, without costs or attorneys' fees, and waiving all rights of appeal, any and all claims against the defendant in the above action.

Plaintiff,
By his Attorney,

/s/ Kevin Chrisanthopoulos

Kevin Chrisanthopoulos, Esq.,
BBO#643734
kevin@kctrialattorney.com
KC Law
30 Court Street, Suite 1
Westfield, MA 01085
Phone: 413-251-1010
Fax: 413-372-1610

Skeletal Dynamics, Inc.,
Defendant,
By its Attorneys,

/s/ Michael J. Racette

Michael J. Racette, BBO #555350
mracette@morrisonmahoney.com
Ti T. Ton, BBO #696608
tton@morrisonmahoney.com
MORRISON MAHONEY LLP
250 Summer Street
Boston, MA 02210-1181
Phone: 617-439-7500
Fax: 617-342-0155

Certificate of Service

I hereby certify that this document(s) filed through the ECF system will be sent electronically to the registered participants as identified on the Notice of Electronic Filing (NEF) and paper copies will be sent to those indicated as non-registered participants on this 27th day of May, 2022.

/s/ Michael J. Racette

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
8/2015	7/2016	OR	Portland	Multnomah
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
3:15-CV-01581-PA		United Stated District Court		
Reason/Charge				
Patent dispute				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant			Lawsuit	
Name of Business/Industry/Entity				
Skeletal Dynamics, LLC				

Provide explanation below:

Patent infringement suit filed alleging patent infringement relating to a medical device of Skeletal Dynamics. The lawsuit was dismissed for lack of jurisdiction and the parties settled the matter.

Original Signature (electronic, copies or stamps not accepted)

8/11/22
Date

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF OREGON

PORTLAND DIVISION

ACUMED LLC,

Plaintiff,

v.

SKELETAL DYNAMICS, LLC,

Defendant.

Civ. No. 3:15-cv-01581-PA

OPINION & ORDER

PANNER, Senior District Judge.

This matter comes before the Court on Defendant's Motion to Dismiss. ECF No. 10. In the alternative, Defendant moves to transfer this case to the United States District Court for the Southern District of Florida. For the reasons set forth below, Defendant's motion is GRANTED.

Background

Plaintiff in this case is Acumed LLC ("Acumed"), a Delaware limited liability company with its principal place of business in Hillsboro, Oregon. Acumed holds a number of patents, including U.S. Patent No. 6,030,162 ("the '162 patent"), which was issued on February 29, 2000, and is titled as "Axial Tension Screw."

Defendant Skeletal Dynamics LLC ("Skeletal") is a privately held Florida limited liability company with its principal place of business in Miami, Florida. Skeletal produces a number of medical devices for use in upper extremity orthopedic surgery. In March 2015 Skeletal began selling a product called the Reduct Headless Compression Screw ("the Reduct screw").

On August 20, 2015, Acumed brought this action, alleging that Skeletal's Reduct screw infringed on the '162 patent.

Legal Standards

Federal Circuit law, rather than regional circuit law, determines whether a district court has personal jurisdiction over the defendant in a patent infringement case. *Avocent Huntsville Corp. v. Aten Intern. Co. Ltd.*, 552 F.3d 1324, 1328 (Fed. Cir. 2008). If the parties have not conducted discovery, the plaintiff need only make a prima facie showing that the defendant is subject to personal jurisdiction. *Silent Drive, Inc. v. Strong Indus., Inc.*, 326 F.3d 1194, 1201 (Fed. Cir. 2003). In evaluating a Rule 12(b)(2) motion to dismiss for lack of personal jurisdiction without holding an evidentiary hearing, the court construes the pleadings and affidavits in the light most favorable to the non-moving party. *Graphics Controls Corp. v. Utah Med. Prods., Inc.* 149 F.3d 1382, 1383 n.1 (Fed. Cir. 1998).

Personal jurisdiction over an out-of-state defendant in a patent-related dispute involves two questions: whether jurisdiction exists under the forum state's long-arm statute and, if so, whether asserting personal jurisdiction is consistent with the limitations of the Due Process Clause of the Constitution. *Trintec Indus. Inc. v. Pedre Promotional Prods., Inc.*, 395 F.3d 1275, 1279 (Fed. Cir. 2005). These inquiries essentially merge because Oregon's long-arm statute extends jurisdiction to the outer limits of due process. *Columbia Sportswear North America, Inc.*

v. Seirus Innovative Accessories, No. 3:15-cv-00064-HZ, 2015 WL 3986148, at *2 (D. Or. June 29, 2015); *see also Trintec*, 395 F.3d at 1279 ("collaps[ing]" the two-part inquiry where a state's long-arm statute is coextensive with the limits of due process).

The Due Process Clause "protects an individual's liberty interest in not being subject to the binding judgment of a forum with which he has established no meaningful contacts, ties, or relationships." *Burger King Corp. v. Rudzewicz*, 471 U.S. 462, 471-72 (1985) (internal quotation marks and citations omitted). To satisfy this due process protection, the plaintiff must show that the defendant has "certain minimum contacts with [the forum state] such that the maintenance of the suit does not offend traditional notions of fair play and substantial justice." *Int'l Shoe Co. v. Washington*, 326 U.S. 310, 316 (1945). "The requirement for purposeful minimum contacts helps ensure that non-residents have fair warning that a particular activity may subject them to litigation within the forum." *Beverly Hills Fan Co. v. Royal Sovereign Corp.*, 21 F.3d 1558, 1565 (Fed. Cir. 1994).

"Under the 'minimum contacts' test, a defendant may be subject to either specific jurisdiction or general jurisdiction." *LSI Indus., Inc. v. Hubbell Lighting, Inc.*, 232 F.3d 1369, 1375 (Fed. Cir. 2000). A court has general jurisdiction over a nonresident defendant when that defendant has "continuous and systematic" contacts with the forum state. *Helicopteros Nacionales de Colombia, S.A. v. Hall*, 466 U.S. 408, 416 (1984). A court has specific jurisdiction where "the defendant has purposefully directed his activities at residents of the forum and the litigation results from alleged injuries that arise out of or relate to those activities." *Burger King*, 471 U.S. at 472 (internal quotation marks and citations omitted); *see also Beverly Hills Fan Co.*, 21 F.3d at 1562 n. 10 (citation omitted). In contrast to general jurisdiction, "specific jurisdiction is confined to adjudication of issues deriving from, or connected with, the

very controversy that establishes jurisdiction." *Goodyear Dunlop Tires Operations, S.A. v. Brown*, 564 U.S. 915, 919 (2011) (internal quotation marks and citation omitted).

A district court may exercise specific personal jurisdiction over a defendant subject to a three part test: (1) the defendant must have purposefully directed its activities at residents of the forum; (2) the plaintiff's claim must arise out of or relate to those activities; and (3) the exercise of personal jurisdiction must be reasonable and fair. *Autogenomics, Inc. v. Oxford Gene Tech. Ltd.*, 566 F.3d 1012, 1018 (Fed. Cir. 2009) (citing *Breckenridge Pharm. Inc. v. Metabolite Labs, Inc.*, 444 F.3d 1356, 1363 (Fed. Cir. 2006)). Under this test, a court may properly assert specific jurisdiction "even if the contacts are isolated and sporadic," as long as the cause of action arises out of or relates to those contacts. *Silent Drive, Inc.*, 326 F.3d at 1200 (citing *Burger King*, 471 U.S. at 472-73). The plaintiff bears the burden at steps one and two, but the burden shifts to the defendant at step three to prove that personal jurisdiction is unreasonable. *Grober v. Mako Prods., Inc.*, 686 F.3d 1335, 1346 (Fed. Cir. 2012).

Discussion

Skeletal moves to dismiss this action, alleging a lack of personal jurisdiction.[1] In the alternative, Skeletal moves to transfer this action to the Southern District of Florida.

I. Skeletal's Activities in Oregon

Before proceeding to the jurisdictional analysis, it is necessary to describe Skeletal's activities as they relate to Oregon and the Reduct screw. As previously noted, Skeletal is a Florida limited liability company that has never registered to do business in Oregon. Escagedo Decl. at 2. Skeletal has no offices or property in Oregon, nor does it have an Oregon mailing

[1] Skeletal also initially moved to dismiss on the basis of improper venue, but concedes that the Federal Circuit's recent decision in *In Re: TC Heartland LLC*, 821 F.3d 1338 (Fed. Cir. 2016), is contrary to that argument. ECF Dkt. # 36. I accept Skeletal's concession and commend counsel for their prompt notice to the Court regarding the Federal Circuit's decision.

address or telephone number, and none of its manufacturing is done in Oregon. Escagedo Decl. at 2. Skeletal does have a website that describes its products, but which does not offer the products for sale, consistent with industry regulations. Escagedo Decl. at 3.

The sale and marketing of Skeletal's products in Oregon is overseen by Trey Campbell ("Campbell"), Skeletal's Director of Sales and Marketing for the Western United States. Escagedo Decl. at 2; Campbell Decl. at 2. Campbell lives in Texas, but periodically travels to Oregon on behalf of Skeletal. Escagedo Decl. at 2; Campbell Decl. at 2. Campbell is also responsible for directing the independent distributors who promote the sale of Skeletal products. Escagedo Decl. at 2-3; Campbell Decl. at 2-3. Oregon sales account for 1 percent of Skeletal's total sales. Escagedo Decl. at 3.

Skeletal works with one independent distributor in Oregon, Rocky Mountain Medical ("Rocky Mountain"). Escagedo Decl. at 3. Rocky Mountain is based in Spokane, Washington, and is responsible for distribution in Oregon, Idaho, and Washington. Escagedo Decl. at 3. Skeletal's Sales Representation Agreement with Rocky Mountain includes the Reduct screw. Kolitch Decl. Ex. D, at 15. Skeletal also provided Rocky Mountain with price sheets for its products, including the Reduct screw. Kolitch Decl. Ex. B. One of Rocky Mountain's employees, Michael MacDonald ("MacDonald") is authorized to sell certain Skeletal products in Oregon. Campbell Decl. at 3. After the commencement of this lawsuit, Skeletal amended its Sales Representation Agreement with Rocky Mountain to prevent the sale of Reduct screws in Oregon. Kolitch Decl. Ex. F at 41.

Skeletal first sold the Reduct screw in March 2015. Escagedo Decl. at 2. Skeletal sells the Reduct screw as part of the Reduct Headless Compression Screw System ("Reduct System"), which includes a sterilization tray, specially designed instruments, and implants required for use

of the Reduct screw. Escagedo Decl. at 3. When Skeletal first began to sell the Reduct screws it had only a limited number of Reduct Systems available, none of which were designated for sale in Oregon. Kolitch Decl. Ex. F, at 46. Regulations require that Skeletal keep track of the names and addresses of any facility to which Skeletal ships its products. Second Escagedo Decl. at 4. After Skeletal was served with the Complaint in this case, it took steps to ensure that no Reduct screws were shipped to Oregon. Kolitch Decl. Ex. F, at 46. Neither Skeletal or Rocky Mountain have sold any Reduct screws in Oregon, nor has Skeletal shipped any Reduct Systems to Oregon. Escagedo Decl. at 3; Campbell Decl. at 3. Rocky Mountain cannot access either the Reduct System or the Reduct screw without authorization from Campbell and Campbell has not given that authorization. Campbell Decl. at 3. Rocky Mountain denies that it has marketed or sold the Reduct product in Oregon without Skeletal's knowledge. Campbell Decl. at 3.

Skeletal's target demographic is orthopedic surgeons. Second Escagedo Decl. at 2. Before selling its products, either Skeletal or its independent sales representatives will approach surgeons directly to gauge their interest in Skeletal's products. Second Escagedo Decl. at 2-3. Product pricing is not generally discussed in Skeletal's meetings with surgeons. Second Escagedo Decl. at 3; Price Decl. Ex. 4, at 35-36. Rather, if the surgeon expresses interest in using a particular product, Skeletal will approach the hospital or surgery center where the physician works or where a particular procedure will be performed. Second Escagedo Decl. at 3. Generally, the facility refers the matter to a "Value Analysis" program ("VA") and Skeletal will negotiate with the VA on issues of pricing and product availability. Second Escagedo Decl. at 3. If Skeletal reaches an agreement with a facility's VA on the use of Reduct products, it will send the facility a "tray" containing the Reduct System. Second Escagedo Decl. at 3-4. If the facility

uses a part from the Reduct system, it will inform Skeletal and only then will Skeletal bill the facility. Second Escagedo Decl. at 4.

In April 2015, Campbell met with an Oregon physician to show him the Reduct screw. Kolitch Decl. Ex. E, at 31. For the purposes of the meeting, Campbell brought a single Reduct screw with him. Kolitch Decl. Ex. E, at 31. Campbell was not authorized to discuss price, quantity, delivery, or any other terms for the sale of the Reduct screw. Second Escagedo Decl. at 5. Campbell informed the physician that the screw would be available at some point in the future, but Campbell did not provide the physician with any literature about the Reduct screws, nor did they discuss pricing. Kolitch Decl. Ex. E at 35. Skeletal never approached the facility where the Oregon surgeon worked about purchasing the Reduct screw and never initiated the VA process. Second Escagedo Decl. at 5. Campbell described this meeting as "preselling." Kolitch Decl. Ex. E at 35.

On October 1, 2015, Skeletal was awarded a three-year non-exclusive contract with Trinity Health, a healthcare provider that covers 78 hospitals, including three in Oregon, which would permit Skeletal to sell its products, including the Reduct screw, to Trinity Health hospitals. Kolitch Decl. Ex. C; Ex. E at 26. Actual sale of Skeletal products would still require approval by the individual hospitals through the VA process, and none of Trinity Health's Oregon hospitals have entered into agreements to purchase the Reduct screws. Kolitch Decl. Ex. E at 26-28; Second Escagedo Decl. at 3; Price Decl. Ex. 4, at 27. Skeletal has not gone through the VA process with any of Trinity Health's Oregon hospitals. Price Decl. Ex. 4, at 27.

II. Personal Jurisdiction

Skeletal contends that this Court lacks personal jurisdiction. Acumed concedes that Skeletal is not subject general personal jurisdiction in this district, but contends that Skeletal is subject to specific personal jurisdiction.

The first prong of the specific jurisdiction test refers to both purposeful availment and purposeful direction, but in cases involving tortious conduct, court most often apply a purposeful direction analysis. *College Source, Inc. v. AcademyOne, Inc.*, 653 F.3d 1066, 1076 (Fed. Cir. 2011). Acumed contends that Skeletal has purposefully directed its activities related to this lawsuit at residents of Oregon by (1) entering into an exclusive sales agreement with Rocky Mountain, which included an obligation to promote the sale of Reduct products in Oregon; (2) providing price sheets to Rocky Mountain for use with Oregon sales and approving Rocky Mountain's requests for product literature and samples of the Reduct screw; (3) transporting a sample of the Reduct screw to Oregon and using it in a "sales pitch" to an Oregon surgeon; (4) entering into purchase agreements with Trinity Health hospitals, which included the Reduct screw; and (5) selling 1 percent of its products to residents of Oregon.

Skeletal asserts that this case turns on the second prong of the test for specific jurisdiction: whether Acumed's claim "arises out of or directly relates to" the activities Acumed alleges are purposefully directed at Oregon. In making that determination, "the test is whether the activity in the forum state is *a* basis for the cause of action." *HollyAnne Corp. v. TFT, Inc.*, 199 F.3d 1304, 1308 n. 4 (Fed. Cir. 1999) (emphasis in orginal). To establish that a lawsuit "arises out of or relates to" a defendant's contacts with the forum state, "the plaintiffs must make a *prima facie* showing that their claim for patent infringement is connected" to the defendant's activities within the forum state. *Moldflow Corp. v. Simcon, Inc.*, 296 F. Supp. 2d 34, 41 (D.

Ma. 2003); *Authentify Patent Co., LLC v. Strikeforce Tech., Inc.*, 39 F. Supp. 3d 1135, 1145 (W. D. Wa. 2014) ("Plaintiff must demonstrate by a preponderance of the evidence that its claim for patent infringement is connected to Strikeforce's activity within the State of Washington related to its '858 patent."); *Hockerson-Halberstadt, Inc. v. Costco Wholesale Corp.*, 93 F. Supp. 2d 738, 743 (E.D. La. 2000) ("HHI has not shown that Costco's alleged footwear patent infringement arises out of or directly relates to any Costco activities directed at the state of Louisiana.").

Patent infringement occurs when someone "without authority makes, uses, offers to sell, or sells any patented invention . . . during the term of the patent[.]" 35 U.S.C. § 271(a). Acumed argues that Skeletal has offered to sell the Reduct screw in Oregon. The Federal Circuit has interpreted "offer to sell" liability under § 271(a) "according to its ordinary meaning in contract law, as revealed by traditional sources of authority." *Rotec Indus., Inc. v. Mitsubishi Corp.*, 215 F.3d 1246, 1254-55 (Fed. Cir. 2000). A party has made an "offer to sell" if it communicates "a 'manifestation of willingness to enter into a bargain, so made as to justify another person in understanding that his assent to that bargain is invited and will conclude it.'" *Id.* at 1257 (quoting *Restatement 2d of Contracts* § 24 (1975)); *see also MEMC Elec. Silicon Materials, Inc. v. Mitsubishi Materials Silicon Corp.*, 420 F.3d 1369, 1376 (Fed. Cir. 2005) (finding email exchanges containing a description of the allegedly infringing product did not constitute an offer to sell because they lacked a price term and could not, therefore, be transformed into a contract by the recipient's acceptance).

A. Rocky Mountain Medical

Acumed argues that three aspects of Skeletal's relationship with Rocky Mountain create personal jurisdiction over Skeletal in Oregon: the distribution of price sheets for Skeletal

products, the sales agreement between Skeletal and Rocky Mountain, and Rocky Mountain's employment of a sales representative, Michael MacDonald, who resides in Oregon.

1. The Price Sheets

Skeletal distributed price sheets for its products, including the Reduct screws to Rocky Mountain. These price sheets included pricing for a number of hospitals in Oregon. Kolitch Decl. Ex. B. Acumed asserts that the price sheets "can easily be interpreted as an 'offer to sell' the accused product to Oregon customers at least through the distributor."

The price sheets were sent to Skeletal's distributors, including Rocky Mountain Medical, but they were not shown to customers. Price Decl. Ex. 4, at 19. Based on the record, it does not appear that the price sheets sent by Skeletal to Rocky Mountain were ever communicated to any third party in Oregon and contained no description of the Reduct product or any other traditional indicia of an offer. I cannot, therefore, conclude that the price sheets constituted an offer to sell within the meaning of § 271(a).

2. The Sales Agreement

As previously discussed, Skeletal and Rocky Mountain signed a sales agreement under which Rocky Mountain was obligated to market Skeletal products in Oregon, Washington, and Idaho. Kolitch Decl. Ex. D. At least initially, this agreement included an obligation to market Reduct screws in Oregon, although no Reduct screws were actually sold in Oregon and Skeletal amended the sales agreement to forbid the sale or marketing of Reduct screws in Oregon after it was served with the Complaint in this case. Kolitch Decl. Ex. F, at 45.

As previously discussed, Skeletal's practice was to negotiate sales of Skeletal products directly with the facility where they would be used and there is no indication that Rocky Mountain ever engaged in any such negotiations in Oregon on behalf of Skeletal. To the

contrary, the record indicates that Rocky Mountain could not sell Reduct screws without permission from Skeletal. Campbell Decl. at 3.

Furthermore, the contract does not contain the sort of specific terms that constitute an offer to sell under *Rotec* and *MEMC*. The fact that the contract between Rocky Mountain and Skeletal contemplated the eventual sale of the Reduct screw to third parties in Oregon does not rise to the level of an offer to sell within the meaning of § 271(a).

3. Michael MacDonald

Rocky Mountain employs Michael MacDonald, an Oregon resident, as a sales representative for Oregon and Washington. Price Decl. Ex. 4 at 12. Campbell approved a request for product literature on the Reduct screw to be sent to MacDonald, but no product literature was ever sent because none was available. Price Decl. Ex. 4, at 13-14.

The simple fact that Rocky Mountain employs an Oregon-based sales representative who markets Skeletal products in Oregon is not sufficient to create personal jurisdiction, as only Skeletal's Reduct screws are at issue in this case. There is no indication that MacDonald ever approached any Oregon customers about the Reduct screws or that he entered into any negotiations sufficient to constitute an "offer to sell" within the meaning of § 271(a).

B. The Trinity Medical Contract

Acumed asserts that the contract between Skeletal and Trinity Health, which permits Skeletal to sell its products to Trinity Health hospitals, constitutes an "offer to sell" the Reduct screw in Oregon.

Acumed overstates the scope of the agreement between Trinity Health and Skeletal. The agreement permitted Skeletal to sell its products to Trinity Health hospitals, but each individual hospital still makes its own purchasing agreements through the VA process. Second Escagedo

Decl. at 3; Price Decl. Ex. 4, at 26. Skeletal never actually approached any of Trinity Health's Oregon hospitals about purchasing the Reduct screw. Price Decl. Ex. 4, at 27. I must conclude that there was never an "offer to sell" the Reduct screw in Oregon based on the Trinity Health contract.

C. The Preselling Meeting

In April 2015, Campbell met with an Oregon surgeon to discuss the Reduct screw. Campbell brought a single Reduct screw with him and showed it to the surgeon, telling him that it was a new product that would soon be available. Price Decl. Ex. 4, at 31; 35. Campbell did not provide the surgeon with any literature about the Reduct screw and they did not discuss pricing or other terms. Price Decl. Ex. 4, at 35-36. Acumed argues that this meeting, which Campbell characterized as "preselling," constituted an offer to sell the accused product.

In support of its argument, Acumed relies on *3D Sys., Inc. v. Aarotech Lab., Inc.*, in which the Federal Circuit held that the purpose of the § 271(a) provision against "offers to sell" was to prevent "generating interest in a potential infringing product to the commercial detriment of the rightful patentee." *3D Sys., Inc. v. Aarotech Lab., Inc.*, 160 F.3d 1373, 1379 (Fed. Cir. 1998). The Federal Circuit later clarified, however, that "offers to sell" under § 271(a) were to be assessed under the traditional theory of contract law and that, in order to qualify, the offer to sell would need to contain sufficient terms that the recipient's acceptance of the offer would create a contract. *Rotec*, 215 F.3d at 1257. The price is an essential term in an "offer to sell" under § 271(a). *MEMC*, 420 F.3d at 1378.

Other district courts have found that advertisements and solicitations do not rise to the level of offers. *See Moldflow Corp.* 296 F. Supp. 2d at 43-44. In *Moldflow Corp.*, the defendant's marketing representative distributed "flyers" which contained "a description of the

of the allegedly infringing software as well as some pricing information," but "lacked other terms necessary to create the power of acceptance on the part of the recipients." *Id.* at 44. In particular, the court noted the lack of information about quantity, time of delivery, or terms of payment and found that, without those terms, "none of the companies that received the promotional materials could contractually bind [the defendant] without at least some additional negotiation," and found that the distribution of the flyers did not constitute an offer to sell under § 271(a). *Id.*

In this case, Skeletal's "preselling" meeting with the Oregon surgeon fell below even the conduct described in *Moldflow Corp.* It is undisputed that Campbell did not discuss the price of the Reduct screw when he met with the surgeon, nor did he discuss availability or any other terms of sale. Skeletal never approached the facility where the surgeon worked about purchasing the Reduct screw and never initiated the VA process necessary to sell the Reduct screws to that facility. The meeting cannot, therefore, be considered an offer to sell the Reduct screw.

D. Skeletal's Oregon Sales

Finally, the fact that Oregon accounts for 1 percent of Skeletal's sales is not sufficient to create specific personal jurisdiction. Acumed does not dispute that Skeletal never sold any Reduct screws in Oregon. Skeletal's Oregon sales are derived from other, unrelated Skeletal products. Acumed's claims in this case do not, therefore, arise from or relate to those activities.

As I have concluded that Plaintiff's claims do not arise from or relate to Skeletal's activities within the State of Oregon, it is not necessary to determine whether the exercise of personal jurisdiction would be reasonable and fair. I conclude that this Court lacks personal jurisdiction over Skeletal.

III. Motion to Transfer

Skeletal moves to transfer this case to the Southern District of Florida as the more convenient venue. "For the convenience of parties and witnesses, in the interest of justice, a district court may transfer any civil action to any other district or division where it might have been brought." 28 U.S.C. § 1404(a). In determining whether transfer is proper, the Federal Circuit applies regional circuit law. *In re Link A Media Devices Corp.*, 662 F.3d 1221, 1222-23 (Fed. Cir. 2011). However, once a district court determines that it lacks personal jurisdiction and dismisses a complaint, it may not transfer the case to another district. *HollyAnne Corp.*, 199 F.3d at 1307.

As I have determined that this Court lacks personal jurisdiction over Skeletal and that dismissal is appropriate, I decline to transfer this case to the Southern District of Florida.

Conclusion

This Court lacks personal jurisdiction over Defendant Skeletal Dynamics, LLC. Accordingly, Defendant's Motion to Dismiss, ECF No. 10, is GRANTED. This case is DISMISSED without prejudice.

It is SO ORDERED and DATED this 13 day of July 2016.

OWEN M. PANNER
Senior District Judge

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ana M. Escagedo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/11/22

Date

Please have this section completed in the presence of a Notary Public.

State of FLORIDA, ss. County of MIAMI-DADE

I, ANA M. ESCAGEDO, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/11/22

Date

Subscribed and Sworn to before me this 11 day of Aug, 2022.

Notary Public Signature

Notary Public State of Florida
Mabel G Martinez
My Commission HH 006687
Expires 06/03/2024

(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 Skeletal Dynamics Inc.

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 7300 North Kendall Drive Suite 400

City Miami State FL Zip 33156

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 305-596-7585 Website skeletaldynamics.com

Licensing Company Email contracts@skeletaldynamics.com

Section 2: Personal Information

First Bruce Middle _____ Last Feingold

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] NW 128th Way

City Parkland State FL Zip 33076

Telephone [redacted] Email bfeingold@skeletaldynamics.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 servic under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while 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)		
Flushing High School	09/81-07/85		
Address	**City**	**State**	**Zip**
35-01 Union St Queens	Queens	NY	11354
Diploma/Degree obtained, if any			

School Name	From - To (MM/YY – MM/YY)		
Baruch College	09/85-07/89		
Address	**City**	**State**	**Zip**
55 Lexington Ave	New York	NY	10010
Diploma/Degree obtained, if any			

School Name	From - To (MM/YY – MM/YY)		
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name	From - To (MM/YY – MM/YY)		
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name	From - To (MM/YY – MM/YY		
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/25/2010 - Presen	[redacted] NW 128th Way	Parkland	FL	33076
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
Skeletal Dynamics Inc.			1/18-08/22
Business Address	**City**	**State**	**Zip**
7300 North Kendall Drive Suite 400	Miami	FL	33156
Phone	**Title**		
305-596-7585	Area Vice President Sales-Southeast		

Description of Duties
Responsible for all Sales and Marketing efforts in the areas assigned to him/her. Works closely with the Company's sales representative to ensure they are trained properly to promote the products of the Company.

Business Name			From - To (MM/YY – MM/YY)
Skeletal Dynamics, LLC			1/08-12/17
Business Address	**City**	**State**	**Zip**
7300 North Kendall Drive Suite 400	Miami	FL	33156
Phone	**Title**		
305-596-7585	Area Vice President Sales-Southeast		

Description of Duties
Responsible for all Sales and Marketing efforts in the areas assigned to him/her. Works closely with the Company's sales representative to ensure they are trained properly to promote the products of the Company.

Business Name			From - To (MM/YY – MM/YY)
Bruce Feingold Consulting			1/17-8/22
Business Address	**City**	**State**	**Zip**
6789 NW 128 Way	Parkland	FL	33076
Phone	**Title**		
954-815-4824	DPS		

Description of Duties
Manages business activity

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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 nf the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result

Bruce Feingold
Print Name (First, Last)

Bruce Feingold
Original Signature (electronic, copies or stamps not accepted)

08/08/2022
Date

Please have this section completed in the presence of a Notary Public.

State of FLORIDA, ss. County of MIAMI-DADE

I, BRUCE FEINGOLD, 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.

(above)
Original Signature

8/8/22
Dat

Subscribed and Sworn to before me this 1st day of August, 2022

Notary Public Signatur

Notary Public State of Florida
Mabel G Martinez
My Commission HH 006887
Expires 06/03/2024

(Seal)

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
3/19	5/22	MA	Boston	Suffolk

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
3:19-CV-30154-KAR	United State District Court

Reason/Charge
Personal Injury

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Defendant	Lawsuit

Name of Business/Industry/Entity
Skeletal Dynamics Inc.

Provide explanation below:

individual who had a workman's comp injury claimed an implant of Skeletal Dynamics caused his injury. The individual had 3 prior operations to treat his medical issue, none successful. He then had a 4th surgery where a medical device implant was used. He received workman's compensation. The case against Skeletal Dynamics was settled by the insurance company for the nuisance value of avoiding the expense of litigation. There was no finding that the product of Skeletal Dynamics was defective or caused the injury.

Bruce Feingold

Original Signature (electronic, copies or stamps not accepted)

8/8/22

Date

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

CASE: 3:19CV30154

JOSEPH CHMIELEWSKI,
Plaintiff,

v.

SKELETAL DYNAMICS, INC.
Defendant.

STIPULATION OF DISMISSAL

In accordance with the provisions of Fed. R. Civ. P. 41, the parties to the above-captioned matter hereby stipulate to dismiss, with prejudice, without costs or attorneys' fees, and waiving all rights of appeal, any and all claims against the defendant in the above action.

Plaintiff,
By his Attorney,

/s/ Kevin Chrisanthopoulos

Kevin Chrisanthopoulos, Esq.,
BBO#643734
kevin@kctrialattorney.com
KC Law
30 Court Street, Suite 1
Westfield, MA 01085
Phone: 413-251-1010
Fax: 413-372-1610

Skeletal Dynamics, Inc.,
Defendant,
By its Attorneys,

/s/ Michael J. Racette

Michael J. Racette, BBO #555350
mracette@morrisonmahoney.com
Ti T. Ton, BBO #696608
tton@morrisonmahoney.com
MORRISON MAHONEY LLP
250 Summer Street
Boston, MA 02210-1181
Phone: 617-439-7500
Fax: 617-342-0155

Certificate of Service

I hereby certify that this document(s) filed through the ECF system will be sent electronically to the registered participants as identified on the Notice of Electronic Filing (NEF) and paper copies will be sent to those indicated as non-registered participants on this 27th day of May, 2022.

/s/ Michael J. Racette

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
8/15	7/16	Oregon	Portland	Multnomah
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
3:15-cv-01581-PA		United State District Court		
Reason/Charge				
Patent dispute				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant			Lawsuit	
Name of Business/Industry/Entity				
Skeletal Dynamics, LLC				

Provide explanation below:

Patent infringement suit filed alleging patent infringement relating to a medical device of Skeletal Dynamics. The lawsuit was dismissed for lack of jurisdiction and the parties settled the matter.

Bruce Farnsworth

Original Signature (electronic, copies or stamps not accepted)

8/8/22

Date

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF OREGON

PORTLAND DIVISION

ACUMED LLC,

Plaintiff,

v.

SKELETAL DYNAMICS, LLC,

Defendant.

Civ. No. 3:15-cv-01581-PA

OPINION & ORDER

PANNER, Senior District Judge.

This matter comes before the Court on Defendant's Motion to Dismiss. ECF No. 10. In the alternative, Defendant moves to transfer this case to the United States District Court for the Southern District of Florida. For the reasons set forth below, Defendant's motion is GRANTED.

Background

Plaintiff in this case is Acumed LLC ("Acumed"), a Delaware limited liability company with its principal place of business in Hillsboro, Oregon. Acumed holds a number of patents, including U.S. Patent No. 6,030,162 ("the '162 patent"), which was issued on February 29, 2000, and is titled as "Axial Tension Screw."

Defendant Skeletal Dynamics LLC ("Skeletal") is a privately held Florida limited liability company with its principal place of business in Miami, Florida. Skeletal produces a number of medical devices for use in upper extremity orthopedic surgery. In March 2015 Skeletal began selling a product called the Reduct Headless Compression Screw ("the Reduct screw").

On August 20, 2015, Acumed brought this action, alleging that Skeletal's Reduct screw infringed on the '162 patent.

Legal Standards

Federal Circuit law, rather than regional circuit law, determines whether a district court has personal jurisdiction over the defendant in a patent infringement case. *Avocent Huntsville Corp. v. Aten Intern. Co. Ltd.*, 552 F.3d 1324, 1328 (Fed. Cir. 2008). If the parties have not conducted discovery, the plaintiff need only make a prima facie showing that the defendant is subject to personal jurisdiction. *Silent Drive, Inc. v. Strong Indus., Inc.*, 326 F.3d 1194, 1201 (Fed. Cir. 2003). In evaluating a Rule 12(b)(2) motion to dismiss for lack of personal jurisdiction without holding an evidentiary hearing, the court construes the pleadings and affidavits in the light most favorable to the non-moving party. *Graphics Controls Corp. v. Utah Med. Prods., Inc.* 149 F.3d 1382, 1383 n.1 (Fed. Cir. 1998).

Personal jurisdiction over an out-of-state defendant in a patent-related dispute involves two questions: whether jurisdiction exists under the forum state's long-arm statute and, if so, whether asserting personal jurisdiction is consistent with the limitations of the Due Process Clause of the Constitution. *Trintec Indus. Inc. v. Pedre Promotional Prods., Inc.*, 395 F.3d 1275, 1279 (Fed. Cir. 2005). These inquiries essentially merge because Oregon's long-arm statute extends jurisdiction to the outer limits of due process. *Columbia Sportswear North America, Inc.*

v. Seirus Innovative Accessories, No. 3:15-cv-00064-HZ, 2015 WL 3986148, at *2 (D. Or. June 29, 2015); *see also Trintec*, 395 F.3d at 1279 ("collaps[ing]" the two-part inquiry where a state's long-arm statute is coextensive with the limits of due process).

The Due Process Clause "protects an individual's liberty interest in not being subject to the binding judgment of a forum with which he has established no meaningful contacts, ties, or relationships." *Burger King Corp. v. Rudzewicz*, 471 U.S. 462, 471-72 (1985) (internal quotation marks and citations omitted). To satisfy this due process protection, the plaintiff must show that the defendant has "certain minimum contacts with [the forum state] such that the maintenance of the suit does not offend traditional notions of fair play and substantial justice." *Int'l Shoe Co. v. Washington*, 326 U.S. 310, 316 (1945). "The requirement for purposeful minimum contacts helps ensure that non-residents have fair warning that a particular activity may subject them to litigation within the forum." *Beverly Hills Fan Co. v. Royal Sovereign Corp.*, 21 F.3d 1558, 1565 (Fed. Cir. 1994).

"Under the 'minimum contacts' test, a defendant may be subject to either specific jurisdiction or general jurisdiction." *LSI Indus., Inc. v. Hubbell Lighting, Inc.*, 232 F.3d 1369, 1375 (Fed. Cir. 2000). A court has general jurisdiction over a nonresident defendant when that defendant has "continuous and systematic" contacts with the forum state. *Helicopteros Nacionales de Colombia, S.A. v. Hall*, 466 U.S. 408, 416 (1984). A court has specific jurisdiction where "the defendant has purposefully directed his activities at residents of the forum and the litigation results from alleged injuries that arise out of or relate to those activities." *Burger King*, 471 U.S. at 472 (internal quotation marks and citations omitted); *see also Beverly Hills Fan Co.*, 21 F.3d at 1562 n. 10 (citation omitted). In contrast to general jurisdiction, "specific jurisdiction is confined to adjudication of issues deriving from, or connected with, the

very controversy that establishes jurisdiction." *Goodyear Dunlop Tires Operations, S.A. v. Brown*, 564 U.S. 915, 919 (2011) (internal quotation marks and citation omitted).

A district court may exercise specific personal jurisdiction over a defendant subject to a three part test: (1) the defendant must have purposefully directed its activities at residents of the forum; (2) the plaintiff's claim must arise out of or relate to those activities; and (3) the exercise of personal jurisdiction must be reasonable and fair. *Autogenomics, Inc. v. Oxford Gene Tech. Ltd.*, 566 F.3d 1012, 1018 (Fed. Cir. 2009) (citing *Breckenridge Pharm. Inc. v. Metabolite Labs, Inc.*, 444 F.3d 1356, 1363 (Fed. Cir. 2006)). Under this test, a court may properly assert specific jurisdiction "even if the contacts are isolated and sporadic," as long as the cause of action arises out of or relates to those contacts. *Silent Drive, Inc.*, 326 F.3d at 1200 (citing *Burger King*, 471 U.S. at 472-73). The plaintiff bears the burden at steps one and two, but the burden shifts to the defendant at step three to prove that personal jurisdiction is unreasonable. *Grober v. Mako Prods., Inc.*, 686 F.3d 1335, 1346 (Fed. Cir. 2012).

Discussion

Skeletal moves to dismiss this action, alleging a lack of personal jurisdiction.[1] In the alternative, Skeletal moves to transfer this action to the Southern District of Florida.

I. Skeletal's Activities in Oregon

Before proceeding to the jurisdictional analysis, it is necessary to describe Skeletal's activities as they relate to Oregon and the Reduct screw. As previously noted, Skeletal is a Florida limited liability company that has never registered to do business in Oregon. Escagedo Decl. at 2. Skeletal has no offices or property in Oregon, nor does it have an Oregon mailing

[1] Skeletal also initially moved to dismiss on the basis of improper venue, but concedes that the Federal Circuit's recent decision in *In Re: TC Heartland LLC*, 821 F.3d 1338 (Fed. Cir. 2016), is contrary to that argument. ECF Dkt. # 36. I accept Skeletal's concession and commend counsel for their prompt notice to the Court regarding the Federal Circuit's decision.

address or telephone number, and none of its manufacturing is done in Oregon. Escagedo Decl. at 2. Skeletal does have a website that describes its products, but which does not offer the products for sale, consistent with industry regulations. Escagedo Decl. at 3.

The sale and marketing of Skeletal's products in Oregon is overseen by Trey Campbell ("Campbell"), Skeletal's Director of Sales and Marketing for the Western United States. Escagedo Decl. at 2; Campbell Decl. at 2. Campbell lives in Texas, but periodically travels to Oregon on behalf of Skeletal. Escagedo Decl. at 2; Campbell Decl. at 2. Campbell is also responsible for directing the independent distributors who promote the sale of Skeletal products. Escagedo Decl. at 2-3; Campbell Decl. at 2-3. Oregon sales account for 1 percent of Skeletal's total sales. Escagedo Decl. at 3.

Skeletal works with one independent distributor in Oregon, Rocky Mountain Medical ("Rocky Mountain"). Escagedo Decl. at 3. Rocky Mountain is based in Spokane, Washington, and is responsible for distribution in Oregon, Idaho, and Washington. Escagedo Decl. at 3. Skeletal's Sales Representation Agreement with Rocky Mountain includes the Reduct screw. Kolitch Decl. Ex. D, at 15. Skeletal also provided Rocky Mountain with price sheets for its products, including the Reduct screw. Kolitch Decl. Ex. B. One of Rocky Mountain's employees, Michael MacDonald ("MacDonald") is authorized to sell certain Skeletal products in Oregon. Campbell Decl. at 3. After the commencement of this lawsuit, Skeletal amended its Sales Representation Agreement with Rocky Mountain to prevent the sale of Reduct screws in Oregon. Kolitch Decl. Ex. F at 41.

Skeletal first sold the Reduct screw in March 2015. Escagedo Decl. at 2. Skeletal sells the Reduct screw as part of the Reduct Headless Compression Screw System ("Reduct System"), which includes a sterilization tray, specially designed instruments, and implants required for use

of the Reduct screw. Escagedo Decl. at 3. When Skeletal first began to sell the Reduct screws it had only a limited number of Reduct Systems available, none of which were designated for sale in Oregon. Kolitch Decl. Ex. F, at 46. Regulations require that Skeletal keep track of the names and addresses of any facility to which Skeletal ships its products. Second Escagedo Decl. at 4. After Skeletal was served with the Complaint in this case, it took steps to ensure that no Reduct screws were shipped to Oregon. Kolitch Decl. Ex. F, at 46. Neither Skeletal or Rocky Mountain have sold any Reduct screws in Oregon, nor has Skeletal shipped any Reduct Systems to Oregon. Escagedo Decl. at 3; Campbell Decl. at 3. Rocky Mountain cannot access either the Reduct System or the Reduct screw without authorization from Campbell and Campbell has not given that authorization. Campbell Decl. at 3. Rocky Mountain denies that it has marketed or sold the Reduct product in Oregon without Skeletal's knowledge. Campbell Decl. at 3.

Skeletal's target demographic is orthopedic surgeons. Second Escagedo Decl. at 2. Before selling its products, either Skeletal or its independent sales representatives will approach surgeons directly to gauge their interest in Skeletal's products. Second Escagedo Decl. at 2-3. Product pricing is not generally discussed in Skeletal's meetings with surgeons. Second Escagedo Decl. at 3; Price Decl. Ex. 4, at 35-36. Rather, if the surgeon expresses interest in using a particular product, Skeletal will approach the hospital or surgery center where the physician works or where a particular procedure will be performed. Second Escagedo Decl. at 3. Generally, the facility refers the matter to a "Value Analysis" program ("VA") and Skeletal will negotiate with the VA on issues of pricing and product availability. Second Escagedo Decl. at 3. If Skeletal reaches an agreement with a facility's VA on the use of Reduct products, it will send the facility a "tray" containing the Reduct System. Second Escagedo Decl. at 3-4. If the facility

uses a part from the Reduct system, it will inform Skeletal and only then will Skeletal bill the facility. Second Escagedo Decl. at 4.

In April 2015, Campbell met with an Oregon physician to show him the Reduct screw. Kolitch Decl. Ex. E, at 31. For the purposes of the meeting, Campbell brought a single Reduct screw with him. Kolitch Decl. Ex. E, at 31. Campbell was not authorized to discuss price, quantity, delivery, or any other terms for the sale of the Reduct screw. Second Escagedo Decl. at 5. Campbell informed the physician that the screw would be available at some point in the future, but Campbell did not provide the physician with any literature about the Reduct screws, nor did they discuss pricing. Kolitch Decl. Ex. E at 35. Skeletal never approached the facility where the Oregon surgeon worked about purchasing the Reduct screw and never initiated the VA process. Second Escagedo Decl. at 5. Campbell described this meeting as "preselling." Kolitch Decl. Ex. E at 35.

On October 1, 2015, Skeletal was awarded a three-year non-exclusive contract with Trinity Health, a healthcare provider that covers 78 hospitals, including three in Oregon, which would permit Skeletal to sell its products, including the Reduct screw, to Trinity Health hospitals. Kolitch Decl. Ex. C; Ex. E at 26. Actual sale of Skeletal products would still require approval by the individual hospitals through the VA process, and none of Trinity Health's Oregon hospitals have entered into agreements to purchase the Reduct screws. Kolitch Decl. Ex. E at 26-28; Second Escagedo Decl. at 3; Price Decl. Ex. 4, at 27. Skeletal has not gone through the VA process with any of Trinity Health's Oregon hospitals. Price Decl. Ex. 4, at 27.

II. Personal Jurisdiction

Skeletal contends that this Court lacks personal jurisdiction. Acumed concedes that Skeletal is not subject general personal jurisdiction in this district, but contends that Skeletal is subject to specific personal jurisdiction.

The first prong of the specific jurisdiction test refers to both purposeful availment and purposeful direction, but in cases involving tortious conduct, court most often apply a purposeful direction analysis. *College Source, Inc. v. AcademyOne, Inc.*, 653 F.3d 1066, 1076 (Fed. Cir. 2011). Acumed contends that Skeletal has purposefully directed its activities related to this lawsuit at residents of Oregon by (1) entering into an exclusive sales agreement with Rocky Mountain, which included an obligation to promote the sale of Reduct products in Oregon; (2) providing price sheets to Rocky Mountain for use with Oregon sales and approving Rocky Mountain's requests for product literature and samples of the Reduct screw; (3) transporting a sample of the Reduct screw to Oregon and using it in a "sales pitch" to an Oregon surgeon; (4) entering into purchase agreements with Trinity Health hospitals, which included the Reduct screw; and (5) selling 1 percent of its products to residents of Oregon.

Skeletal asserts that this case turns on the second prong of the test for specific jurisdiction: whether Acumed's claim "arises out of or directly relates to" the activities Acumed alleges are purposefully directed at Oregon. In making that determination, "the test is whether the activity in the forum state is *a* basis for the cause of action." *HollyAnne Corp. v. TFT, Inc.*, 199 F.3d 1304, 1308 n. 4 (Fed. Cir. 1999) (emphasis in orginal). To establish that a lawsuit "arises out of or relates to" a defendant's contacts with the forum state, "the plaintiffs must make a *prima facie* showing that their claim for patent infringement is connected" to the defendant's activities within the forum state. *Moldflow Corp. v. Simcon, Inc.*, 296 F. Supp. 2d 34, 41 (D.

Ma. 2003); *Authentify Patent Co., LLC v. Strikeforce Tech., Inc.*, 39 F. Supp. 3d 1135, 1145 (W. D. Wa. 2014) ("Plaintiff must demonstrate by a preponderance of the evidence that its claim for patent infringement is connected to Strikeforce's activity within the State of Washington related to its '858 patent."); *Hockerson-Halberstadt, Inc. v. Costco Wholesale Corp.*, 93 F. Supp. 2d 738, 743 (E.D. La. 2000) ("HHI has not shown that Costco's alleged footwear patent infringement arises out of or directly relates to any Costco activities directed at the state of Louisiana.").

Patent infringement occurs when someone "without authority makes, uses, offers to sell, or sells any patented invention . . . during the term of the patent[.]" 35 U.S.C. § 271(a). Acumed argues that Skeletal has offered to sell the Reduct screw in Oregon. The Federal Circuit has interpreted "offer to sell" liability under § 271(a) "according to its ordinary meaning in contract law, as revealed by traditional sources of authority." *Rotec Indus., Inc. v. Mitsubishi Corp.*, 215 F.3d 1246, 1254-55 (Fed. Cir. 2000). A party has made an "offer to sell" if it communicates "a 'manifestation of willingness to enter into a bargain, so made as to justify another person in understanding that his assent to that bargain is invited and will conclude it.'" *Id.* at 1257 (quoting *Restatement 2d. of Contracts* § 24 (1975)); *see also MEMC Elec. Silicon Materials, Inc. v. Mitsubishi Materials Silicon Corp.*, 420 F.3d 1369, 1376 (Fed. Cir. 2005) (finding email exchanges containing a description of the allegedly infringing product did not constitute an offer to sell because they lacked a price term and could not, therefore, be transformed into a contract by the recipient's acceptance).

A. Rocky Mountain Medical

Acumed argues that three aspects of Skeletal's relationship with Rocky Mountain create personal jurisdiction over Skeletal in Oregon: the distribution of price sheets for Skeletal

products, the sales agreement between Skeletal and Rocky Mountain, and Rocky Mountain's employment of a sales representative, Michael MacDonald, who resides in Oregon.

1. The Price Sheets

Skeletal distributed price sheets for its products, including the Reduct screws to Rocky Mountain. These price sheets included pricing for a number of hospitals in Oregon. Kolitch Decl. Ex. B. Acumed asserts that the price sheets "can easily be interpreted as an 'offer to sell' the accused product to Oregon customers at least through the distributor."

The price sheets were sent to Skeletal's distributors, including Rocky Mountain Medical, but they were not shown to customers. Price Decl. Ex. 4, at 19. Based on the record, it does not appear that the price sheets sent by Skeletal to Rocky Mountain were ever communicated to any third party in Oregon and contained no description of the Reduct product or any other traditional indicia of an offer. I cannot, therefore, conclude that the price sheets constituted an offer to sell within the meaning of § 271(a).

2. The Sales Agreement

As previously discussed, Skeletal and Rocky Mountain signed a sales agreement under which Rocky Mountain was obligated to market Skeletal products in Oregon, Washington, and Idaho. Kolitch Decl. Ex. D. At least initially, this agreement included an obligation to market Reduct screws in Oregon, although no Reduct screws were actually sold in Oregon and Skeletal amended the sales agreement to forbid the sale or marketing of Reduct screws in Oregon after it was served with the Complaint in this case. Kolitch Decl. Ex. F, at 45.

As previously discussed, Skeletal's practice was to negotiate sales of Skeletal products directly with the facility where they would be used and there is no indication that Rocky Mountain ever engaged in any such negotiations in Oregon on behalf of Skeletal. To the

contrary, the record indicates that Rocky Mountain could not sell Reduct screws without permission from Skeletal. Campbell Decl. at 3.

Furthermore, the contract does not contain the sort of specific terms that constitute an offer to sell under *Rotec* and *MEMC*. The fact that the contract between Rocky Mountain and Skeletal contemplated the eventual sale of the Reduct screw to third parties in Oregon does not rise to the level of an offer to sell within the meaning of § 271(a).

3. Michael MacDonald

Rocky Mountain employs Michael MacDonald, an Oregon resident, as a sales representative for Oregon and Washington. Price Decl. Ex. 4 at 12. Campbell approved a request for product literature on the Reduct screw to be sent to MacDonald, but no product literature was ever sent because none was available. Price Decl. Ex. 4, at 13-14.

The simple fact that Rocky Mountain employs an Oregon-based sales representative who markets Skeletal products in Oregon is not sufficient to create personal jurisdiction, as only Skeletal's Reduct screws are at issue in this case. There is no indication that MacDonald ever approached any Oregon customers about the Reduct screws or that he entered into any negotiations sufficient to constitute an "offer to sell" within the meaning of § 271(a).

B. The Trinity Medical Contract

Acumed asserts that the contract between Skeletal and Trinity Health, which permits Skeletal to sell its products to Trinity Health hospitals, constitutes an "offer to sell" the Reduct screw in Oregon.

Acumed overstates the scope of the agreement between Trinity Health and Skeletal. The agreement permitted Skeletal to sell its products to Trinity Health hospitals, but each individual hospital still makes its own purchasing agreements through the VA process. Second Escagedo

Decl. at 3; Price Decl. Ex. 4, at 26. Skeletal never actually approached any of Trinity Health's Oregon hospitals about purchasing the Reduct screw. Price Decl. Ex. 4, at 27. I must conclude that there was never an "offer to sell" the Reduct screw in Oregon based on the Trinity Health contract.

C. The Preselling Meeting

In April 2015, Campbell met with an Oregon surgeon to discuss the Reduct screw. Campbell brought a single Reduct screw with him and showed it to the surgeon, telling him that it was a new product that would soon be available. Price Decl. Ex. 4, at 31; 35. Campbell did not provide the surgeon with any literature about the Reduct screw and they did not discuss pricing or other terms. Price Decl. Ex. 4, at 35-36. Acumed argues that this meeting, which Campbell characterized as "preselling," constituted an offer to sell the accused product.

In support of its argument, Acumed relies on *3D Sys., Inc. v. Aarotech Lab., Inc.*, in which the Federal Circuit held that the purpose of the § 271(a) provision against "offers to sell" was to prevent "generating interest in a potential infringing product to the commercial detriment of the rightful patentee." *3D Sys., Inc. v. Aarotech Lab., Inc.*, 160 F.3d 1373, 1379 (Fed. Cir. 1998). The Federal Circuit later clarified, however, that "offers to sell" under § 271(a) were to be assessed under the traditional theory of contract law and that, in order to qualify, the offer to sell would need to contain sufficient terms that the recipient's acceptance of the offer would create a contract. *Rotec*, 215 F.3d at 1257. The price is an essential term in an "offer to sell" under § 271(a). *MEMC*, 420 F.3d at 1378.

Other district courts have found that advertisements and solicitations do not rise to the level of offers. *See Moldflow Corp.* 296 F. Supp. 2d at 43-44. In *Moldflow Corp.*, the defendant's marketing representative distributed "flyers" which contained "a description of the

of the allegedly infringing software as well as some pricing information," but "lacked other terms necessary to create the power of acceptance on the part of the recipients." *Id.* at 44. In particular, the court noted the lack of information about quantity, time of delivery, or terms of payment and found that, without those terms, "none of the companies that received the promotional materials could contractually bind [the defendant] without at least some additional negotiation," and found that the distribution of the flyers did not constitute an offer to sell under § 271(a). *Id.*

In this case, Skeletal's "preselling" meeting with the Oregon surgeon fell below even the conduct described in *Moldflow Corp.* It is undisputed that Campbell did not discuss the price of the Reduct screw when he met with the surgeon, nor did he discuss availability or any other terms of sale. Skeletal never approached the facility where the surgeon worked about purchasing the Reduct screw and never initiated the VA process necessary to sell the Reduct screws to that facility. The meeting cannot, therefore, be considered an offer to sell the Reduct screw.

D. Skeletal's Oregon Sales

Finally, the fact that Oregon accounts for 1 percent of Skeletal's sales is not sufficient to create specific personal jurisdiction. Acumed does not dispute that Skeletal never sold any Reduct screws in Oregon. Skeletal's Oregon sales are derived from other, unrelated Skeletal products. Acumed's claims in this case do not, therefore, arise from or relate to those activities.

As I have concluded that Plaintiff's claims do not arise from or relate to Skeletal's activities within the State of Oregon, it is not necessary to determine whether the exercise of personal jurisdiction would be reasonable and fair. I conclude that this Court lacks personal jurisdiction over Skeletal.

III. Motion to Transfer

Skeletal moves to transfer this case to the Southern District of Florida as the more convenient venue. "For the convenience of parties and witnesses, in the interest of justice, a district court may transfer any civil action to any other district or division where it might have been brought." 28 U.S.C. § 1404(a). In determining whether transfer is proper, the Federal Circuit applies regional circuit law. *In re Link A Media Devices Corp.*, 662 F.3d 1221, 1222-23 (Fed. Cir. 2011). However, once a district court determines that it lacks personal jurisdiction and dismisses a complaint, it may not transfer the case to another district. *HollyAnne Corp.*, 199 F.3d at 1307.

As I have determined that this Court lacks personal jurisdiction over Skeletal and that dismissal is appropriate, I decline to transfer this case to the Southern District of Florida.

Conclusion

This Court lacks personal jurisdiction over Defendant Skeletal Dynamics, LLC. Accordingly, Defendant's Motion to Dismiss, ECF No. 10, is GRANTED. This case is DISMISSED without prejudice.

It is SO ORDERED and DATED this 13 day of July 2016.

Owen M Panner

OWEN M. PANNER
Senior District Judge

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: Skeletal Dynamics Inc.

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 7300 North Kendall Drive Suite 400

City: Miami State: FL Zip: 33156

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 305-596-7585 Website: skeletaldynamics.com

Licensing Company Email: contracts@skeletaldynamics.com

Section 2: Personal Information

First: Stella Middle: A Last: Ross

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] North Bayshore Drive [redacted]

City: Miami State: FL Zip: 33132

Telephone: [redacted] Email: sross@skeletaldynamics.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)	
UMASS Boston		1/86-12/86	
Address	City	State	Zip
100 William T. Morrissey Blvd	Boston	MA	02125
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
FSU		9/78-5/82	
Address	City	State	Zip
282 Champions Way	Tallahasse	FL	32306
Diploma/Degree obtained, if any			
BA in HRA			

School Name		From - To (MM/YY – MM/YY)	
NMB High School		9/74-6/78	
Address	City	State	Zip
1247 NE 167th Street	North Miami Beach	FL	33162
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
5/31/2015-Present	[redacted] North Bayshore Drive [redacted]	Miami	FL	33132
From - To (MM/YY – MM/YY)	Address	City	State	Zip
5/1/2008-5/31/2015	[redacted] North Bayshore Drive [redacted]	Miami	FL	33132
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Skeletal Dynamics Inc.			9/14-08/22	
Business Address		**City**	**State**	**Zip**
7300 North Kendall Drive Suite 400		Miami	FL	33156
Phone	**Title**			
305-596-7585	CFO			
Description of Duties				
The CFO will be responsible for planning, implementing, managing and controlling all financial-related activities of the company including direct responsibility for accounting, finance, forecasting, strategic planning, job costing, and banking.				

Business Name			From - To (MM/YY – MM/YY)	
SAR Holdings, LLC			12/16-8/22	
Business Address		**City**	**State**	**Zip**
1800 North Bayshore Drive		Miami	FL	33132
Phone	**Title**			
617-595-1693	Manager			
Description of Duties				
Manage business activity.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**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 # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
8/15	7/16	Oregon	Portland	Multnomah
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
3:15-cv-01581-PA		United State District Court		
Reason/Charge				
Patent dispute				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant			Lawsuit	
Name of Business/Industry/Entity				
Skeletal Dynamics, LLC				

Provide explanation below:

Patent infringement suit filed alleging patent infringement relating to a medical device of Skeletal Dynamics. The lawsuit was dismissed for lack of jurisdiction and the parties settled the matter.

SAR

Original Signature (electronic, copies or stamps not accepted)

8/10/22

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
3/19	5/22	MA	Boston	Suffolk

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
3:19-CV-30154-KAR	United State District Court

Reason/Charge
Personal Injury

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Defendant	Lawsuit

Name of Business/Industry/Entity
Skeletal Dynamics Inc.

Provide explanation below:

Individual who had a workman's comp injury claimed an implant of Skeletal Dynamics caused his injury. The individual had 3 prior operations to treat his medical issue, none successful. He then had a 4th surgery where a medical device implant was used. He received workman's compensation. The case against Skeletal Dynamics was settled by the insurance company for the nuisance value of avoiding the expense of litigation. There was no finding that the product of Skeletal Dynamics was defective or caused the injury.

SAR

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.

Stella Ross

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, Stella Ross, 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 10th day of August, 2022.

Notary Public Signature

Notary Public State of Florida
Mabel G Martinez
My Commission HH 006687
Expires 08/03/2024

(Seal)

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

CASE: 3:19CV30154

JOSEPH CHMIELEWSKI,
Plaintiff,

v.

SKELETAL DYNAMICS, INC.
Defendant.

STIPULATION OF DISMISSAL

In accordance with the provisions of Fed. R. Civ. P. 41, the parties to the above-captioned matter hereby stipulate to dismiss, with prejudice, without costs or attorneys' fees, and waiving all rights of appeal, any and all claims against the defendant in the above action.

Plaintiff,
By his Attorney,

/s/ Kevin Chrisanthopoulos

Kevin Chrisanthopoulos, Esq.,
BBO#643734
kevin@kctrialattorney.com
KC Law
30 Court Street, Suite 1
Westfield, MA 01085
Phone: 413-251-1010
Fax: 413-372-1610

Skeletal Dynamics, Inc.,
Defendant,
By its Attorneys,

/s/ Michael J. Racette

Michael J. Racette, BBO #555350
mracette@morrisonmahoney.com
Ti T. Ton, BBO #696608
tton@morrisonmahoney.com
MORRISON MAHONEY LLP
250 Summer Street
Boston, MA 02210-1181
Phone: 617-439-7500
Fax: 617-342-0155

Certificate of Service

I hereby certify that this document(s) filed through the ECF system will be sent electronically to the registered participants as identified on the Notice of Electronic Filing (NEF) and paper copies will be sent to those indicated as non-registered participants on this 27th day of May, 2022.

/s/ Michael J. Racette

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF OREGON

PORTLAND DIVISION

ACUMED LLC,

Plaintiff,

v.

SKELETAL DYNAMICS, LLC,

Defendant.

Civ. No. 3:15-cv-01581-PA

OPINION & ORDER

PANNER, Senior District Judge.

This matter comes before the Court on Defendant's Motion to Dismiss. ECF No. 10. In the alternative, Defendant moves to transfer this case to the United States District Court for the Southern District of Florida. For the reasons set forth below, Defendant's motion is GRANTED.

Background

Plaintiff in this case is Acumed LLC ("Acumed"), a Delaware limited liability company with its principal place of business in Hillsboro, Oregon. Acumed holds a number of patents, including U.S. Patent No. 6,030,162 ("the '162 patent"), which was issued on February 29, 2000, and is titled as "Axial Tension Screw."

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On August 20, 2015, Acumed brought this action, alleging that Skeletal's Reduct screw infringed on the '162 patent.

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Federal Circuit law, rather than regional circuit law, determines whether a district court has personal jurisdiction over the defendant in a patent infringement case. *Avocent Huntsville Corp. v. Aten Intern. Co. Ltd.*, 552 F.3d 1324, 1328 (Fed. Cir. 2008). If the parties have not conducted discovery, the plaintiff need only make a prima facie showing that the defendant is subject to personal jurisdiction. *Silent Drive, Inc. v. Strong Indus., Inc.*, 326 F.3d 1194, 1201 (Fed. Cir. 2003). In evaluating a Rule 12(b)(2) motion to dismiss for lack of personal jurisdiction without holding an evidentiary hearing, the court construes the pleadings and affidavits in the light most favorable to the non-moving party. *Graphics Controls Corp. v. Utah Med. Prods., Inc.* 149 F.3d 1382, 1383 n.1 (Fed. Cir. 1998).

Personal jurisdiction over an out-of-state defendant in a patent-related dispute involves two questions: whether jurisdiction exists under the forum state's long-arm statute and, if so, whether asserting personal jurisdiction is consistent with the limitations of the Due Process Clause of the Constitution. *Trintec Indus. Inc. v. Pedre Promotional Prods., Inc.*, 395 F.3d 1275, 1279 (Fed. Cir. 2005). These inquiries essentially merge because Oregon's long-arm statute extends jurisdiction to the outer limits of due process. *Columbia Sportswear North America, Inc.*

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The Due Process Clause "protects an individual's liberty interest in not being subject to the binding judgment of a forum with which he has established no meaningful contacts, ties, or relationships." *Burger King Corp. v. Rudzewicz*, 471 U.S. 462, 471-72 (1985) (internal quotation marks and citations omitted). To satisfy this due process protection, the plaintiff must show that the defendant has "certain minimum contacts with [the forum state] such that the maintenance of the suit does not offend traditional notions of fair play and substantial justice." *Int'l Shoe Co. v. Washington*, 326 U.S. 310, 316 (1945). "The requirement for purposeful minimum contacts helps ensure that non-residents have fair warning that a particular activity may subject them to litigation within the forum." *Beverly Hills Fan Co. v. Royal Sovereign Corp.*, 21 F.3d 1558, 1565 (Fed. Cir. 1994).

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Discussion

Skeletal moves to dismiss this action, alleging a lack of personal jurisdiction.[1] In the alternative, Skeletal moves to transfer this action to the Southern District of Florida.

I. Skeletal's Activities in Oregon

Before proceeding to the jurisdictional analysis, it is necessary to describe Skeletal's activities as they relate to Oregon and the Reduct screw. As previously noted, Skeletal is a Florida limited liability company that has never registered to do business in Oregon. Escagedo Decl. at 2. Skeletal has no offices or property in Oregon, nor does it have an Oregon mailing

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address or telephone number, and none of its manufacturing is done in Oregon. Escagedo Decl. at 2. Skeletal does have a website that describes its products, but which does not offer the products for sale, consistent with industry regulations. Escagedo Decl. at 3.

The sale and marketing of Skeletal's products in Oregon is overseen by Trey Campbell ("Campbell"), Skeletal's Director of Sales and Marketing for the Western United States. Escagedo Decl. at 2; Campbell Decl. at 2. Campbell lives in Texas, but periodically travels to Oregon on behalf of Skeletal. Escagedo Decl. at 2; Campbell Decl. at 2. Campbell is also responsible for directing the independent distributors who promote the sale of Skeletal products. Escagedo Decl. at 2-3; Campbell Decl. at 2-3. Oregon sales account for 1 percent of Skeletal's total sales. Escagedo Decl. at 3.

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Skeletal's target demographic is orthopedic surgeons. Second Escagedo Decl. at 2. Before selling its products, either Skeletal or its independent sales representatives will approach surgeons directly to gauge their interest in Skeletal's products. Second Escagedo Decl. at 2-3. Product pricing is not generally discussed in Skeletal's meetings with surgeons. Second Escagedo Decl. at 3; Price Decl. Ex. 4, at 35-36. Rather, if the surgeon expresses interest in using a particular product, Skeletal will approach the hospital or surgery center where the physician works or where a particular procedure will be performed. Second Escagedo Decl. at 3. Generally, the facility refers the matter to a "Value Analysis" program ("VA") and Skeletal will negotiate with the VA on issues of pricing and product availability. Second Escagedo Decl. at 3. If Skeletal reaches an agreement with a facility's VA on the use of Reduct products, it will send the facility a "tray" containing the Reduct System. Second Escagedo Decl. at 3-4. If the facility

uses a part from the Reduct system, it will inform Skeletal and only then will Skeletal bill the facility. Second Escagedo Decl. at 4.

In April 2015, Campbell met with an Oregon physician to show him the Reduct screw. Kolitch Decl. Ex. E, at 31. For the purposes of the meeting, Campbell brought a single Reduct screw with him. Kolitch Decl. Ex. E, at 31. Campbell was not authorized to discuss price, quantity, delivery, or any other terms for the sale of the Reduct screw. Second Escagedo Decl. at 5. Campbell informed the physician that the screw would be available at some point in the future, but Campbell did not provide the physician with any literature about the Reduct screws, nor did they discuss pricing. Kolitch Decl. Ex. E at 35. Skeletal never approached the facility where the Oregon surgeon worked about purchasing the Reduct screw and never initiated the VA process. Second Escagedo Decl. at 5. Campbell described this meeting as "preselling." Kolitch Decl. Ex. E at 35.

On October 1, 2015, Skeletal was awarded a three-year non-exclusive contract with Trinity Health, a healthcare provider that covers 78 hospitals, including three in Oregon, which would permit Skeletal to sell its products, including the Reduct screw, to Trinity Health hospitals. Kolitch Decl. Ex. C; Ex. E at 26. Actual sale of Skeletal products would still require approval by the individual hospitals through the VA process, and none of Trinity Health's Oregon hospitals have entered into agreements to purchase the Reduct screws. Kolitch Decl. Ex. E at 26-28; Second Escagedo Decl. at 3; Price Decl. Ex. 4, at 27. Skeletal has not gone through the VA process with any of Trinity Health's Oregon hospitals. Price Decl. Ex. 4, at 27.

II. Personal Jurisdiction

Skeletal contends that this Court lacks personal jurisdiction. Acumed concedes that Skeletal is not subject general personal jurisdiction in this district, but contends that Skeletal is subject to specific personal jurisdiction.

The first prong of the specific jurisdiction test refers to both purposeful availment and purposeful direction, but in cases involving tortious conduct, court most often apply a purposeful direction analysis. *College Source, Inc. v. AcademyOne, Inc.*, 653 F.3d 1066, 1076 (Fed. Cir. 2011). Acumed contends that Skeletal has purposefully directed its activities related to this lawsuit at residents of Oregon by (1) entering into an exclusive sales agreement with Rocky Mountain, which included an obligation to promote the sale of Reduct products in Oregon; (2) providing price sheets to Rocky Mountain for use with Oregon sales and approving Rocky Mountain's requests for product literature and samples of the Reduct screw; (3) transporting a sample of the Reduct screw to Oregon and using it in a "sales pitch" to an Oregon surgeon; (4) entering into purchase agreements with Trinity Health hospitals, which included the Reduct screw; and (5) selling 1 percent of its products to residents of Oregon.

Skeletal asserts that this case turns on the second prong of the test for specific jurisdiction: whether Acumed's claim "arises out of or directly relates to" the activities Acumed alleges are purposefully directed at Oregon. In making that determination, "the test is whether the activity in the forum state is *a* basis for the cause of action." *HollyAnne Corp. v. TFT, Inc.*, 199 F.3d 1304, 1308 n. 4 (Fed. Cir. 1999) (emphasis in orginal). To establish that a lawsuit "arises out of or relates to" a defendant's contacts with the forum state, "the plaintiffs must make a *prima facie* showing that their claim for patent infringement is connected" to the defendant's activities within the forum state. *Moldflow Corp. v. Simcon, Inc.*, 296 F. Supp. 2d 34, 41 (D.

Ma. 2003); *Authentify Patent Co., LLC v. Strikeforce Tech., Inc.*, 39 F. Supp. 3d 1135, 1145 (W. D. Wa. 2014) ("Plaintiff must demonstrate by a preponderance of the evidence that its claim for patent infringement is connected to Strikeforce's activity within the State of Washington related to its '858 patent."); *Hockerson-Halberstadt, Inc. v. Costco Wholesale Corp.*, 93 F. Supp. 2d 738, 743 (E.D. La. 2000) ("HHI has not shown that Costco's alleged footwear patent infringement arises out of or directly relates to any Costco activities directed at the state of Louisiana.").

Patent infringement occurs when someone "without authority makes, uses, offers to sell, or sells any patented invention . . . during the term of the patent[.]" 35 U.S.C. § 271(a). Acumed argues that Skeletal has offered to sell the Reduct screw in Oregon. The Federal Circuit has interpreted "offer to sell" liability under § 271(a) "according to its ordinary meaning in contract law, as revealed by traditional sources of authority." *Rotec Indus., Inc. v. Mitsubishi Corp.*, 215 F.3d 1246, 1254-55 (Fed. Cir. 2000). A party has made an "offer to sell" if it communicates "a 'manifestation of willingness to enter into a bargain, so made as to justify another person in understanding that his assent to that bargain is invited and will conclude it.'" *Id.* at 1257 (quoting *Restatement 2d. of Contracts* § 24 (1975)); *see also MEMC Elec. Silicon Materials, Inc. v. Mitsubishi Materials Silicon Corp.*, 420 F.3d 1369, 1376 (Fed. Cir. 2005) (finding email exchanges containing a description of the allegedly infringing product did not constitute an offer to sell because they lacked a price term and could not, therefore, be transformed into a contract by the recipient's acceptance).

A. Rocky Mountain Medical

Acumed argues that three aspects of Skeletal's relationship with Rocky Mountain create personal jurisdiction over Skeletal in Oregon: the distribution of price sheets for Skeletal

products, the sales agreement between Skeletal and Rocky Mountain, and Rocky Mountain's employment of a sales representative, Michael MacDonald, who resides in Oregon.

1. The Price Sheets

Skeletal distributed price sheets for its products, including the Reduct screws to Rocky Mountain. These price sheets included pricing for a number of hospitals in Oregon. Kolitch Decl. Ex. B. Acumed asserts that the price sheets "can easily be interpreted as an 'offer to sell' the accused product to Oregon customers at least through the distributor."

The price sheets were sent to Skeletal's distributors, including Rocky Mountain Medical, but they were not shown to customers. Price Decl. Ex. 4, at 19. Based on the record, it does not appear that the price sheets sent by Skeletal to Rocky Mountain were ever communicated to any third party in Oregon and contained no description of the Reduct product or any other traditional indicia of an offer. I cannot, therefore, conclude that the price sheets constituted an offer to sell within the meaning of § 271(a).

2. The Sales Agreement

As previously discussed, Skeletal and Rocky Mountain signed a sales agreement under which Rocky Mountain was obligated to market Skeletal products in Oregon, Washington, and Idaho. Kolitch Decl. Ex. D. At least initially, this agreement included an obligation to market Reduct screws in Oregon, although no Reduct screws were actually sold in Oregon and Skeletal amended the sales agreement to forbid the sale or marketing of Reduct screws in Oregon after it was served with the Complaint in this case. Kolitch Decl. Ex. F, at 45.

As previously discussed, Skeletal's practice was to negotiate sales of Skeletal products directly with the facility where they would be used and there is no indication that Rocky Mountain ever engaged in any such negotiations in Oregon on behalf of Skeletal. To the

contrary, the record indicates that Rocky Mountain could not sell Reduct screws without permission from Skeletal. Campbell Decl. at 3.

Furthermore, the contract does not contain the sort of specific terms that constitute an offer to sell under *Rotec* and *MEMC*. The fact that the contract between Rocky Mountain and Skeletal contemplated the eventual sale of the Reduct screw to third parties in Oregon does not rise to the level of an offer to sell within the meaning of § 271(a).

3. Michael MacDonald

Rocky Mountain employs Michael MacDonald, an Oregon resident, as a sales representative for Oregon and Washington. Price Decl. Ex. 4 at 12. Campbell approved a request for product literature on the Reduct screw to be sent to MacDonald, but no product literature was ever sent because none was available. Price Decl. Ex. 4, at 13-14.

The simple fact that Rocky Mountain employs an Oregon-based sales representative who markets Skeletal products in Oregon is not sufficient to create personal jurisdiction, as only Skeletal's Reduct screws are at issue in this case. There is no indication that MacDonald ever approached any Oregon customers about the Reduct screws or that he entered into any negotiations sufficient to constitute an "offer to sell" within the meaning of § 271(a).

B. The Trinity Medical Contract

Acumed asserts that the contract between Skeletal and Trinity Health, which permits Skeletal to sell its products to Trinity Health hospitals, constitutes an "offer to sell" the Reduct screw in Oregon.

Acumed overstates the scope of the agreement between Trinity Health and Skeletal. The agreement permitted Skeletal to sell its products to Trinity Health hospitals, but each individual hospital still makes its own purchasing agreements through the VA process. Second Escagedo

Decl. at 3; Price Decl. Ex. 4, at 26. Skeletal never actually approached any of Trinity Health's Oregon hospitals about purchasing the Reduct screw. Price Decl. Ex. 4, at 27. I must conclude that there was never an "offer to sell" the Reduct screw in Oregon based on the Trinity Health contract.

C. The Preselling Meeting

In April 2015, Campbell met with an Oregon surgeon to discuss the Reduct screw. Campbell brought a single Reduct screw with him and showed it to the surgeon, telling him that it was a new product that would soon be available. Price Decl. Ex. 4, at 31; 35. Campbell did not provide the surgeon with any literature about the Reduct screw and they did not discuss pricing or other terms. Price Decl. Ex. 4, at 35-36. Acumed argues that this meeting, which Campbell characterized as "preselling," constituted an offer to sell the accused product.

In support of its argument, Acumed relies on *3D Sys., Inc. v. Aarotech Lab., Inc.*, in which the Federal Circuit held that the purpose of the § 271(a) provision against "offers to sell" was to prevent "generating interest in a potential infringing product to the commercial detriment of the rightful patentee." *3D Sys., Inc. v. Aarotech Lab., Inc.*, 160 F.3d 1373, 1379 (Fed. Cir. 1998). The Federal Circuit later clarified, however, that "offers to sell" under § 271(a) were to be assessed under the traditional theory of contract law and that, in order to qualify, the offer to sell would need to contain sufficient terms that the recipient's acceptance of the offer would create a contract. *Rotec*, 215 F.3d at 1257. The price is an essential term in an "offer to sell" under § 271(a). *MEMC*, 420 F.3d at 1378.

Other district courts have found that advertisements and solicitations do not rise to the level of offers. *See Moldflow Corp.* 296 F. Supp. 2d at 43-44. In *Moldflow Corp.*, the defendant's marketing representative distributed "flyers" which contained "a description of the

of the allegedly infringing software as well as some pricing information," but "lacked other terms necessary to create the power of acceptance on the part of the recipients." *Id.* at 44. In particular, the court noted the lack of information about quantity, time of delivery, or terms of payment and found that, without those terms, "none of the companies that received the promotional materials could contractually bind [the defendant] without at least some additional negotiation," and found that the distribution of the flyers did not constitute an offer to sell under § 271(a). *Id.*

In this case, Skeletal's "preselling" meeting with the Oregon surgeon fell below even the conduct described in *Moldflow Corp.* It is undisputed that Campbell did not discuss the price of the Reduct screw when he met with the surgeon, nor did he discuss availability or any other terms of sale. Skeletal never approached the facility where the surgeon worked about purchasing the Reduct screw and never initiated the VA process necessary to sell the Reduct screws to that facility. The meeting cannot, therefore, be considered an offer to sell the Reduct screw.

D. Skeletal's Oregon Sales

Finally, the fact that Oregon accounts for 1 percent of Skeletal's sales is not sufficient to create specific personal jurisdiction. Acumed does not dispute that Skeletal never sold any Reduct screws in Oregon. Skeletal's Oregon sales are derived from other, unrelated Skeletal products. Acumed's claims in this case do not, therefore, arise from or relate to those activities.

As I have concluded that Plaintiff's claims do not arise from or relate to Skeletal's activities within the State of Oregon, it is not necessary to determine whether the exercise of personal jurisdiction would be reasonable and fair. I conclude that this Court lacks personal jurisdiction over Skeletal.

III. Motion to Transfer

Skeletal moves to transfer this case to the Southern District of Florida as the more convenient venue. "For the convenience of parties and witnesses, in the interest of justice, a district court may transfer any civil action to any other district or division where it might have been brought." 28 U.S.C. § 1404(a). In determining whether transfer is proper, the Federal Circuit applies regional circuit law. *In re Link A Media Devices Corp.*, 662 F.3d 1221, 1222-23 (Fed. Cir. 2011). However, once a district court determines that it lacks personal jurisdiction and dismisses a complaint, it may not transfer the case to another district. *HollyAnne Corp.*, 199 F.3d at 1307.

As I have determined that this Court lacks personal jurisdiction over Skeletal and that dismissal is appropriate, I decline to transfer this case to the Southern District of Florida.

Conclusion

This Court lacks personal jurisdiction over Defendant Skeletal Dynamics, LLC. Accordingly, Defendant's Motion to Dismiss, ECF No. 10, is GRANTED. This case is DISMISSED without prejudice.

It is SO ORDERED and DATED this 13 day of July 2016.

OWEN M. PANNER
Senior District Judge

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF OREGON

PORTLAND DIVISION

ACUMED LLC,

Plaintiff,

v.

SKELETAL DYNAMICS, LLC,

Defendant.

Civ. No. 3:15-cv-01581-PA

OPINION & ORDER

PANNER, Senior District Judge.

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Skeletal first sold the Reduct screw in March 2015. Escagedo Decl. at 2. Skeletal sells the Reduct screw as part of the Reduct Headless Compression Screw System ("Reduct System"), which includes a sterilization tray, specially designed instruments, and implants required for use

of the Reduct screw. Escagedo Decl. at 3. When Skeletal first began to sell the Reduct screws it had only a limited number of Reduct Systems available, none of which were designated for sale in Oregon. Kolitch Decl. Ex. F, at 46. Regulations require that Skeletal keep track of the names and addresses of any facility to which Skeletal ships its products. Second Escagedo Decl. at 4. After Skeletal was served with the Complaint in this case, it took steps to ensure that no Reduct screws were shipped to Oregon. Kolitch Decl. Ex. F, at 46. Neither Skeletal or Rocky Mountain have sold any Reduct screws in Oregon, nor has Skeletal shipped any Reduct Systems to Oregon. Escagedo Decl. at 3; Campbell Decl. at 3. Rocky Mountain cannot access either the Reduct System or the Reduct screw without authorization from Campbell and Campbell has not given that authorization. Campbell Decl. at 3. Rocky Mountain denies that it has marketed or sold the Reduct product in Oregon without Skeletal's knowledge. Campbell Decl. at 3.

Skeletal's target demographic is orthopedic surgeons. Second Escagedo Decl. at 2. Before selling its products, either Skeletal or its independent sales representatives will approach surgeons directly to gauge their interest in Skeletal's products. Second Escagedo Decl. at 2-3. Product pricing is not generally discussed in Skeletal's meetings with surgeons. Second Escagedo Decl. at 3; Price Decl. Ex. 4, at 35-36. Rather, if the surgeon expresses interest in using a particular product, Skeletal will approach the hospital or surgery center where the physician works or where a particular procedure will be performed. Second Escagedo Decl. at 3. Generally, the facility refers the matter to a "Value Analysis" program ("VA") and Skeletal will negotiate with the VA on issues of pricing and product availability. Second Escagedo Decl. at 3. If Skeletal reaches an agreement with a facility's VA on the use of Reduct products, it will send the facility a "tray" containing the Reduct System. Second Escagedo Decl. at 3-4. If the facility

uses a part from the Reduct system, it will inform Skeletal and only then will Skeletal bill the facility. Second Escagedo Decl. at 4.

In April 2015, Campbell met with an Oregon physician to show him the Reduct screw. Kolitch Decl. Ex. E, at 31. For the purposes of the meeting, Campbell brought a single Reduct screw with him. Kolitch Decl. Ex. E, at 31. Campbell was not authorized to discuss price, quantity, delivery, or any other terms for the sale of the Reduct screw. Second Escagedo Decl. at 5. Campbell informed the physician that the screw would be available at some point in the future, but Campbell did not provide the physician with any literature about the Reduct screws, nor did they discuss pricing. Kolitch Decl. Ex. E at 35. Skeletal never approached the facility where the Oregon surgeon worked about purchasing the Reduct screw and never initiated the VA process. Second Escagedo Decl. at 5. Campbell described this meeting as "preselling." Kolitch Decl. Ex. E at 35.

On October 1, 2015, Skeletal was awarded a three-year non-exclusive contract with Trinity Health, a healthcare provider that covers 78 hospitals, including three in Oregon, which would permit Skeletal to sell its products, including the Reduct screw, to Trinity Health hospitals. Kolitch Decl. Ex. C; Ex. E at 26. Actual sale of Skeletal products would still require approval by the individual hospitals through the VA process, and none of Trinity Health's Oregon hospitals have entered into agreements to purchase the Reduct screws. Kolitch Decl. Ex. E at 26-28; Second Escagedo Decl. at 3; Price Decl. Ex. 4, at 27. Skeletal has not gone through the VA process with any of Trinity Health's Oregon hospitals. Price Decl. Ex. 4, at 27.

II. Personal Jurisdiction

Skeletal contends that this Court lacks personal jurisdiction. Acumed concedes that Skeletal is not subject general personal jurisdiction in this district, but contends that Skeletal is subject to specific personal jurisdiction.

The first prong of the specific jurisdiction test refers to both purposeful availment and purposeful direction, but in cases involving tortious conduct, court most often apply a purposeful direction analysis. *College Source, Inc. v. AcademyOne, Inc.*, 653 F.3d 1066, 1076 (Fed. Cir. 2011). Acumed contends that Skeletal has purposefully directed its activities related to this lawsuit at residents of Oregon by (1) entering into an exclusive sales agreement with Rocky Mountain, which included an obligation to promote the sale of Reduct products in Oregon; (2) providing price sheets to Rocky Mountain for use with Oregon sales and approving Rocky Mountain's requests for product literature and samples of the Reduct screw; (3) transporting a sample of the Reduct screw to Oregon and using it in a "sales pitch" to an Oregon surgeon; (4) entering into purchase agreements with Trinity Health hospitals, which included the Reduct screw; and (5) selling 1 percent of its products to residents of Oregon.

Skeletal asserts that this case turns on the second prong of the test for specific jurisdiction: whether Acumed's claim "arises out of or directly relates to" the activities Acumed alleges are purposefully directed at Oregon. In making that determination, "the test is whether the activity in the forum state is *a* basis for the cause of action." *HollyAnne Corp. v. TFT, Inc.*, 199 F.3d 1304, 1308 n. 4 (Fed. Cir. 1999) (emphasis in orginal). To establish that a lawsuit "arises out of or relates to" a defendant's contacts with the forum state, "the plaintiffs must make a *prima facie* showing that their claim for patent infringement is connected" to the defendant's activities within the forum state. *Moldflow Corp. v. Simcon, Inc.*, 296 F. Supp. 2d 34, 41 (D.

Ma. 2003); *Authentify Patent Co., LLC v. Strikeforce Tech., Inc.*, 39 F. Supp. 3d 1135, 1145 (W. D. Wa. 2014) ("Plaintiff must demonstrate by a preponderance of the evidence that its claim for patent infringement is connected to Strikeforce's activity within the State of Washington related to its '858 patent."); *Hockerson-Halberstadt, Inc. v. Costco Wholesale Corp.*, 93 F. Supp. 2d 738, 743 (E.D. La. 2000) ("HHI has not shown that Costco's alleged footwear patent infringement arises out of or directly relates to any Costco activities directed at the state of Louisiana.").

Patent infringement occurs when someone "without authority makes, uses, offers to sell, or sells any patented invention . . . during the term of the patent[.]" 35 U.S.C. § 271(a). Acumed argues that Skeletal has offered to sell the Reduct screw in Oregon. The Federal Circuit has interpreted "offer to sell" liability under § 271(a) "according to its ordinary meaning in contract law, as revealed by traditional sources of authority." *Rotec Indus., Inc. v. Mitsubishi Corp.*, 215 F.3d 1246, 1254-55 (Fed. Cir. 2000). A party has made an "offer to sell" if it communicates "a 'manifestation of willingness to enter into a bargain, so made as to justify another person in understanding that his assent to that bargain is invited and will conclude it.'" *Id.* at 1257 (quoting *Restatement 2d of Contracts* § 24 (1975)); *see also MEMC Elec. Silicon Materials, Inc. v. Mitsubishi Materials Silicon Corp.*, 420 F.3d 1369, 1376 (Fed. Cir. 2005) (finding email exchanges containing a description of the allegedly infringing product did not constitute an offer to sell because they lacked a price term and could not, therefore, be transformed into a contract by the recipient's acceptance).

A. Rocky Mountain Medical

Acumed argues that three aspects of Skeletal's relationship with Rocky Mountain create personal jurisdiction over Skeletal in Oregon: the distribution of price sheets for Skeletal

products, the sales agreement between Skeletal and Rocky Mountain, and Rocky Mountain's employment of a sales representative, Michael MacDonald, who resides in Oregon.

1. The Price Sheets

Skeletal distributed price sheets for its products, including the Reduct screws to Rocky Mountain. These price sheets included pricing for a number of hospitals in Oregon. Kolitch Decl. Ex. B. Acumed asserts that the price sheets "can easily be interpreted as an 'offer to sell' the accused product to Oregon customers at least through the distributor."

The price sheets were sent to Skeletal's distributors, including Rocky Mountain Medical, but they were not shown to customers. Price Decl. Ex. 4, at 19. Based on the record, it does not appear that the price sheets sent by Skeletal to Rocky Mountain were ever communicated to any third party in Oregon and contained no description of the Reduct product or any other traditional indicia of an offer. I cannot, therefore, conclude that the price sheets constituted an offer to sell within the meaning of § 271(a).

2. The Sales Agreement

As previously discussed, Skeletal and Rocky Mountain signed a sales agreement under which Rocky Mountain was obligated to market Skeletal products in Oregon, Washington, and Idaho. Kolitch Decl. Ex. D. At least initially, this agreement included an obligation to market Reduct screws in Oregon, although no Reduct screws were actually sold in Oregon and Skeletal amended the sales agreement to forbid the sale or marketing of Reduct screws in Oregon after it was served with the Complaint in this case. Kolitch Decl. Ex. F, at 45.

As previously discussed, Skeletal's practice was to negotiate sales of Skeletal products directly with the facility where they would be used and there is no indication that Rocky Mountain ever engaged in any such negotiations in Oregon on behalf of Skeletal. To the

contrary, the record indicates that Rocky Mountain could not sell Reduct screws without permission from Skeletal. Campbell Decl. at 3.

Furthermore, the contract does not contain the sort of specific terms that constitute an offer to sell under *Rotec* and *MEMC*. The fact that the contract between Rocky Mountain and Skeletal contemplated the eventual sale of the Reduct screw to third parties in Oregon does not rise to the level of an offer to sell within the meaning of § 271(a).

3. Michael MacDonald

Rocky Mountain employs Michael MacDonald, an Oregon resident, as a sales representative for Oregon and Washington. Price Decl. Ex. 4 at 12. Campbell approved a request for product literature on the Reduct screw to be sent to MacDonald, but no product literature was ever sent because none was available. Price Decl. Ex. 4, at 13-14.

The simple fact that Rocky Mountain employs an Oregon-based sales representative who markets Skeletal products in Oregon is not sufficient to create personal jurisdiction, as only Skeletal's Reduct screws are at issue in this case. There is no indication that MacDonald ever approached any Oregon customers about the Reduct screws or that he entered into any negotiations sufficient to constitute an "offer to sell" within the meaning of § 271(a).

B. The Trinity Medical Contract

Acumed asserts that the contract between Skeletal and Trinity Health, which permits Skeletal to sell its products to Trinity Health hospitals, constitutes an "offer to sell" the Reduct screw in Oregon.

Acumed overstates the scope of the agreement between Trinity Health and Skeletal. The agreement permitted Skeletal to sell its products to Trinity Health hospitals, but each individual hospital still makes its own purchasing agreements through the VA process. Second Escagedo

Decl. at 3; Price Decl. Ex. 4, at 26. Skeletal never actually approached any of Trinity Health's Oregon hospitals about purchasing the Reduct screw. Price Decl. Ex. 4, at 27. I must conclude that there was never an "offer to sell" the Reduct screw in Oregon based on the Trinity Health contract.

C. The Preselling Meeting

In April 2015, Campbell met with an Oregon surgeon to discuss the Reduct screw. Campbell brought a single Reduct screw with him and showed it to the surgeon, telling him that it was a new product that would soon be available. Price Decl. Ex. 4, at 31; 35. Campbell did not provide the surgeon with any literature about the Reduct screw and they did not discuss pricing or other terms. Price Decl. Ex. 4, at 35-36. Acumed argues that this meeting, which Campbell characterized as "preselling," constituted an offer to sell the accused product.

In support of its argument, Acumed relies on *3D Sys., Inc. v. Aarotech Lab., Inc.*, in which the Federal Circuit held that the purpose of the § 271(a) provision against "offers to sell" was to prevent "generating interest in a potential infringing product to the commercial detriment of the rightful patentee." *3D Sys., Inc. v. Aarotech Lab., Inc.*, 160 F.3d 1373, 1379 (Fed. Cir. 1998). The Federal Circuit later clarified, however, that "offers to sell" under § 271(a) were to be assessed under the traditional theory of contract law and that, in order to qualify, the offer to sell would need to contain sufficient terms that the recipient's acceptance of the offer would create a contract. *Rotec*, 215 F.3d at 1257. The price is an essential term in an "offer to sell" under § 271(a). *MEMC*, 420 F.3d at 1378.

Other district courts have found that advertisements and solicitations do not rise to the level of offers. *See Moldflow Corp.* 296 F. Supp. 2d at 43-44. In *Moldflow Corp.*, the defendant's marketing representative distributed "flyers" which contained "a description of the

of the allegedly infringing software as well as some pricing information," but "lacked other terms necessary to create the power of acceptance on the part of the recipients." *Id.* at 44. In particular, the court noted the lack of information about quantity, time of delivery, or terms of payment and found that, without those terms, "none of the companies that received the promotional materials could contractually bind [the defendant] without at least some additional negotiation," and found that the distribution of the flyers did not constitute an offer to sell under § 271(a). *Id.*

In this case, Skeletal's "preselling" meeting with the Oregon surgeon fell below even the conduct described in *Moldflow Corp.* It is undisputed that Campbell did not discuss the price of the Reduct screw when he met with the surgeon, nor did he discuss availability or any other terms of sale. Skeletal never approached the facility where the surgeon worked about purchasing the Reduct screw and never initiated the VA process necessary to sell the Reduct screws to that facility. The meeting cannot, therefore, be considered an offer to sell the Reduct screw.

D. Skeletal's Oregon Sales

Finally, the fact that Oregon accounts for 1 percent of Skeletal's sales is not sufficient to create specific personal jurisdiction. Acumed does not dispute that Skeletal never sold any Reduct screws in Oregon. Skeletal's Oregon sales are derived from other, unrelated Skeletal products. Acumed's claims in this case do not, therefore, arise from or relate to those activities.

As I have concluded that Plaintiff's claims do not arise from or relate to Skeletal's activities within the State of Oregon, it is not necessary to determine whether the exercise of personal jurisdiction would be reasonable and fair. I conclude that this Court lacks personal jurisdiction over Skeletal.

III. Motion to Transfer

Skeletal moves to transfer this case to the Southern District of Florida as the more convenient venue. "For the convenience of parties and witnesses, in the interest of justice, a district court may transfer any civil action to any other district or division where it might have been brought." 28 U.S.C. § 1404(a). In determining whether transfer is proper, the Federal Circuit applies regional circuit law. *In re Link A Media Devices Corp.*, 662 F.3d 1221, 1222-23 (Fed. Cir. 2011). However, once a district court determines that it lacks personal jurisdiction and dismisses a complaint, it may not transfer the case to another district. *HollyAnne Corp.*, 199 F.3d at 1307.

As I have determined that this Court lacks personal jurisdiction over Skeletal and that dismissal is appropriate, I decline to transfer this case to the Southern District of Florida.

Conclusion

This Court lacks personal jurisdiction over Defendant Skeletal Dynamics, LLC. Accordingly, Defendant's Motion to Dismiss, ECF No. 10, is GRANTED. This case is DISMISSED without prejudice.

It is SO ORDERED and DATED this 13 day of July 2016.

Owen M Panner

OWEN M. PANNER
Senior District Judge

13B

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:	☐ 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: Stemline Therapeutics, Inc.

Physical Address: 750 Lexington Avenue, 4th Floor

City: New York State: NY Zip: 10022

Mailing Address (if different from physical address): (Same)

City: _____ State: _____ Zip: _____

Telephone: 646-502-2311 Website: www.stemline.com

Name of Designated Representative (DR): Nicholas C. vonEgypt, Clinical Supply & Logistics Manager

Licensing Company Email: info@stemline.com DR Email: info@stemline.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: Alcami Carolinas Corporation (CMO)
Address: 4221 Faber Place Drive City: Charleston, State: SC Zip: 29405
Name: Integrated Commercialization System (ICS) (3PL)
Address: 420 International Blvd City: Brooks, State: KY Zip: 40109
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): Berlin-Chemie AG
Corporation/Organization Name:
Mailing Address: Glienicker Weg 125, 12489 Berlin, Germany
City: State: Zip:
Telephone: +49 30 6707-0 Email: info@berlin-chemie.de
Contact Person Name: Voicu Ungureanu

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: Stemline's drugs are listed with FDA.	✓	
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.

David George Gionco, Chief Accounting Officer, Vice President of Finance
Print Name of Authorized Person Submitting Application

David George Gionco
Original signature of Authorized Person (copies or stamps not accepted)

5/17/2022
Date

Board Use Only	Date Received: _____	Amount: 1,000 check# 1882

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2021-24

NAME OF SUPERVISOR
NICHOLAS C. VONEGYPT

THIS IS TO CERTIFY

STEMLINE THERAPEUTICS, INC.
750 LEXINGTON AVENUE
4TH FLOOR
NEW YORK, NY 10022

is duly recorded as a

REGISTERED MANUFACTURER OF DRUGS AND/OR DEVICES

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF DECEMBER, 2021.
THIS CERTIFICATE EXPIRES ON THE THIRTIETH DAY OF NOVEMBER, 2024.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER
037101

EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

Stemline Therapeutics, Inc., p. 22

2125

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STEMLINE THERAPEUTICS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE 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 SAID "STEMLINE THERAPEUTICS, INC." WAS INCORPORATED ON THE EIGHTH DAY OF AUGUST, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3691099 8300

SR# 20220334544

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202550191

Date: 02-02-22

Attachment to Stemline Therapeutics, Inc.'s Out-of-State Wholesaler Application (Nevada Board of Pharmacy)

Parent Company (100% Ownership)

Berlin-Chemie AG
Glienicker Weg 125
12489 Berlin, Germany

Tel.: +49 30 6707-0 // Fax: +49 30 6707-212-0
E-mail: info@berlin-chemie.de
Contact: Voicu Ungureanu, Corporate Planning & Controlling Manager – Oncology Division, Regional Controller - Berlin-Chemie AG

Corporate Officer

Name	Title	Residence
David George Gionco	Chief Accounting Officer, Vice President of Finance	[redacted]Erick Court Chester, NJ 07930

Facility Employee List

See next page . . .

Last Name	First Name	Location Name
ANANT	MADHU	CORPORATE OFFICE
ANDREWS	CHELSEA	CORPORATE OFFICE
ANTOMMARCHI	ANJANETTE	CORPORATE OFFICE
ASARO	JENNIFER	CORPORATE OFFICE
BAUER	TIMOTHY	CORPORATE OFFICE
BERGSTEIN	IVAN	CORPORATE OFFICE
BROOKS	CHRISTOPHER	CORPORATE OFFICE
BULLINGTON	JOHN	CORPORATE OFFICE
CAMPBELL	ALTON	CORPORATE OFFICE
CARMELITANO	JAMES	CORPORATE OFFICE
CHEN	JANICE	CORPORATE OFFICE
CHICCO	KELLY	CORPORATE OFFICE
CIOFFI	CHRISTIANA	CORPORATE OFFICE
COUGHLIN	CHRISTOPHER	CORPORATE OFFICE
DAVILA	ELVIN	CORPORATE OFFICE
DELLIGATTI	DANIELLE	CORPORATE OFFICE
DISSINGER	TAMMY	CORPORATE OFFICE
DONLAN	MELISSA	CORPORATE OFFICE
EISENBERG	PAUL	CORPORATE OFFICE
ELNAWAWI	AHMED	CORPORATE OFFICE
ERICKSON	FREDERICK	CORPORATE OFFICE
FISHWICK	MEGAN	CORPORATE OFFICE
FRANCIS	JESERAIRE	CORPORATE OFFICE
FRANCOMANO	OLIVIA	CORPORATE OFFICE
FRANK	DEBRA	CORPORATE OFFICE
GIONCO JR	DAVID	CORPORATE OFFICE
GIONCO	DAVID	CORPORATE OFFICE
GROSSMAN	JASON	CORPORATE OFFICE
GRZEGORZEWSKI	KRZYSZTOF	CORPORATE OFFICE
GUGLIELMO	SABRINA	CORPORATE OFFICE
HABBOUBI	NASSIR	CORPORATE OFFICE
HERRING	JENNIFER	CORPORATE OFFICE
HIRASAWA	RISA	CORPORATE OFFICE
HOBERMAN	KENNETH	CORPORATE OFFICE
HOBERMAN	MATT	CORPORATE OFFICE
HU	MICHAEL	CORPORATE OFFICE
JAMES	CHRISTOPHER	CORPORATE OFFICE
JEREZ	ROBERT	CORPORATE OFFICE
KHARAWLA	KARAL	CORPORATE OFFICE
LARSEN	ANDREA	CORPORATE OFFICE
LEET	MARIA	CORPORATE OFFICE
LEVITT	JEFFREY	CORPORATE OFFICE
LINDSAY	ROSS	CORPORATE OFFICE
MCBEAN	GLYNIS	CORPORATE OFFICE
MCDONALD	PETER	CORPORATE OFFICE
MCKEOWN	DIANE	CORPORATE OFFICE
MILLER	HUNTER	CORPORATE OFFICE
NORBY	DEBORAH	CORPORATE OFFICE
OLGUIN PELAYO	ARTURO	CORPORATE OFFICE
PALEY	CAROLE	CORPORATE OFFICE
PARNELL	MARIANNE	CORPORATE OFFICE
PATEL	HARDIK	CORPORATE OFFICE
PUTZ	JAMES	CORPORATE OFFICE

SAMPARANI	MARIA	CORPORATE OFFICE
SAMPARANI	PATRICK	CORPORATE OFFICE
SARDONE	MEGAN	CORPORATE OFFICE
SCHUBERT	DANIELLE	CORPORATE OFFICE
SEBEL	BAYLA	CORPORATE OFFICE
SHETH	KAMLESHKUMAR	CORPORATE OFFICE
SLIVKOVA	MARIANNE	CORPORATE OFFICE
SOHAIL	AQSA	CORPORATE OFFICE
SUN	XIAOWEI	CORPORATE OFFICE
TONGAREE	SAUWALUXANA	CORPORATE OFFICE
VINCENTI	RYAN	CORPORATE OFFICE
VONEGYPT	NICHOLAS	CORPORATE OFFICE
WAGNER	SHAWNA	CORPORATE OFFICE
WASSERMAN	JENNIFER	CORPORATE OFFICE
WELLINGS	IAN	CORPORATE OFFICE
WHEELER	DOUGLAS	CORPORATE OFFICE
WYSOWSKYJ	HALYNA	CORPORATE OFFICE

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	A	B
1	NDC/NHRIC Labeler	Firm Name
533	71785	Annora Pharma Private Limited
534	51612	Novo Nordisk (China) Pharmaceuticals Co., Ltd.
535	67345	Purminerals
536	70642	Golden Sunrise Pharmaceutical Incorporation
537	13741	Boujuior (Shanghai) Cosmetics Co., Ltd.
538	86048	Prodibio SAS
539	70134	Syenz Laboratory, LLC
540	63830	Pro Chem, Inc.
541	61387	DermDeal, LLC dba CherylLee MD,Sensitive Skin Care
542	69330	Lexington International LLC
543	55505	Kramer Laboratories, Inc.
544	11853	Air Liquide Large Industries U.S. LP
545	76015	MineralHouse Corporation
546	75731	Inner Mission, Inc.
547	76082	Precision Dermatology, Inc.
548	72187	Stemline Therapeutics, Inc.
549	72071	RTMH Enterprises DBA Research Technology Medical Home
550	76118	Purax International GmbH

Verified M.M 6/15/2022

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. 20BSBIV1768

Application/License No. _____

Stemline Therapeutics, Inc (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 750 Lexington Avenue, 4th Floor, New York, NY 10022 (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 One Hartford Plaza, Hartford, CT 06115 (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 December 16, 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.

20BSBIV1768

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 February, 2022.

APPLICANT/PRINCIPAL

Stemline Therapeutics, Inc

Authorized Representative

SURETY COMPANY

Hartford Fire Insurance Company

Surety Company's Representative

Sarah Major, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Mary Y. Volmar

Witness Krystal Karnes

Countersigned by:

N/A
Nevada Resident Agent

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: MARSH USA INC
Agency Code: 20-246454

- [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
Sarah Major

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. 20BSBIV1768
Naming Stemline Therapeutics, Inc 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

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of February 23, 2022.

Signed and sealed in Lake Mary, Florida

Keith D. Dozois

Keith D. Dozois, Assistant Vice President

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 Stemline Therapeutics, Inc.

Physical Address 750 Lexington Avenue, 4th Floor

City New York State NY Zip 10022

Mailing Address (if different from physical address) (Same)

City _____ State _____ Zip _____

Telephone 646-502-2311 Website www.stemline.com

Licensing Company Email info@stemline.com

Section 2: Personal Information

First Nicholas Middle C. Last vonEgypt

Alias(es, nicknames, name changes, etc.) Nick vonEgypt

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]V Deer Trail

City Pawling State NY Zip 12564

Telephone [redacted] Email info@stemline.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 DGG

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Misericordia University			2011-2015	
Address	City		State	Zip
Dallas, PA				
Diploma/Degree obtained, if any				
B.S. Biology				
School Name			From - To (MM/YY – MM/YY)	
St. Joseph's University			2015	
Address	City		State	Zip
Philadelphia, PA				
Diploma/Degree obtained, if any				
Credits Towards a MS in Biology				
School Name			From - To (MM/YY – MM/YY)	
Address	City		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
2019-2020	[redacted] W Deer Trl, Pawling, NY 12564			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2018	[redacted] Water Grant St, Yonkers, NY			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2017	[redacted] Hudson Watch Dr, Ossining, NY 10562			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2016	[redacted] Creekside Rd, Hopewell Junction, NY 12533			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2015	[redacted] Presidential Blvd, Philadelphia, PA 19131			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2013-2015	[redacted] Lake St, Dallas, PA 18612			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 DGG

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: Stemline Therapeutics Inc.				From - To (MM/YY – MM/YY): Feb 2019 - Present
Business Address: 750 Lexington Avenue, 4th Floor, New York, NY 10022		City:	State:	Zip:
Phone:	Title: Manager, Supply & Logistics; Research Associate			Number of Employed Hours: 40+ hours/week
Description of Duties: Manage day-to-day logistics; project management of oncology pre-clinical studies, sample tracking logistics				
Business Name: Yale University				From - To (MM/YY – MM/YY): Mar 2016 – Sept 2016
Business Address: New Haven, CT		City:	State:	Zip:
Phone:	Title: Clinical Research Assistant, Oncology			Number of Employed Hours: 40+ hours/week
Description of Duties: Maintained data for Clinical Breast, GI, Head, and Neck Oncology Clinical Research Trials; Tracked Tissue Requests for the MATCH trial.				
Business Name: Geokids				From - To (MM/YY – MM/YY): Aug 2015 – Dec 2015
Business Address: Philadelphia, PA		City:	State:	Zip:
Phone:	Title: Teacher			Number of Employed Hours: 40+ hours/week
Description of Duties: Teacher of Biology - associated with the Wagner Free Institute of Science				
Business Name: Misericordia University				From - To (MM/YY – MM/YY): Jan 2012 - May 2015
Business Address: Dallas, PA		City:	State:	Zip:
Phone:	Title: Laboratory Assistant			Number of Employed Hours: 40+ hours/week
Description of Duties: Manager of several Biology Laboratories, responsible for the preparation of classrooms and educational courses				
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?		✓

Applicant's Initials NV 6

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)

April 27, 2022

Date

Applicant's initials _____

I, Nicholas C. vonEgypt, **certify that as the designated representative for**

Stemline Therapeutics, 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

Nicholas C. vonEgypt

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

April 27, 2022

Date

Applicant's initials NV

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicholas C. vonEgypt
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

April 27, 2022
Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Dutchess

I, Nicholas C. vonEgypt, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

April 27, 2022
Date

Subscribed and Sworn to before me this 27th day of April.

Notary Public Signature

MARK A. MAHONEY
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01MA6244321
Qualified in Dutchess County
Commission Expires July 5, 2023

(Seal)

Applicant's initials NV

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 Stemline Therapeutics, Inc.

Physical Address 750 Lexington Avenue, 4th Floor

City New York State NY Zip 10022

Mailing Address (if different from physical address) (Same)

City _____ State _____ Zip _____

Telephone 646-502-2311 Website www.stemline.com

Licensing Company Email info@stemline.com

Section 2: Personal Information

First David Middle George Last Gionco

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]Erick Court

City Chester. State NJ Zip 07930

Telephone [redacted] Email info@stemline.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 DGG

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Rutgers University			
Address	City	State	Zip
Newark, New Jersey			
Diploma/Degree obtained, if any			
MBA in Finance, 1989			
School Name		From - To (MM/YY – MM/YY)	
Fairleigh Dickinson University			
Address	City	State	Zip
Teaneck, New Jersey			
Diploma/Degree obtained, if any			
B.S. in Accounting, 1982			
School Name		From - To (MM/YY – MM/YY)	
Address	City	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
Present - 03/21	[redacted] Court, Chester, N	CHESTER	NJ	07930
08/18 - 3/21	[redacted] Wexford Drive	Monmouth	NJ	08852
08/08 - 08/18	[redacted] Howell Drive	Far Hills	NJ	07931
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 DGF

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)
Stemline Therapeutics, Inc.			2013 - Present
Business Address	**City**	**State**	**Zip**
750 Lexington Avenue, 4th Floor, New York, NY 10022			
Phone	**Title**		
646-502-2311			
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Savient Pharmaceuticals, Inc.			2006 - 2013
Business Address	**City**	**State**	**Zip**
Bridgewater, NJ			
Phone	**Title**		
	Group VP & Chief Accounting Officer; CFO & Treasurer; VP Finance & Controller		
Description of Duties			
Directed four equity and debt financings, remediation plan, financial operations, cost containment, supervise finance staff			

Business Name			From - To (MM/YY – MM/YY)
Odyssey Pharmaceuticals Inc.			2004 - 2006
Business Address	**City**	**State**	**Zip**
East Hanover, NJ			
Phone	**Title**		
	Acting CFO / Director of Finance and Controller		
Description of Duties			
Directed the financial reporting, accounting, treasury and cash management, accounts payable and accounts receivable functions; liaison with investment bankers, assisted with divestiture and dissolution			

Business Name			From - To (MM/YY – MM/YY)
Progenics Pharmaceuticals Inc.			2003 - 2004
Business Address	**City**	**State**	**Zip**
Tarrytown, NY			
Phone	**Title**		
	Director of Finance		
Description of Duties			
Directed implementation of internal control process improvements; Reengineered the Company's annual budget and strategic plan process; Led the migration effort & installation of new R&D project reporting software			

Business Name			From - To (MM/YY – MM/YY)
Merck & Co., Inc.,			1990 - 2003
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
	Director of Finance and Controller, R & D		
Description of Duties			
Evaluate all financial and business aspects of pharmaceutical drug development projects; Developed and created procedure to financially evaluate pharmaceutical drug development projects; Prepared cost analysis on construction			

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

Applicant's initials DVG

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David George Gionco
Print Name (First, Last)

David George Gionco
Original Signature (electronic, copies or stamps not accepted)

5/17/2022
Date

Please have this section completed in the presence of a Notary Public.

State of NEW YORK, ss. County of NEW YORK

I, David George Gionco, 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, perm , certificate or certification for which I am applying for.

David George Gionco
Original Signature

5/17/2022
Date

Subscribed and Sworn to before me this 17 day of May, 2022

Notary Public Signature

ANJANETTE ANTOMMARCHI
Notary Public, State of New York
Registration #01AN6258234
Qualified in Richmond County
Certificate filed in New York County
Commission Expires July 7, 2024

(Seal)

Applicant's initials DGG

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

KENNETH WALSH, Individually and On Behalf of All Others Similarly Situated, Plaintiff, vs. STEMLINE THERAPEUTICS, INC., IVAN BERGSTEIN, and DAVID GIONCO, Defendants.	**Case No.** **CLASS ACTION COMPLAINT FOR VIOLATIONS OF THE FEDERAL SECURITIES LAWS** **JURY TRIAL DEMANDED**

Plaintiff Kenneth Walsh ("Plaintiff"), individually and on behalf of all other persons similarly situated, by Plaintiff's undersigned attorneys, for Plaintiff's complaint against Defendants (defined below), alleges the following based upon personal knowledge as to Plaintiff and Plaintiff's own acts, and information and belief as to all other matters, based upon, *inter alia*, the investigation conducted by and through his attorneys, which included, among other things, a review of the Defendants' public documents, conference calls and announcements made by Defendants, United States Securities and Exchange Commission ("SEC") filings, wire and press releases published by and regarding Stemline Therapeutics, Inc. ("Stemline" or the "Company"), and information readily obtainable on the Internet. Plaintiff believes that substantial evidentiary support will exist for the allegations set forth herein after a reasonable opportunity for discovery.

NATURE OF THE ACTION

1. This is a class action on behalf of persons or entities who purchased or otherwise acquired Stemline securities: (1) pursuant and/or traceable to Stemline's secondary public offering on or about January 20, 2017 (the "Offering"); and/or (2) on the open market between January 19, 2017 and February 1, 2017, inclusive (the "Class Period"). Plaintiff seeks to recover compensable damages caused by Defendants' violations of the federal securities laws under the Securities Act of 1933 (the "Securities Act") and under the Securities Exchange Act of 1934 (the "Exchange Act").

JURISDICTION AND VENUE

2. The claims asserted herein arise under and pursuant to Sections 11 and 15 of the Securities Act (15 U.S.C. §§ 77k and 77o), and Sections 10(b) and 20(a) of the Exchange Act (15 U.S.C. §§ 78j(b) and 78t(a)) and Rule 10b-5 promulgated thereunder by the SEC (17 C.F.R. § 240.10b-5).

3. This Court has jurisdiction over the subject matter of this action pursuant to 28 U.S.C. § 1331, Section 22 of the Securities Act (15 U.S.C. § 77v), and Section 27 of the Exchange Act (15 U.S.C. §78aa).

4. Venue is proper in this Judicial District pursuant to 28 U.S.C. § 1391(b) and Section 27 of the Exchange Act (15 U.S.C. § 78aa(c)). The Company is headquartered in this Judicial District, and a significant portion of Defendants' actions, and the subsequent damages, took place in this Judicial District.

5. In connection with the acts, conduct and other wrongs alleged in this complaint, Defendants, directly or indirectly, used the means and instrumentalities of interstate commerce,

including but not limited to, the United States mails, interstate telephone communications and the facilities of the national securities exchange.

PARTIES

6. Plaintiff, as set forth in the accompanying certification, incorporated by reference herein, purchased Stemline securities pursuant and/or traceable to the Company's Offering and/or during the Class Period and was economically damaged thereby.

7. Defendant Stemline is a clinical stage biopharmaceutical company that focuses on the discovery, acquisition, development, and commercialization of proprietary oncology therapeutics in the United States. The Company is incorporated in Delaware and its principal executive offices are located at 750 Lexington Avenue, Eleventh Floor, New York, New York 10022. Stemline's common stock is traded on The NASDAQ Capital Market ("NASDAQ") under the ticker symbol "STML."

8. Defendant Ivan Bergstein ("Bergstein") founded Stemline in August 2003 and has been its Chairman, Chief Executive Officer ("CEO") and President since August 2003.

9. Defendant David Gionco ("Gionco") has been the Chief Accounting Officer and Vice President of Finance of Stemline since December 16, 2013 and January 16, 2014, respectively.

10. Defendants Bergstein and Gionco are collectively referred to herein as the "Individual Defendants."

11. Each of the Individual Defendants:

(a) directly participated in the management of the Company;

(b) was directly involved in the day-to-day operations of the Company at the highest levels;

(c) was privy to confidential proprietary information concerning the Company and its business and operations;

(d) was directly or indirectly involved in drafting, producing, reviewing and/or disseminating the false and misleading statements and information alleged herein;

(e) was directly or indirectly involved in the oversight or implementation of the Company's internal controls;

(f) was aware of or recklessly disregarded the fact that the false and misleading statements were being issued concerning the Company; and/or

(g) approved or ratified these statements in violation of the federal securities laws.

12. Stemline is liable for the acts of the Individual Defendants and its employees under the doctrine of *respondeat superior* and common law principles of agency because all of the wrongful acts complained of herein were carried out within the scope of their employment.

13. The scienter of the Individual Defendants and other employees and agents of the Company is similarly imputed to Stemline under *respondeat superior* and agency principles.

14. Defendants Stemline and the Individual Defendants are collectively referred to herein as "Defendants."

SUBSTANTIVE ALLEGATIONS

Background

15. The Offering was made by Stemline pursuant to a shelf registration statement on Form S-3 that was previously filed with the SEC on February 3, 2014, and declared effective by

the SEC on February 12, 2014 (the "Registration Statement"). The Registration Statement was signed by Defendants Bergstein and Gionco.

16. Stemline is presently conducting an ongoing pivotal Phase 2 trial in blastic plasmacytoid dendritic cell neoplasm ("BPDCN"), using Stemline's experimental compound, SL-401. At present, BPDCN has no approved treatment.

17. On January 18, 2017, a cancer patient in a Stemline clinical trial tied to SL-401 died from a severe side effect.

18. On January 20, 2017, Stemline commenced the Offering, offering 4.5 million shares of its common stock at $10.00 per share, with expected gross proceeds to Stemline of $45 million.

19. On January 20, 2017, Stemline filed a Form 424B5 with the SEC, containing Stemline's Prospectus Supplement, dated January 20, 2017, for the Offering (the "Prospectus" and together with the Registration Statement, the "Offering Documents").

Materially False and Misleading
Statements Issued During the Class Period

20. On January 19, 2017, Stemline issued a press release entitled "Stemline Therapeutics Announces Proposed Public Offering of Common Stock," announcing a public offering of its common stock to fund, among other things, potential commercial activities of SL-401, stating in pertinent part:

> **Stemline Therapeutics Announces Proposed Public Offering of Common Stock**
>
> *January 19, 2017 16:03 ET* | **Source:** Stemline Therapeutics
>
> NEW YORK, Jan. 19, 2017 (GLOBE NEWSWIRE) -- **Stemline Therapeutics, Inc.** (Nasdaq:STML), a clinical-stage biopharmaceutical company developing novel oncology therapeutics, today announced that it intends to offer and sell, subject to market conditions, shares of its common

stock in an underwritten public offering. All of the shares to be sold in the offering will be offered by Stemline. In addition, Stemline intends to grant the underwriters a 30-day option to purchase up to an additional 15% of the shares of its common stock offered in the public offering.

Jefferies LLC is acting as book-running manager for the offering.

Stemline intends to use the net proceeds from the public offering for (i) clinical, regulatory, manufacturing and, if and when approved, potential commercial activities of SL-401; (ii) clinical development of SL-801 and SL-701; (iii) research and development activities; and (iv) other general corporate purposes.

Stemline has filed a preliminary prospectus supplement to its shelf registration statement on Form S-3 (File No. 333-193726) with the U.S. Securities and Exchange Commission for the proposed public offering of its common stock. The offering will be made only by means of a prospectus supplement and the accompanying prospectus, which will be available on the SEC's web site at www.sec.gov. Copies of the preliminary prospectus supplement relating to these securities may also be obtained, when available, by contacting Jefferies LLC, Attention: Equity Syndicate Prospectus Department, 520 Madison Avenue, 2nd Floor, New York, NY, 10022, or by telephone at 877-547-6340, or by email at prospectus_department@jefferies.com.

The offering of these securities is being made under an effective shelf registration statement on file with the U.S. Securities and Exchange Commission. This press release shall not constitute an offer to sell or the solicitation of an offer to buy nor shall there be any sale of these securities in any state or jurisdiction in which such offer, solicitation or sale would be unlawful prior to registration or qualification under the securities laws of any such state or jurisdiction.

21. On January 20, 2017, Stemline issued a press release entitled "Stemline Therapeutics Prices $45 Million Public Offering of Common Stock," announcing the pricing of the offering of 4.5 million shares of its common stock at $10.00 per share, with expected gross proceeds to Stemline of $45 million, stating in pertinent part:

Stemline Therapeutics Prices $45 Million Public Offering of Common Stock

January 20, 2017 09:00 ET | **Source:** Stemline Therapeutics

NEW YORK, Jan. 20, 2017 (GLOBE NEWSWIRE) -- **Stemline Therapeutics, Inc.** (Nasdaq:STML), a clinical-stage biopharmaceutical company developing novel oncology therapeutics, today announced the pricing of an underwritten public offering of 4.5 million shares of its common stock at a price of $10.00 per share, with expected gross proceeds to Stemline of $45 million. In addition, Stemline has granted the underwriters a 30-day option to purchase up to 675,000 additional shares of common stock at the public offering price, less underwriting discounts and commissions. The offering is expected to close on January 25, 2017, subject to customary closing conditions.

Jefferies LLC and Cowen and Company, LLC are acting as joint book-running managers for the offering. Ladenburg Thalmann & Co. Inc. and H.C. Wainwright & Co. are acting as co-lead managers and Roth Capital Partners, Joseph Gunnar & Co., LLC and Aegis Capital Corp. are acting as co-managers for the offering. Stemline intends to use the net proceeds from the public offering for (i) clinical, regulatory, manufacturing and, if and when approved, potential commercial activities of SL-401; (ii) clinical development of SL-801 and SL-701; (iii) research and development activities; and (iv) other general corporate purposes.

The offering is being made by Stemline pursuant to a shelf registration statement on Form S-3 previously filed with the Securities Exchange Commission (the "SEC") on February 3, 2014 and declared effective by the SEC on February 12, 2014. The offering is being made only by means of a written prospectus and prospectus supplement that form a part of the registration statement. A preliminary prospectus supplement and accompanying prospectus related to the offering has been filed with the SEC and is available on the website of the SEC at www.sec.gov. When available, copies of the final prospectus supplement and accompanying prospectus may be obtained from Jefferies LLC, Attn: Equity Syndicate Prospectus Department, 520 Madison Ave, 2nd Floor, New York, NY 10022, by telephone at (877) 821-7388 or by email at Prospectus_Department@Jefferies.com or Cowen and Company, LLC, c/o Broadridge Financial Services, 1155 Long Island Avenue, Edgewood, NY, 11717, Attention: Prospectus Department, or by telephone at 631-274-2806, or by faxing 631-254-7140.

22. The Prospectus discussed the clinical trials of Stemline's clinical stage product candidate, SL-401, stating in pertinent part:

Overview

We are a clinical stage biopharmaceutical company focused on discovering, acquiring, developing and commercializing proprietary oncology

therapeutics. We are currently developing three clinical stage product candidates, SL-401, SL-801, and SL-701.

Recent Developments

On January 5, 2017, we announced an agreement with the U.S. Food and Drug Administration, or FDA, on the registration pathway for SL-401 in blastic plasmacytoid dendritic cell neoplasm, or BPDCN. To support the filing of a Biologics License Application, or BLA, for full approval in first-line BPDCN, we are currently enrolling an additional small patient cohort, into our ongoing Phase 2 trial. This cohort is expected to enroll between 8-12 first-line BPDCN patients. To date, approximately half of these new patients have been enrolled into the study.

On December 31, 2016 and September 30, 2016, we had cash, cash equivalents, short-term investments and long-term investments of approximately $67.6 million and $74.3 million, as compared to $97.5 million and $104.0 million, as of December 31, 2015 and September 30, 2015, respectively.

SL-401

Patients are currently enrolling in SL-401 clinical trials in multiple indications, including a potentially pivotal Phase 2 trial in patients with BPDCN. SL-401 as a single agent is also being advanced through clinical trials in myeloproliferative neoplasms, or MPN, and acute myeloid leukemia, or AML. In addition, SL-401 is being evaluated in combination with certain traditional therapies in a Phase 1/2 trial in patients with relapsed or refractory, or r/r, multiple myeloma.

SL-401 is a targeted therapy directed to the interleukin-3 receptor, or IL-3R (CD123). CD123 is present on a wide range of hematologic cancers including BPDCN, certain MPNs, AML, multiple myeloma, hairy cell leukemia, myelodysplastic syndrome, or MDS, chronic myeloid leukemia, or CML, and other myeloid and lymphoid malignancies. SL-401 has demonstrated anti-tumor activity against a wide range of hematologic cancers in *in vitro* and *in vivo* preclinical models, including BPDCN, MPN, AML, multiple myeloma, CML, and other leukemic and lymphoid malignancies.

Previously, SL-401 was evaluated in an investigator-sponsored Phase 1/2 clinical trial in patients with advanced hematologic cancers; a trial which has since completed. In this trial, SL-401 was administered via daily intravenous infusion for up to five days, for only a single cycle, and demonstrated a manageable safety profile and anti-tumor activity, including

complete responses, or CRs, largely in BPDCN but also in r/r AML (Frankel et al. Blood 124, 2014; ASH 2013 Poster #2682; ASH 2015 Poster #3795).

Currently, we are enrolling patients in the following corporate-sponsored SL-401 clinical trials in which SL-401 is administered in a multi-cycle regimen (via daily intravenous infusion for up to five days, repeated every 3-4 weeks):

- A Phase 2 potentially pivotal trial in patients with BPDCN;
- A Phase 2 trial in patients with advanced, high-risk MPNs;
- A Phase 2 trial in patients with AML in CR with minimal residual disease, or MRD; and
- A Phase 1/2 trial, in combination with pomalidomide and dexamethasone, in patients with r/r multiple myeloma.

SL-401 was granted BTD by the FDA in August 2016. In addition, SL-401 was granted Orphan Drug Designation for the treatment of BPDCN and AML from both the FDA and the European Medicines Agency, or EMA.

SL-401 in BPDCN

Patients are currently enrolling into our ongoing, potentially pivotal Phase 2 trial of SL-401 in BPDCN. The trial is a single arm, open-label, multicenter study. The trial consists of a lead-in, dose escalation stage that included BPDCN and relapsed/refractory AML patients (Stage 1) followed by an expansion stage of BPDCN patients only (Stage 2) that utilizes the dose and regimen determined in Stage 1. Both Stage 1 and Stage 2 have completed enrollment.

To support a BLA filing for full approval in first-line BPDCN, Stemline is currently enrolling first-line BPDCN patients in an additional cohort (Stage 3) that is expected to enroll between 8-12 first-line BPDCN patients.

During 2016, our academic investigators delivered oral presentations on the SL-401 Phase 2 clinical data in BPDCN at the annual meetings of the American Society of Clinical Oncology, or ASCO, in Chicago, Illinois, the European Hematology Association, or EHA, in Copenhagen, Denmark, and the American Society of Hematology, or ASH, in San Diego, California.

As of the 2016 ASH annual meeting, 32 adult BPDCN patients received SL-401 in a multi-cycle regimen. SL-401's safety profile has continued to remain predictable and manageable over increasing treatment duration, drug exposure, and patient experience. In first-line patients who received SL-401

at the recommended dose of 12 ug/kg/day, the ORR was 100% (16/16) with a CR rate of 81% (13/16). In relapsed/refractory patients, the ORR was 69% (9/13) with a CR rate of 31% (4/13). Across all lines and all doses, ORR was 84% (27/32) with CR rate of 56% (18/32). CRs include clinical complete responses, or CRc, defined as a CR in non-skin organs with gross reduction in cutaneous lesions and residual microscopic skin disease, and CRi, defined as CR with incomplete hematologic recovery. 69% (11/16) first-line patients who received SL-401 at 12 ug/kg/day were progression-free (range: 1^+ to 20^+ months, ongoing), including 5 patients receiving ongoing SL-401 (range: 1^+ to 15^+ months, ongoing) and 6 patients who were successfully bridged to stem cell transplant, or SCT (progression-free range from first SL-401 dose: 5^+ to 20^+ months, ongoing). 46% (6/13) relapsed/refractory patients were progression-free (range: 1^+ to 8^+ months, ongoing), including 5 patients receiving ongoing SL-401 (range: 1^+ to 4^+ months, ongoing) and 1 patient who was successfully bridged to SCT (progression-free from first SL-401 dose: 8^+ months, ongoing). Progression-free survival, or PFS, and overall survival, or OS, data continue to trend favorably and patients continue to be followed.

SL-401 in high-risk myeloproliferative neoplasms

We are currently enrolling patients with certain advanced, high-risk myeloproliferative neoplasm, or MPNs, including chronic myelomonocytic leukemia, or CMML, myelofibrosis, systemic mastocytosis, and primary eosinophilic disorders, in a single arm, open-label, multicenter Phase 2 clinical trial. This trial has a lead-in dose escalation stage (Stage 1) and an expansion stage (Stage 2) designed to enroll patients at the dose and regimen determined by Stage 1. The objectives of this clinical study are to determine 1) safety and optimal dose in this indication, and 2) signals of clinical activity. Stage 1 of this trial has been completed and enrollment in Stage 2 is ongoing.

SL-401 in AML in remission with high relapse risk including minimal residual disease

We are currently enrolling AML patients in CR with minimal residual disease, or MRD, in a single arm, open-label, multicenter Phase 2 clinical trial. This trial has a lead-in dose escalation stage (Stage 1) and an expansion stage (Stage 2) designed to enroll patients at the dose and regimen determined by Stage 1. The objectives of the clinical study are to determine 1) safety and optimal dose in this indication, 2) signals of clinical activity which includes SL-401's potential ability to lessen MRD burden, and 3) whether CR duration can be extended by SL-401 relative to historical data. Stage 1 of the trial has been completed and enrollment in Stage 2 is ongoing.

> **SL-401 in combination with pomalidomide and dexamethasone in relapsed/refractory multiple myeloma**
>
> We are currently enrolling patients in a single arm, open-label, multicenter Phase 1/2 clinical trial evaluating SL-401 in combination with pomalidomide and dexamethasone in r/r multiple myeloma patients. This trial has a lead-in dose escalation stage (Stage 1) and an expansion stage (Stage 2) designed to enroll patients at the dose and regimen determined by Stage 1. The objectives of the clinical study are to determine 1) the safety and optimal dose of SL-401 when administered in combination with pomalidomide and dexamethasone and 2) signals of clinical activity. The trial is currently enrolling patients in Stage 1.
>
> **Additional planned Phase 1/2 trials of SL-401**
>
> We are planning additional Phase 1/2 trials of SL-401 in a variety of other indications.

23. The Prospectus also touted SL-401's favorable clinical data as of the date of the Prospectus, January 20, 2017, stating in pertinent part:

> Based upon **favorable clinical data observed to date with SL-401** and SL-701 across several indications, we plan to initiate multiple clinical trials with SL-401 in a variety of hematologic cancers and with SL-701 in advanced adult and pediatric brain cancers. These include pivotal programs with SL-401 in BPDCN and late-stage AML. We also plan to initiate Phase 1/2 trials in additional hematologic indications including several rare malignancies, multiple myeloma, and earlier stages of AML. In addition, we plan to initiate a Phase 2 trial of SL-701 in adult patients with glioblastoma multiforme, or GBM, who failed one previous treatment, i.e., second line GBM; a study which could potentially provide the basis for accelerated approval. In addition, we plan to initiate a Phase 2 trial of SL-701 in pediatric patients with brainstem and non-brainstem high-grade glioma.
>
> [Emphasis added].

24. The statements contained in ¶¶ 20 - 23 were materially false and/or misleading because they misrepresented and failed to disclose the following adverse facts pertaining to the Company's business, operations and prospects, which were known to Defendants or recklessly disregarded by them. Specifically, Defendants made false and/or misleading statements and/or

failed to disclose that: (1) a cancer patient in a Stemline clinical trial tied to SL-401 had died from a severe side effect on January 18, 2017; and (2) as a result of the foregoing, Defendants' statements about Stemline's business, operations, and prospects, were materially false and misleading and/or lacked a reasonable basis at all relevant times.

THE TRUTH EMERGES

25. On February 2, 2017, before market opened, *The Street* published an article entitled "Side Effect Kills Cancer Patient in Stemline Therapeutics Drug Trial, the Company Raises Money," revealing that on January 18, 2017, one day prior to Stemline's Offering, a cancer patient in a Stemline clinical trial tied to SL-401 died from a severe side effect, stating in relevant part:

> **Side Effect Kills Cancer Patient in Stemline Therapeutics Drug Trial, the Company Raises Money**
>
> Stemline's SL-401 has demonstrated robust overall tumor response rates in its clinical trial but the drug is also now tied to three patient deaths from capillary leak syndrome.
>
> Adam Feuerstein
> Feb 2, 2017 6:00 AM EST
>
> **Investors who bought into a $45 million** Stemline Therapeutics (**STML**) **stock offering on Jan. 19 were not told that one day prior to the financing, a cancer patient in a clinical trial died from a severe side effect, a type of low blood pressure, tied to the company's drug SL-401.**
>
> Stemline has disclosed two previous patient deaths related to the same SL-401 toxicity -- capillary leak syndrome.
> **The third death in Stemline's SL-401 study due to capillary leak syndrome, not yet reported by the company but confirmed by a member of the patient's family, is potentially troubling because it occurred after Stemline had already increased safety monitoring and added new dosing rules to reduce the incidence and severity of the side effect.**
>
> Capillary leak syndrome occurs when large volumes of plasma and other blood components leak from blood vessels into the body cavity. This leads to swelling and a sharp drop in blood pressure that can cause organ failure and death.

The inability to control serious, potentially fatal, side effects can derail otherwise highly effective experimental therapies, even cancer drugs. Last year, the U.S. Food and Drug Administration placed a clinical hold on a promising CAR-T cancer therapy from **Juno Therapeutics (JUNO)** because a handful of patients died from brain swelling. The Juno therapy remains on FDA clinical hold to this day, with most investors believing the company will be forced to abandon further development.

To date, SL-401 has demonstrated robust overall tumor response rates of 84%, including 56% complete or near-complete response in patients enrolled in its clinical trial. But the drug is also now tied to three patient deaths. Stemline cannot afford a safety setback or FDA clinical hold similar to what happened to Juno.

The company is rushing to complete enrollment totaling approximately 50 patients in the SL-401 phase II study by the end of the current quarter. Stemline intends to use the study as the basis for a marketing application to the FDA in the second half of the year.

That's an aggressive timeline but one that could secure Stemline's first-ever cancer drug approval in 2018. If approved, SL-401 would be used to treat blastic plasmacytoid dendritic cell neoplasm (BPDCN), a ultra-rare blood cancer that attacks a specialized form of immune cells.

Stemline was asked to confirm and provide more details about the death of the BPDCN patient on Jan. 18, one day before the company sold 4.5 million shares of stock at $10 per share. In response, Stemline Chief Operating Officer Ken Hoberman provided the following statement:

> We are not in a position to comment about any specific outcomes that may or may not have occurred in any of our existing trials. As you know, in any trial of an experimental agent for patients with advanced cancer, patient deaths often occur. When deaths occur in a trial, then careful analysis must be done to understand probable causes and relation, if any, of the death to the use of the experimental product. It would be inappropriate for Stemline to comment on the death of any patient or patients in a trial, including any trial of SL-401, until such an analysis has been conducted, has concluded, and has yielded any information that should be shared publicly.

According to her sister, who spoke with *TheStreet*, the patient in question was diagnosed with BPDCN last fall and recruited into Stemline's pivotal

clinical trial for SL-401. The drug is administered as a daily infusion for five days, every three weeks.

The patient received the first two doses of SL-401 on Jan. 12 and 13. Her third daily infusion was postponed because of deteriorating health due to side effects. **On Jan. 17, the patient was diagnosed with capillary leak syndrome. She died the next day, never having received three of the scheduled five doses of SL-401 in the initial treatment cycle of the clinical trial.**

"It happened really fast, out of nowhere... We had lunch together the week before she went into the hospital. She was fine," said the patient's sister. [The patient is not being identified by name for privacy reasons.]

Stemline identified capillary leak syndrome as a serious side effect of SL-401 during the initial, dose-ranging stage of the phase II study, which enrolled 15 patients. One BPDCN patient died due to capillary leak syndrome. The same cause of death was suspected for a second patient diagnosed with advanced acute myeloid leukemia, according to Stemline filings with the Securities and Exchange Commission.

During the dose-ranging stage of the phase II study, Stemline implemented additional safety precautions to reduce the risk of capillary leak syndrome before enrolling additional BPDCN patients into the expansion stage of the study.

The extra safety vigilance appeared to be working. When Stemline last presented interim results from the SL-401 phase II study in December at the American Society of Hematology annual meeting, none of the subsequently enrolled BPDCN patients had experienced severe (worse than grade 2) capillary leak syndrome.

But that clean safety streak ended with the death of the BPDCN patient on Jan. 18, raising concerns that Stemline may not have the risk of fatal capillary leak syndrome under control.

(Emphases added.)

26. On February 2, 2017, Stemline issued a press release entitled "Stemline Therapeutics Provides Update on Pivotal BPDCN Trial," confirming that on January 18, 2017, a cancer patient in a Stemline clinical trial tied to SL-401 died from a severe side effect, stating in pertinent part:

Stemline Therapeutics Provides Update on Pivotal BPDCN Trial

February 02, 2017 15:24 ET | **Source:** Stemline Therapeutics

NEW YORK, Feb. 02, 2017 (GLOBE NEWSWIRE) -- Stemline Therapeutics, Inc. (Nasdaq:STML), a clinical-stage biopharmaceutical company developing novel oncology therapeutics, provides an update on its ongoing pivotal Phase 2 trial in blastic plasmacytoid dendritic cell neoplasm (BPDCN), using Stemline's experimental compound, SL-401. BPDCN at present has no approved treatment.

On January 18, the Company received a report that a patient death had occurred. The patient had developed capillary leak syndrome (CLS), a known, sometimes fatal, and well-documented side effect of SL-401. The cause of the patient's death has not yet been determined. The safety profile for SL-401 includes CLS, and there have been previous deaths reported in patients with CLS in this trial, which have been disclosed in public presentations. That CLS is an expected complication of the administration of SL-401 has also been identified in filings with the Securities and Exchange Commission (SEC) and U.S. Food and Drug Administration (FDA), as well as in the study's informed consent forms and other information provided to investigators.

As with all study events, the Company has and will continue to report the data to the FDA in accordance with the study protocol and applicable regulations. Stemline plans to provide a clinical and safety update on this cohort when the cohort and data are complete. The pivotal Phase 2 trial with SL-401 in BPDCN is currently ongoing, patient enrollment is ahead of schedule, and patients continue to receive SL-401 in the trial. Our timelines for study completion and BLA submission remain on track.

(Emphases added.)

27. On this news, Stemline's share price fell $4.15, or approximately 42.5%, to close at $5.60 on February 2, 2017, damaging investors.

28. At the time of the filing of this action, Stemline securities trade at approximately $6.51 per share.

PLAINTIFF'S CLASS ACTION ALLEGATIONS

29. Plaintiff brings this action as a class action pursuant to Federal Rule of Civil Procedure 23(a) and (b)(3) on behalf of a class consisting of all persons other than defendants who

acquired Stemline securities publicly traded during the Class Period, and/or pursuant and/or traceable to the Offering, and who were damaged thereby (the "Class"). Excluded from the Class are Defendants, the officers and directors of Stemline, members of the Individual Defendants' immediate families and their legal representatives, heirs, successors or assigns and any entity in which Officer or Director Defendants have or had a controlling interest.

30. The members of the Class are so numerous that joinder of all members is impracticable. Throughout the Class Period, Stemline securities were actively traded on NASDAQ. While the exact number of Class members is unknown to Plaintiff at this time and can be ascertained only through appropriate discovery, Plaintiff believes that there are hundreds, if not thousands of members in the proposed Class.

31. Plaintiff's claims are typical of the claims of the members of the Class as all members of the Class are similarly affected by defendants' wrongful conduct in violation of federal law that is complained of herein.

32. Plaintiff will fairly and adequately protect the interests of the members of the Class and has retained counsel competent and experienced in class and securities litigation. Plaintiff has no interests antagonistic to or in conflict with those of the Class.

33. Common questions of law and fact exist as to all members of the Class and predominate over any questions solely affecting individual members of the Class. Among the questions of law and fact common to the Class are:

- whether the Exchange Act were violated by Defendants' acts as alleged herein;
- whether statements made by Defendants to the investing public during the Class Period misrepresented material facts about the financial condition and business Stemline;

- whether Defendants' public statements to the investing public during the Class Period omitted material facts necessary to make the statements made, in light of the circumstances under which they were made, not misleading;

- whether the Defendants caused Stemline to issue false and misleading SEC filings during the Class Period;

- whether Defendants acted knowingly or recklessly in issuing false and SEC filing

- whether the prices of Stemline's securities during the Class Period were artificially inflated because of the Defendants' conduct complained of herein; and

- whether the members of the Class have sustained damages and, if so, what is the proper measure of damages.

34. A class action is superior to all other available methods for the fair and efficient adjudication of this controversy since joinder of all members is impracticable. Furthermore, as the damages suffered by individual Class members may be relatively small, the expense and burden of individual litigation make it impossible for members of the Class to individually redress the wrongs done to them. There will be no difficulty in the management of this action as a class action.

35. Plaintiff will rely, in part, upon the presumption of reliance established by the fraud-on-the-market doctrine in that:

- Stemline shares met the requirements for listing, and were listed and actively traded on NASDAQ, a highly efficient and automated market;

- As a public issuer, Stemline filed periodic public reports with the SEC and NASDAQ;

- Stemline regularly communicated with public investors via established market communication mechanisms, including through the regular dissemination of press releases via major newswire services and through other wide-ranging public disclosures, such as communications with the financial press and other similar reporting services; and

- Stemline was followed by a number of securities analysts employed by major brokerage firms who wrote reports that were widely distributed and publicly available.

36. Based on the foregoing, the market for Stemline securities promptly digested current information regarding Stemline from all publicly available sources and reflected such information in the prices of the shares, and Plaintiff and the members of the Class are entitled to a presumption of reliance upon the integrity of the market.

37. Alternatively, Plaintiff and the members of the Class are entitled to the presumption of reliance established by the Supreme Court in *Affiliated Ute Citizens of the State of Utah v. United States*, 406 U.S. 128 (1972), as Defendants omitted material information in their Class Period statements in violation of a duty to disclose such information as detailed above.

COUNT I

For Violations of Section 10(b) And Rule 10b-5 Promulgated Thereunder Against All Defendants

38. Plaintiff repeats and realleges each and every allegation contained above as if fully set forth herein.

39. This Count is asserted against Defendants is based upon Section 10(b) of the Exchange Act, 15 U.S.C. § 78j(b), and Rule 10b-5 promulgated thereunder by the SEC.

40. During the Class Period, Defendants, individually and in concert, directly or indirectly, disseminated or approved the false statements specified above, which they knew or deliberately disregarded were misleading in that they contained misrepresentations and failed to disclose material facts necessary in order to make the statements made, in light of the circumstances under which they were made, not misleading.

41. Defendants violated §10(b) of the 1934 Act and Rule 10b-5 in that they:

- employed devices, schemes and artifices to defraud;

- made untrue statements of material facts or omitted to state material facts necessary in order to make the statements made, in light of the circumstances under which they were made, not misleading; or

- engaged in acts, practices and a course of business that operated as a fraud or deceit upon plaintiff and others similarly situated in connection with their purchases of Stemline securities during the Class Period.

42. Defendants acted with scienter in that they knew that the public documents and statements issued or disseminated in the name of Stemline were materially false and misleading; knew that such statements or documents would be issued or disseminated to the investing public; and knowingly and substantially participated, or acquiesced in the issuance or dissemination of such statements or documents as primary violations of the securities laws. These defendants by virtue of their receipt of information reflecting the true facts of Stemline, their control over, and/or receipt and/or modification of Stemline's allegedly materially misleading statements, and/or their associations with the Company which made them privy to confidential proprietary information concerning Stemline, participated in the fraudulent scheme alleged herein.

43. Individual Defendants, who are the senior officers and/or directors of the Company, had actual knowledge of the material omissions and/or the falsity of the material statements set forth above, and intended to deceive Plaintiff and the other members of the Class, or, in the alternative, acted with reckless disregard for the truth when they failed to ascertain and disclose the true facts in the statements made by them or other Stemline personnel to members of the investing public, including Plaintiff and the Class.

44. As a result of the foregoing, the market price of Stemline securities was artificially inflated during the Class Period. In ignorance of the falsity of Defendants' statements, Plaintiff and the other members of the Class relied on the statements described above and/or the integrity

of the market price of Stemline securities during the Class Period in purchasing Stemline securities at prices that were artificially inflated as a result of Defendants' false and misleading statements.

45. Had Plaintiff and the other members of the Class been aware that the market price of Stemline securities had been artificially and falsely inflated by Defendants' misleading statements and by the material adverse information which Defendants did not disclose, they would not have purchased Stemline securities at the artificially inflated prices that they did, or at all.

46. As a result of the wrongful conduct alleged herein, Plaintiff and other members of the Class have suffered damages in an amount to be established at trial.

47. By reason of the foregoing, Defendants have violated Section 10(b) of the 1934 Act and Rule 10b-5 promulgated thereunder and are liable to the plaintiff and the other members of the Class for substantial damages which they suffered in connection with their purchase of Stemline securities during the Class Period.

COUNT II

Violations of Section 20(a) of the Exchange Act Against the Individual Defendants

48. Plaintiff repeats and realleges each and every allegation contained in the foregoing paragraphs as if fully set forth herein.

49. During the Class Period, the Individual Defendants participated in the operation and management of Stemline, and conducted and participated, directly and indirectly, in the conduct of Stemline's business affairs. Because of their senior positions, they knew the adverse non-public information about Stemline's misstatement of revenue and profit and false financial statements.

50. As officers and/or directors of a publicly owned company, the Individual Defendants had a duty to disseminate accurate and truthful information with respect to Stemline's

financial condition and results of operations, and to correct promptly any public statements issued by Stemline which had become materially false or misleading.

51. Because of their positions of control and authority as senior officers, the Individual Defendants were able to, and did, control the contents of the various reports, press releases and public filings which Stemline disseminated in the marketplace during the Class Period concerning Stemline's results of operations. Throughout the Class Period, the Individual Defendants exercised their power and authority to cause Stemline to engage in the wrongful acts complained of herein. The Individual Defendants therefore, were "controlling persons" of Stemline within the meaning of Section 20(a) of the Exchange Act. In this capacity, they participated in the unlawful conduct alleged which artificially inflated the market price of Stemline securities.

52. By reason of the above conduct, the Individual Defendants are liable pursuant to Section 20(a) of the Exchange Act for the violations committed by Stemline.

COUNT III

Violation of Section 11 of the Securities Act Against All Defendants

53. Plaintiff repeats and realleges each and every allegation contained above.

54. The Offering Documents for the Offering was inaccurate and misleading, contained untrue statements of material facts, omitted to state other facts necessary to make the statements made not misleading, and omitted to state material facts required to be stated therein.

55. Stemline is the registrant for the Offering. Defendants are responsible for the contents of the Offering Documents based upon their status as directors of the Company or because they signed or authorized the signing of the Registration Statement on their behalf pursuant to Sections 11(a)(1)-(3) of the Securities Act.

56. As issuer of the shares, Stemline is strictly liable to Plaintiff and the Class for the misstatements and omissions.

57. Stemline is strictly liable for the contents of the Offering Documents. Defendants failed to make a reasonable investigation or possess reasonable grounds for the belief that the statements contained in the Offering Documents were true and without omissions of any material facts and were not misleading.

58. By reasons of the conduct herein alleged, each Defendant named in this Count violated Section 11 of the Securities Act.

59. Plaintiff acquired Stemline shares pursuant to the Offering Documents.

60. Plaintiff and the Class have sustained damages. The value of Stemline shares has declined substantially subsequent to and due to Defendants' violations.

61. At the times Plaintiff purchased Stemline shares, Plaintiff and other members of the Class were without knowledge of the facts concerning the wrongful conduct alleged herein and could not have reasonably discovered those facts prior to the Offering. Less than one year has elapsed from the time that Plaintiff discovered or reasonably could have discovered the facts upon which this Complaint is based to the time that Plaintiff filed this Complaint. Less than three years elapsed between the time that the securities upon which this Count is brought were offered to the public and the time Plaintiff filed this Complaint.

COUNT IV

Violations of Section 15 of the Securities Act Against Individual Defendants

62. Plaintiff repeats and realleges each and every allegation contained above.

63. This claim is asserted against the Individual Defendants, each of whom was a control person of Stemline during the relevant time period.

64. For the reasons set forth above in the First Claim, above, Stemline is liable to the Plaintiff and the members of the Class who purchased Stemline shares in the Offering based on the untrue statements and omissions of material fact contained in the Offering Documents and Prospectus, pursuant to Section 11 of the Securities Act, and were damaged thereby.

65. The Individual Defendants were control persons of Stemline by virtue of, among other things, their positions as senior officers of the Company, and they were in positions to control and did control, the false and misleading statements and omissions contained in the Offering Documents.

66. None of the Individual Defendants made reasonable investigation or possessed reasonable grounds for the belief that the statements contained in the Offering Documents were accurate and complete in all material respects. Had they exercised reasonable care, they could have known of the material misstatements and omissions alleged herein.

67. This claim was brought within one year after the discovery of the untrue statements and omissions in the Offering Documents and within three years after Stemline shares were sold to the Class in connection with the Offering.

68. By reason of the misconduct alleged herein, for which Stemline is primarily liable, as set forth above, the Individual Defendants are jointly and severally liable with and to the same extent as Stemline pursuant to Section 15 of the Securities Act.

PRAYER FOR RELIEF

WHEREFORE, plaintiff, on behalf of himself and the Class, prays for judgment and relief as follows:

A. declaring this action to be a proper class action, designating plaintiff as Lead Plaintiff and certifying plaintiff as a class representative under Rule 23 of the Federal Rules of Civil Procedure and designating plaintiff's counsel as Lead Counsel;

B. awarding damages in favor of plaintiff and the other Class members against all defendants, jointly and severally, together with interest thereon;

C. awarding plaintiff and the Class reasonable costs and expenses incurred in this action, including counsel fees and expert fees; and

D. awarding plaintiff and other members of the Class such other and further relief as he Court may deem just and proper.

JURY TRIAL DEMANDED

Plaintiff hereby demands a trial by jury.

Dated: February 8, 2017

Respectfully submitted,

POMERANTZ LLP

/s/ Jeremy A. Lieberman

Jeremy A. Lieberman
J. Alexander Hood II
Hui M. Chang
600 Third Avenue, 20th Floor
New York, New York 10016
Telephone: (212) 661-1100
Facsimile: (212) 661-8665
Email: jalieberman@pomlaw.com
ahood@pomlaw.com
hchang@pomlaw.com

POMERANTZ LLP
Patrick V. Dahlstrom
10 South La Salle Street, Suite 3505
Chicago, Illinois 60603
Telephone: (312) 377-1181
Facsimile: (312) 377-1184
Email: pdahlstrom@pomlaw.com

BRONSTEIN, GEWIRTZ & GROSSMAN, LLC
Peretz Bronstein
60 East 42nd Street, Suite 4600
New York, NY 10165
Telephone: (212) 697-6484
Facsimile (212) 697-7296
Email: peretz@bgandg.com

Attorneys for Plaintiff

CERTIFICATION PURSUANT TO FEDERAL SECURITIES LAWS

1. I, _____, make this declaration pursuant to Section 27(a)(2) of the Securities Act of 1933 ("Securities Act") and/or Section 21D(a)(2) of the Securities Exchange Act of 1934 ("Exchange Act") as amended by the Private Securities Litigation Reform Act of 1995.

2. I have reviewed a Complaint against Stemline Therapeutics Inc. ("Stemline" or the "Company") and, authorize the filing of a comparable complaint on my behalf.

3. I did not purchase or acquire Stemline securities at the direction of plaintiffs' counsel or in order to participate in any private action arising under the Securities Act or Exchange Act.

4. I am willing to serve as a representative party on behalf of a Class of investors who purchased or acquired Stemline securities during the class period, including providing testimony at deposition and trial, if necessary. I understand that the Court has the authority to select the most adequate lead plaintiff in this action.

5. To the best of my current knowledge, the attached sheet lists all of my transactions in Stemline securities during the Class Period as specified in the Complaint.

6. During the three-year period preceding the date on which this Certification is signed, I have not sought to serve as a representative party on behalf of a class under the federal securities laws.

7. I agree not to accept any payment for serving as a representative party on behalf of the class as set forth in the Complaint, beyond my pro rata share of any recovery, except such reasonable costs and expenses directly relating to the representation of the class as ordered or approved by the Court.

8. I declare under penalty of perjury that the foregoing is true and correct.

Executed 2/3/2017
(Date)

Dr Kenneth P Walsh
(Signature)

DR. KENNETH P. WALSH
(Type or Print Name)

STEMLINE THERAPEUTICS INC. (STML) **Walsh, Kenneth P.**

LIST OF PURCHASES AND SALES

DATE	PURCHASE OR SALE	NUMBER OF SHS/UTS	PRICE PER SH/UT
1/26/2017	Purchase	3,500	$10.5500
1/27/2017	Purchase	1,000	$10.1000

Sarah Major

MARSH

Marsh USA Inc.
1111 Northshore Drive Suite N-550
Knoxville, TN 37919
502-705-9295
Sarah.Major@marsh.com
www.marsh.com

February 23, 2022

Alton Campbell
Stemline Therapeutics, Inc
750 Lexington Avenue
4th Floor
New York, NY 10022

Subject: New Bond

Principal: Stemline Therapeutics, Inc
Obligee: Nevada State Board of Pharmacy
Bond Description: Pharmaceutical Wholesaler
Bond Amount: $100,000.00
Bond Number: 20BSBIV1768
Surety Name: Hartford Fire Insurance Company
Bond Effective Date: December 16, 2021

Dear Alton:

Enclosed is the above-referenced bond in response to your request dated 12/10/2021. The bond is based on the information we received with the request. Please recheck the bond for accuracy, and have it signed, sealed, and forwarded to the Nevada State Board of Pharmacy for acceptance and filing.

In the event you do not accept and file the bond with the obligee, please return this original document to Marsh so we can notify the surety company that the bond was not accepted and filed; otherwise, the surety company will process a premium billing for the bond.

You will be receiving our invoice for this transaction in the amount of $1,000.00. Marsh will receive 40.00% of this amount from the surety company. Unless otherwise notified, Marsh will receive the established commission on all subsequent billings for as long as the bond remains in force. Your signature on the bond and payment of our invoice constitutes your agreement to our compensation by the surety for this bond.

If you have any questions, please feel free to contact me. Thank you for allowing Marsh to service your surety needs.

Sincerely,

Sarah Major

MARSH

Role of Marsh
Marsh is serving as your broker in placing your insurance coverage(s) referenced above. Marsh may receive different forms of compensation that relate directly or indirectly to your placements. Since Marsh's compensation may vary depending on the insurance program that you choose, Marsh is providing you with information to help you evaluate potential conflicts of interest.

Marsh may be compensated by commissions based on the sale of insurance. Commissions may vary depending on a number of factors, including the insurance purchased and the insurer selected. The commissions that Marsh or its affiliates may collect on the quotes Marsh obtained on your behalf are itemized above.

Insurer Consulting Compensation
Marsh receives separate compensation from insurers for providing consulting, data analytics or other services. The services are designed to improve the offerings available to our clients, assist insurers in identifying new opportunities, and enhance insurers' operational efficiency. The scope and nature of the services vary by insurer and by geography. This compensation can be paid in the form of a fixed fee, a percentage of premium, or a combination of both. It is in addition to and will not be credited against any fee payable to Marsh and will not be subject to any cap on commissions payable to Marsh. In certain cases, percentage based insurer consulting compensation is payable on new business only (as defined in agreement with the insurer) and, in other cases, the rate for percentage based insurer consulting compensation is higher for new business than for renewal business.

Other Information
Marsh & McLennan Companies, Inc. and its subsidiaries have direct and indirect investments in insurance and reinsurance companies and have contractual arrangements with certain insurers and wholesale brokers.

For further information regarding Marsh's and its affiliates' compensation and the matters discussed above, please visit: http://global.marsh.com/about/Transparency.php.

Mark I. Sedar

From: Close, Michael <mclose@stemline.com>
Sent: Monday, July 18, 2022 1:11 PM
To: Mark I. Sedar
Subject: Re: Stemline Therapeutics Application

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good Afternoon Mark,

I am writing to respectfully request that Stemline Therapeutics, Inc located in New York, NY be granted a temporary virtual manufacturer license from the Nevada State Board of Pharmacy ahead of the September 2022 Board of Pharmacy meeting.

We are currently in a title model relationship with ICS, an AmeriSource Bergen organization. We are changing that model from a title model relationship to a traditional 3pl relationship where they provide a suite of services for Stemline versus purchasing the product from Stemline. To that end, ICS has informed us that we need to demonstrate we have all of the virtual manufacturing licenses before we can begin the transition. Nevada is our last one to obtain. ICS has informed us it could take up to 120 days to make this transition. This is the primary reason we are requesting the license now so that we complete this in the calendar year 2022.

Please let me know if you have any questions or need additional information from Stemline Therapeutics, Inc. Thank you in advance for the consideration.

Best Personal Regards,

Mike

Mike Close
Executive Director, Commercial Distribution & Patient Services
750 Lexington Ave, 4th Floor, New York, NY 10022
330.730.8195
mclose@stemline.com

On Thu, Jul 14, 2022 at 11:58 AM Close, Michael <mclose@stemline.com> wrote:
Good Morning Mark,

This is one of approximately 4 complaints that were filed in Court against Stemline and its Executive Officers and Directors back in 2017. The complaints were dismissed in 2018.

Hopefully this suffices for David Gianco and the "yes" statement.

I will forward Nick VonEgypt's --Designated Rep-- pages when he returns from vacation next week.
Best Personal Regards,

Mike

Mike Close
Executive Director, Commercial Distribution & Patient Services
750 Lexington Ave, 4th Floor, New York, NY 10022
330.730.8195
mclose@stemline.com



14

14A

University of Nevada, Reno
School of Medicine
Sanford Center for Aging

August 10, 2022

Dear Nevada State Board of Pharmacy Members,

I am submitting this letter of request to provide Medication Therapy Management (MTM) services and chronic disease screening/monitoring services to community dwelling older adults. The University of Nevada, Reno School of Medicine Sanford Center for Aging and University of Nevada Orvis School of Nursing will deliver a community-based health and wellness program that complements the work of patients' primary care and specialist providers. The program model is an interprofessional academic-community partnership in which nurse practitioner students and doctor of pharmacy students provide health education and disease prevention information on-site to older adults living in a low-income apartment community and senior center clients. I am requesting an appearance before the Board at the October 12 and 13 meeting for review of services provided. The pharmacy services are provided at alternate sites other than a licensed pharmacy. I am including the following details as requested per NAC 639.403 sections (a) through (k):

A. The name of the pharmacist:
    - Leslie Baker, PharmD, BCGP
B. A description of the services that the pharmacist intends to provide at the site:
    - MTM pharmacy services are provided to patients with chronic disease states including, but not limited to diabetes, hypertension, and dyslipidemia. Medication adherence screening and medication self-management education are provided. If indicated smoking cessation education is provided. In addition, the pharmacist may aid older adults in filling medication-organizing devices such as weekly pillboxes.
    - Services will include collection of patient demographics, social history, health history, medical conditions, allergies, immunization history, available lab results, medication history (to include dietary supplements, over-the-counter and prescriptions), weight, resting pulse, and height. Chronic disease screening and monitoring will include blood pressure, blood glucose utilizing a finger stick, and HbA1c utilizing a finger stick if indicated per protocol. Other wellness screenings will include a fall risk assessment utilizing the CDC's STEADI-Rx Fall Prevention Guide for Community Pharmacists.
C. The location at which the pharmacist will provide the services:
    - Sierra Manor I & II Apartments: 2350 & 2360 Paradise Drive, Reno, NV 89512
    - Reno Senior Center: 1155 E. 9th Street, Reno, NV 89512
    - Gerlach Senior Center: 385 E. Sunset Blvd, Gerlach, NV 89412
    - Silver Springs Senior Center: 620 Lake Avenue, Silver Springs, NV 89429
    - Fernley Senior Center: 105 Lois Lane, Fernley, NV 89408

Sanford Center for Aging
School of Medicine
University of Nevada, Reno/0146
Reno, NV 89557-0146
(775) 784-4774

- Pleasant Senior Center: 1480 Lay Street, Winnemucca, NV 89445
- Elko Senior Citizen Center: 1795 Ruby View Drive, Elko, NV 89801
- University Health Internal Medicine Clinic: 6130 Plumas St, Reno, NV 89519

D. An identification of the types of patients or other persons to whom the pharmacist intends to provide the services;
   - Community dwelling older adults that have or are at risk of having chronic diseases such as hypertension, diabetes, and dyslipidemia.

E. An identification of the types of pharmacies or other entities to whom the pharmacist intends to provide the services;
   - Services will be provided to residents of the Sierra Manor I & II Apartments, University Health Internal Medicine Clinic, and clients of participating senior centers.

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 intake forms and paper charts, Facts and Comparison, Pharmacist's Letter, Natural Medicine, Global RPh, UptoDate, and other evidence-based sources of medical information.

G. The days and hours during which the pharmacist intends to provide the services;
   - Monday through Friday during business hours or by appointment

H. An explanation of the policy of the pharmacist for users of the services when the pharmacist is unavailable;
   - The pharmacist is available only during operational hours of the program at a specific location or by a prearranged appointment. When not available, patients will be provided with contact information to leave a message for follow-up. In case of an emergency, the patient 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;
   - Documents will be stored electronically on a HIPAA-compliant server maintained by the University of Nevada, Reno that automatically creates and securely stores backups on a pre-determined schedule. Paper records to aid in program delivery will be maintained on-site at the University of Nevada, Reno Sanford Center for Aging, 1664 N. Virginia Street, Room 146, Reno, NV 89557. Paper charts will be transported using a locked filing case.
   - Patient information collection and MTM services may be documented utilizing the MTM Aprexis software on-line at Aprexis.com. A Business Associate Agreement is documented to comply with the requirements of the implementing regulations at 45 Code of Federal Regulations ("C.F.R.") Parts 160-64 for the Administrative Simplification provisions of Title II, Subtitle F of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

J. Whether the services are provided will be affiliated with, an adjunct of or otherwise related to a licensed pharmacy;
   - The services provided will not be affiliated with, an adjunct of or otherwise related to a licensed pharmacy.

K. A description of the business plan for the services provided.
   - No business plan is needed. All services are covered by grant funding.

Please contact me if any additional information is needed.

Thank you,

Leslie Baker, PharmD, BCGP
Nevada Pharmacy License 16880
University of Nevada Reno School of Medicine Sanford Center for Aging
1664 N. Virginia Street, Mail Stop 0146
Reno, NV 89557
Office Phone: (775) 784-1808
Cell Phone: [redacted]
Email: LeslieBaker@med.unr.edu

14B

Nevada Board of Pharmacy
985 Damonte Ranch Pkwy
#206
Reno, NV 89251

To whom it may concern:

I am a pharmacist licensed in the state of Nevada, currently in good standing, who wishes to practice pharmacy outside of a licensed pharmacy, and would like to submit this letter as per NAC 639.403 to request exemption.

a. Name
    a. Arnitta Singh, PharmD
b. Description of services
    a. Consult with providers regarding oncology treatment regimens, including clinical research trials
    b. Patient counseling
    c. Provider, nurse, and technician education
    d. Formulary development and enforcement
    e. Oncology treatment regimen template production
c. Locations
    a. 2300 W Charleston Blvd, Las Vegas NV, 89102
    b. 6190 S Fort Apache Rd, Las Vegas NV, 89148
    c. 3175 St Rose Pkwy, Henderson NV, 89052
d. Patients served
    a. Main patient population is hematology and oncology
    b. Occasional neurological or immunological disorders due to overlaps in therapy
e. Pharmacies served
    a. No pharmacies are served by these pharmacists
    b. All above locations have compounding clean rooms or segregated compounding areas and are compliant with USP 797 and UPS 800 but are managed by our medical director
f. Resources available
    a. National Comprehensive Cancer Network guidelines
    b. Lexi comp drug database
    c. Clinical Pharmacology drug database
    d. American Society of Clinical Oncology guidelines and journals
g. Days and hours of provided services
    a. Monday-Friday, excluding major holidays
    b. 0800-1700
h. Who provides services when pharmacist is unavailable
    a. In the rare event both pharmacists are unable to be available during those scheduled times, the medical director of the clinic will be consulted for all urgent pharmacy needs
    b. In the rare and highly unlikely event that both pharmacists and the medical director are unable to be available for emergencies outside of those times, a technician serving as pharmacy operations supervisor and/or nurse manager will provide backup for emergency pharmacy needs
i. Security of patient data

   a. As part of OptumCare, pharmacists complete yearly training regarding protected health information (PHI) and maintaining confidentiality of patient records
   b. All access to patient data is governed by OptumCare's internal policies and procedures, which are in compliance with state and federal law
j. Pharmacy affiliation
   a. The services are not affiliated with a licensed pharmacy; however, each clinic does have an on-site clean room or segregated compounding area for the admixture of medications that are not managed by the pharmacists
k. Business plan
   a. No business plan is provided as pharmacists do not provide billable services in this role

We hope to continue being able to offer our services ensuring safe, evidence-based care to the cancer population of Southern Nevada and to further the practice of pharmacy by expanding clinical opportunities for pharmacists.

Thank you for your consideration,

Arnitta Singh, PharmD,
OptumCare Cancer Care
Clinical Oncology Pharmacist
2300 W Charleston Blvd
Las Vegas, NV 89102

15

Dear Nevada State Board of Pharmacy,

My name is Chris Huynh and am a Pharm D graduate of 2021. I am requesting to retake Naplex because I was unable to pass with the five times limit rule despite what I thought was my best effort. In July of 2021 I passed my Nevada MPJE and my only last hurdle was the Naplex exam that I needed to pass in order to become a licensed pharmacist. Unfortunately, in didn't work out.

A little about myself, as a Nevada native and am planning on practicing here in the state of Nevada after I am licensed. I have worked in retail pharmacy since 2009 and enjoy the work that I do. I started out as pharmacy tech and wanted to get some real-world experience as to how pharmacy works; at first, it was very difficult because it was completely brand new to me. However, as time went by and the knowledge I have gathered, the job became easier and less stressful. My next step I wanted to become a pharmacist, so I enrolled in pharmacy school. I overcame that hurdle and graduated with Pharm D degree I n 2021.

So here I am one last hurdle I need to overcome to become a pharmacist. I have faced many obstacles in my life and have overcome them with my grit and never giving up. The latest obstacle is no exception. My co-workers can attest to you what a hard worker I am. I have every intention to succeed in this field of pharmacy. So, this is why I am writing to you for another chance to take the Naplex exam.

Thank you,

Chris Huynh, Pharm D

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: Chris Middle: Thai Last: Huynh

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] 12566 Or [redacted]

City: Reno State: NV Zip: 89523

Telephone: [redacted] Email: [redacted]

Section 3: Employment Information

Pharmacy Name: Walgreens NV Pharmacy License # (if applicable): _____

Address: 12645 S. Virginia St

City: Reno State: NV Zip: 89511

Telephone: 775-853-9887 Email: _____

Section 4: College of Pharmacy Information

School Name: Midwestern

Address: 555 31st St

City: Downers Grove State: IL Zip: 60515

Country/Territory/Province: U.S.

Graduation Date: 5/24 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

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.)		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 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.)		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 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?		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 administrative action whether completed or pending in <u>any</u> state?		X
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		X

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

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.

Chris Hunyor

Print Name

Original Signature, no copies or stamps accepted

7/22/22

Date

Board Use Only	Date Received: _____	Amount: 250.00 CC
	NAPLEX: _____	MPJE: _____

PP

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NAC 639.520 Security of prescription departments. (NRS 639.070)

1. The prescription department of every pharmacy must be separated from the merchandising or public areas of the premises by a barrier extending not less than 5 feet above the floor level and of sufficient width to make dangerous drugs, controlled substances, narcotics, poisons or restricted devices inaccessible to unauthorized persons. The barrier must be constructed of solid material and contain at least one gate or door permitting access by the pharmacist. Each gate or door must be secured by a dead-bolt lock that can be opened from the outside only by a key. The gate or door may be secured by a combination lock during the hours of business.

2. The registered pharmacist on duty:

(a) Shall maintain possession of the key to the prescription department. Any additional keys to the prescription department must be kept in a locked box which is:

(1) Operated with a key that is accessible to only licensed pharmacists within the pharmacy department; and

(2) Maintained in a secure place that is inaccessible to unauthorized persons.

(b) Is responsible for securing the prescription department at all times when the registered pharmacist is not personally present in the department except when he or she is in the immediate area and can observe and exercise control over the prescription department.

(c) If the pharmacy is located within a store or business, shall ensure that all dangerous drugs, controlled substances, narcotics, poisons and restricted devices that are delivered onto the premises of the store or business are immediately placed and secured in the pharmacy department under the physical control of the pharmacist on duty.

3. The Executive Secretary may permit an alternative type of physical security if, in his or her opinion, the alternative type will be sufficient to make the drugs, controlled substances, narcotics, poisons and restricted devices inaccessible to any unauthorized person.

4. Except as otherwise provided by law or regulation, no person other than a registered pharmacist may enter the prescription department of a pharmacy unless the person is on business directly concerning the operation, maintenance or repair of the prescription department and a pharmacist employed in the prescription department is physically present at the same time.

5. Except as otherwise provided in subsection 6 or 7, a pharmacy shall maintain on its premises an alarm system that is operational 24 hours a day and that is monitored by a central station for control which is approved by Underwriters Laboratories Inc.

6. Except as otherwise provided in subsection 7, a pharmacy that is located within a building in which at least one employee of the person who owns the building is present 24 hours a day may, in lieu of the alarm system required pursuant to subsection 5, maintain on the premises of the pharmacy an alarm system that is:

(a) Equipped with an audible alarm that is:

(1) Operational 24 hours a day;

(2) Of sufficient decibels to alert more than one person in the building that an unauthorized entry has been made into the pharmacy; and

(3) Devised in such a manner as to provide notification to the managing pharmacist or the designee of the managing pharmacist when such an authorized entry has been made; and

(b) Not monitored by a central station for control.

7. A pharmacy in a hospital or correctional institution and any pharmacy that is staffed 24 hours a day is exempt from the provisions of subsections 5 and 6.

[Bd. of Pharmacy, § 639.245, eff. 6-26-80]—(NAC A 12-3-84; R116-98, 9-9-98; R160-99, 3-1-2000)

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EXECUTIVE SECRETARY REPORT
October 12-13, 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**
  - Covid Therapeutics Update

October 2022 Temporary Licenses since the last Board Meeting

Cole Volk	Pharmacist
Romany Ayoub	Pharmacist
Glen Brown	Pharmacist
Bianca Lin	Pharmacist
Amy Hong	Pharmacist
Jessica Campbell	Pharmacist
Bryan Grassel	Pharmacist
Kimberly Morgan	Pharmacist
Paul Williams	Pharmacist
Brenda Manley	Pharmacist
Carol Rim	Pharmacist

Citations & Fines issued pursuant to NRS 639.2895

(Since the last Board Meeting)

- Cite & Fine
  - Unlicensed Practice: 2
- Cease & Desist/Cite & Fine
  - Misfill: 3

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/ Yenh				
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*	
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*	
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

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 639.360: Accreditation of material, course or program (CE)	12/02/21	12/08/21	R120-21	01/10/22 01/26/22: Returned 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	04/27/22	06/02/22	07/05/22 *9/27/22 Leg Comm*	
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				

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 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*	
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*	
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*	
NAC 639: Medication Assisted Treatment	06/02/22	06/09/22	R087-22	08/08/22	08/31/22	10/13/22		
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					
NAC 639: Automated Dispensing Device	07/14/22	08/03/22	R179-22	8/24/22: Under review by Dave				
NAC 639: Reproductive Health Care Center	07/14/22	08/03/22	R180-22	8/12/22: Under				

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
				review by Dave 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		
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*	

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19A

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – October 13, 2021

Explanation – Language in ***blue italics*** is new; language in ***red text*** [~~*omitted material*~~] is language to be omitted, and language in ***green text*** indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 639.070

A REGULATION relating to the practice of pharmacy; revising provisions governing the requirements for maintaining certification in basic cardiac life support for a pharmacist who administers immunization or an intern pharmacist acting under the direct and immediate supervision of a pharmacist who administers immunization.

NAC 639.2973 is hereby amended to read as follows:

1. Before a pharmacist may administer an immunization pursuant to a written protocol or before an intern pharmacist acting under the direct and immediate supervision of a pharmacist may administer such immunizations, the pharmacist or intern pharmacist must be trained and certified to administer immunizations by completing a course approved by the Accreditation Council for Pharmacy Education ***or its successor organization*** that includes:

(a) Certification in life-saving techniques pursuant to the American Heart Association's Basic ***[~~Cardiac~~]*** Life Support for Health Care Providers***, American Red Cross' Basic Life Support,*** or its equivalent;

(b) Education and practical training, including, without limitation, written study materials regarding techniques for administering immunizations;

(c) Evaluation of the knowledge and technique of the pharmacist or intern pharmacist in administering immunizations;

(d) Instruction consistent with the current training guidelines of the Centers for Disease Control and Prevention; and

(e) Except as otherwise provided in subsection 2, a minimum of 20 hours of instruction and practical training concerning:

(1) The standards for pediatric, adolescent and adult immunization practices recommended and approved by the United States Public Health Service Advisory Committee on Immunization Practices;

(2) Basic immunology, and vaccine and immunization protection;

(3) Diseases that are preventable through vaccination and immunization;

(4) Recommended immunization schedules;

(5) Vaccine and immunization storage and management;

(6) Informed consent;

(7) Physiology and techniques for administration of immunizations;

(8) Preimmunization and postimmunization assessment and counseling;

(9) Immunization reporting and records management; and

(10) Identification, response, documentation and reporting of adverse events.

2. In lieu of complying with the requirements of paragraph (e) of subsection 1, a pharmacist or an intern pharmacist who administers immunizations consisting exclusively of live attenuated influenza vaccine through the nasal passages of a person may complete a program of less than 20 hours of instruction which is accredited by the Accreditation Council for Pharmacy Education ***or its successor organization*** and includes instruction relating to:

(a) The epidemiology of influenza;

(b) The pathophysiology, clinical presentation, diagnosis, prevention and treatment of influenza;

(c) The administration, storage and handling of influenza vaccines; and

(d) The counseling of patients who will be immunized with the vaccine.

3. Before a pharmaceutical technician acting under the direct and immediate supervision of a pharmacist may administer an immunization pursuant to a written protocol, the pharmaceutical technician must complete at least 1 hour of training related to vaccines, immunization and the administration of immunization provided by:

(a) Immunize Nevada or its successor organization;

(b) An entity approved by the Accreditation Council for Pharmacy Education or its successor organization;

(c) The owner or managing pharmacist of the pharmacy at which the pharmaceutical technician is employed; or

(d) Another entity approved by the Board.

NAC 639.2974 is hereby amended to read as follows:

1. A pharmacist who administers immunizations or an intern pharmacist acting under the direct and immediate supervision of a pharmacist who administers immunizations shall:

(a) Maintain certification in basic cardiac life support from the American Heart Association***, the American Red Cross, or its successor organization;*** and

(b) On or before October 31 of each year, complete:

(1) At least 2 hours of continuing education in a course or courses that address the life cycle of diseases, drugs and administration of immunizations; or

(2) A course provided by the Centers for Disease Control and Prevention regarding epidemiology and prevention of diseases which are preventable through immunization.

2. On or before October 31 of each year, a pharmaceutical technician acting under the direct and immediate supervision of a pharmacist who administers immunizations shall complete at least 1 hour of continuing education related to vaccines, immunization and the administration of immunizations provided by an entity listed in subsection 3 of NAC 639.2973.

American Red Cross
Training Services

August 4, 2022

To whom it may concern,

We write to request written confirmation that American Red Cross Basic Life Support (BLS) meets the requirements detailed in the Pharmacy and Pharmacist chapter of the Nevada Administrative Code. In addition, we also request that American Red Cross be added to these regulations in the future.

The American Red Cross Resuscitation Suite™ BLS program is used by healthcare organizations throughout the United States, including by several large healthcare organizations in Arizona which include acute care medical centers that employ pharmacy professionals. The American Red Cross Resuscitation Suite™ program has also exclusively been taught to all active duty, reserve and retiring military personnel through the Defense Health Agency since 2019.

As a leader in healthcare resuscitation education and training, American Red Cross Training Services is an Accredited Provider by the Joint Accreditation for Interprofessional Continuing Education, a collaboration of Accreditation Council for Pharmacy Education (ACPE), Accreditation Council for Continuing Medical Education (ACCME), American Nurses Credentialing Center (ANCC) , American Dental Association's Continuing Education Recognition Program (ADA CERP), and several other professional continuing education accrediting bodies.

The assessment and care taught in these programs is based on science and guidance from the International Liaison Committee on Resuscitation (ILCOR) 2020 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations. This is supplemented by guidance from publications of the American Academy of Pediatrics, American College of Emergency Physicians, American College of Critical Care Medicine, American College of Surgeons, Surviving Sepsis Campaign, and the DOD Committee on TCCC. These programs are also consistent with the 2020 American Heart Association Guidelines for CPR and ECC.

This leading-edge science content is combined with innovative educational methodologies based on the latest educational science. We are confident the latest science combined with these educational approaches will enhance providers knowledge acquisition, retention, and self-efficacy while improving educational efficiency.

Please contact me (ryan.wallace3@redcross.org) if you have any questions regarding Red Cross Resuscitation Suite™ products. Contact my colleague Jennifer Ryan (jennifer.ryan7@redcross.org) for questions regarding continuing education accreditation and programs. For information on Red Cross Science or the American Red Cross Scientific Advisory council, please contact my colleague Mark Whelchel (mark.whelchel@redcross.org).

Sincerely,

Ryan Wallace, MSN, RN, AGNP-C, EMT-P
Healthcare Product Director
American Red Cross Training Services

American Red Cross
Training Services

Saving lives starts here™

American Red Cross Resuscitation Suite™ Education Programs

Program Overview

The American Red Cross Resuscitation Suite™ education programs Basic Life Support (BLS), Advanced Life Support (ALS), and Pediatric Advanced Life Support (PALS) offer education leading to certification for healthcare providers, EMS, fire, police, public safety and other professional responders.

The scientific content in the approach to care within these courses is based on the 2021 International Liaison Committee on Resuscitation (ILCOR) Consensus on Science and Treatment Recommendations (CoSTR) and is consistent with the 2020 American Heart Association Guidelines for CPR and ECC. The Red Cross curriculum also incorporates science, policies, and guidelines from the Society for Critical Care Medicine Surviving Sepsis campaign, the American Academy of Pediatrics, the American College of Critical Care Medicine, the American College of Emergency Physicians, and the American College of Surgeons and U.S. Department of Defense Committee on Tactical Combat Casualty Care.

The American Red Cross Resuscitation Suite education programs consists of:

- **Basic Life Support (BLS)** – The BLS course includes single- and multiple-responder CPR; how to use an AED; how to care for patients with an obstructed airway; respiratory arrest and how to care for a patient experiencing a known or suspected opioid overdose.
- **Advanced Life Support (ALS)** – The ALS course provides healthcare providers the knowledge and skills necessary to assess, recognize and care for adult patients experiencing or at risk for life threatening medical emergencies. The course emphasizes providing team based high-quality patient care by integrating the latest science with cognitive knowledge, psychomotor skills, team dynamics and feedback. The program covers a broad-based approach to etiologies of life-threatening emergencies including but not limited to ACS, Arrhythmias, Cardiac Arrest, Post-Cardiac Arrest Syndrome, Shock, Stroke, respiratory Emergencies, and Toxins (including opiates). The program also covers assessments and procedures including but not limited to monitoring of rhythm, oxygen saturation and capnography, rhythm interpretation, electrical interventions, airway interventions, oxygen delivery and devices, invasive and non-invasive ventilatory support, IO and IV access support and pharmacologic knowledge with critical thinking, problem solving while working with a team to achieve the best possible patient outcomes. The American Red Cross attests and verifies that an issued ALS certification is *at minimum* equivalent to an ACLS

certification and meets all requirements (statutory, regulatory, accreditation, human resources, competency verification, credentialing and privileging and educational) that require ALS or ACLS.

- **Pediatric Advanced Life Support (PALS)** – PALS is the corresponding pediatric course to ALS focused on patient care for children and infants. The PALS course provides healthcare providers the knowledge and skills necessary to assess, recognize and care for pediatric patients experiencing or at risk for life threatening medical emergencies. The course emphasizes providing team based high-quality patient care by integrating the latest science with cognitive knowledge, psychomotor skills, team dynamics and feedback. The program covers a broad-based approach to etiologies of life-threatening emergencies including but not limited to Respiratory Emergencies, Shock, Arrhythmias, Cardiac Arrest, Post-Cardiac Arrest Syndrome, and Toxins (including opiates). The program also covers assessments and procedures including but not limited to pediatric assessment triangle, monitoring of rhythm, oxygen saturation and capnography, rhythm interpretation, airway interventions, oxygen delivery and devices, invasive and non-invasive ventilatory support, IO and IV access support, electrical interventions, and pharmacologic knowledge. The American Red Cross attests and verifies that an issued PALS certification meets all requirements (statutory, regulatory, accreditation, human resources, competency verification, credentialing and privileging and educational) that require PALS.

Program Highlights

- Courses within the American Red Cross Resuscitation Suite are available in both blended learning and instructor-led training formats. To obtain a two-year BLS, ALS or PALS certification, all enrollees are required to successfully complete a psychomotor skills test.
- The blended learning courses (with an online component) were specifically built with education best practices in mind:
    - Blended learning features **adaptive learning functionality**, which is designed to offer personalized, focused learning and overall shorter course seat-times while still assessing competency in all required course topics. Adaptive learning functionality allows participants to complete an optional pre-assessment for each lesson to receive an independent learning path based on the results. Participants may “test out” of the cognitive learning portion of a lesson or test out of specific topics within a lesson by demonstrating competency, which can reduce overall seat time.
    - BLS, ALS and PALS courses feature **interactive scenarios** designed to help improve clinical decision-making skills. The use of these interactive scenarios based on broad etiologies needing resuscitation, featuring real healthcare providers in real healthcare settings, allows providers to focus on the important decisions related to providing patient care instead of spending time “learning a game” while being assessed.
- Courses and course materials are **fully ADA compliant**:

  - All videos, including videos available on the Red Cross Learning Center feature closed captioning.
  - Blended learning online content meets the most current ADA Web Content Accessibility Guidelines Level A and AA checklists which includes screen reader compatibility, closed captioning, full transcript, audio descriptions, color contrast on text and graphics, limited course audio, open navigation, custom design (images accompanied by text).
- The Red Cross Resuscitation Suite courses come with three options:
  - Full Course: A full course for participants who do not have current BLS, ALS, or PALS certification
  - Review Option: The review option consists of a brief skills review before testing. This option is available to any person with a current BLS, ALS, or PALS certification (or equivalent).
  - Challenge Option: The challenge option offers an expedited path for experienced providers to earn or renew their BLS, ALS, or PALS certification. This is a test-only option.

Minimum Course Durations

	BLS	ALS	PALS
Blended Learning	1h 30m online*/ 2h in-person	5h Online*/ 3h in-person	4h online*/ 3h 5m in-person
Instructor-Led Training	4 hours	10h 15min	11h 15m

**Blended learning courses feature adaptive learning functionality. Blended learning course durations will vary by participant, depending on the participant's experience and familiarity with course content, but the above chart reflects typical completion time for the online sessions.*

Course Materials

Online Session

For each blended course, there is a specific online module for the student. As previously described these modules employ the latest educational materials including adaptive learning, real time feedback, real healthcare providers and ADA compliance. The online content includes the following key elements:

- Pre-assessment of Cognitive Knowledge
- Interactive cognitive learning with real healthcare providers
- Scenario based cognitive and integrative assessment and feedback for each topic
- Terminal cognitive assessment
- Reference Materials: Treatment Guidelines, Medication Resource, Procedural Resources, Cardiac monitoring and arrhythmia reference, Glossary and Bibliography

Participant's Manual

There is a comprehensive participant manual available for each program. While students taking the blended learning courses access participant manuals, the blended learning online session provides the cognitive knowledge and resources required for that version of the program.

Instructor's Manual

For both blended learning and instructor-led training, there is a comprehensive Instructor Manual which contains:

- Course Administration and Design
- Lesson Plans
- Integrative Scenarios
- Cognitive Education and Assessment
- Psychomotor Education and Assessment
- Integrative and team dynamics education assessment
- Certification Criteria

Code Cards

The American Red Cross Code Cards are visual flow charts that can be used as a resource during resuscitation to foster high quality, evidence-based care. Code Cards are incorporated into program materials for the BLS, ALS, and PALS programs. The American Red Cross Code Cards can be viewed here.

To access the Instructor's Manual and other program materials, visit the Instructor Candidate's program page of the American Red Cross Learning Center:

- Basic Life Support
- Advanced Life Support
- Pediatric Advanced Life Support

APPENDIX H

Sample Agendas

Required Content Only	
■ Participant-to-instructor ratio: 9:1 ■ Participant-to-manikin ratio: 2:1 ■ Participant-to-resuscitation mask ratio: 1:1 ■ Total classroom time: **4 hours 30 minutes**	
15 minutes	Lesson 1: Course Introduction and Foundational Concepts
15 minutes	Lesson 2: Systematic Approach to Assessing, Recognizing and Caring for Adults
90 minutes	Lesson 3: Basic Life Support for Adults
10 minutes	**Break**
55 minutes	Lesson 4: Basic Life Support for Children and Infants
15 minutes	Lesson 5: Obstructed Airway
5 minutes	Lesson 6: Opioid Overdose
5 minutes	**Break**
60 minutes	Lesson 7: Testing and Course Wrap-Up

Required and Optional Content	
■ Participant-to-instructor ratio: 9:1 ■ Participant-to-manikin ratio: 2:1 ■ Participant-to-resuscitation mask ratio: 1:1 ■ Total classroom time: **5 hours 15 minutes**	
20 minutes	Lesson 1: Course Introduction and Foundational Concepts ■ Optional: Critical Thinking Guided Discussion ■ Optional: Communicating with the Family after a Patient's Death
15 minutes	Lesson 2: Systematic Approach to Assessing, Recognizing and Caring for Adults
105 minutes	Lesson 3: Basic Life Support for Adults ■ Optional: AED demo ■ Challenge: BLS for Adults with CCF Calculation
10 minutes	**Break**
70 minutes	Lesson 4: Basic Life Support for Children and Infants ■ Optional: One-Hand Technique for Children ■ Optional: AED demo ■ Optional: BLS Team Response for Children
15 minutes	Lesson 5: Obstructed Airway
10 minutes	Lesson 6: Opioid Overdose ■ Optional: Naloxone, Q&A activity
10 minutes	**Break**
60 minutes	Lesson 7: Testing and Course Wrap-Up

19B

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – October 13, 2022

Explanation – Language in ***blue italics*** is new; language in ***red text*** [~~*omitted material*~~] is language to be omitted, and language in ***green text*** indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 453.221

A REGULATION relating to the registration of persons pursuant to NRS 453.226; and providing other matters properly relating thereto.

Sec. 1. NAC 453.310 is hereby amended to read as follows:

453.210 1. A person who is required to be registered:

(a) May apply for registration at any time.

(b) Shall not engage in any activity for which registration is required until***:***

(1) He or she is authorized to access the database of the program established pursuant to NRS 453.162;

(2) H~~h~~is or her application for registration is granted and a certificate of registration is issued to the person by the Board***; and***

(3) He or she is issued a registration by the Drug Enforcement Administration to dispense controlled substances in this State and has provided a copy of that registration to the Board.

2. A person who is registered may renew his or her registration biennially by***:***

(a) S~~s~~ubmitting an application for renewal***;***

(b) Presenting proof that he or she is registered with the Drug Enforcement Administration to dispense controlled substances in this State; and

(c) P~~p~~aying the renewal fee.

3. All registrations expire on October 31 of each even-numbered year.

Sec. 2 Chapter 453 of NAC is hereby amended by adding thereto the provisions set forth as section 3 of this regulation.

Sec 3. ***Registration pursuant to subsection 1 of NRS 453.226 is only valid to the extent the registrant holds a registration from the Drug Enforcement Administration to dispense controlled substances in this State.***

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U. S. Department of Justice
Drug Enforcement Administration
Diversion Control Division
Registration & Program Support Section
8701 Morrissette Drive
Springfield, Virginia 22152

www.dea.gov

Dave West
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521
Office: (775) 850-1440

Dear Dave West:

This correspondence is in reference to recent email conversations November 16, 2021, with COO Mark Sedar and personnel of the Drug Enforcement Administration (DEA), Diversion Control Division. The discussions have focused on the position of the Nevada Pharmacy Board issuing temporary controlled substance numbers, and then after a DEA Registration number is issued, the Board will generate a subsequent State number. The Pharmacy Board should issue a permanent number to ensure the applicant with DEA is in compliance and good standing with the Board and justifies a DEA Registration Number. DEA appreciates this opportunity to work with the Nevada State Board of Pharmacy to facilitate the registration process for practitioners in your state.

The Controlled Substances Act (CSA) requires that "[e]very person who dispenses, or proposes to dispense any controlled substances, shall obtain from the Attorney General a registration issued in accordance with the rules and regulations promulgated by him." 21 U.S.C. 822(a)(2). A practitioner may only independently administer, dispense, or prescribe a controlled substance in a state if he or she holds a DEA registration in that state, unless exempted, and complies with all Federal and state laws and regulations. See also the final rule published by the DEA in the Federal Register (FR) on December 1, 2006, titled *Clarification of Registration Requirements for Individual Practitioners*. 71 Fed. Reg. 69478. Nothing in the DEA's regulations authorize or permit any person to do any act which such person is not authorized or permitted to do under the law of the state in which he or she desires to do such act. 21 CFR 1307.02.

Under DEA's long-standing interpretation of the CSA, "the possession of authority to dispense controlled substances under the laws of the state in which a practitioner engages in professional practice is a fundamental condition for obtaining and maintaining a practitioner's registration." *Lawrence E. Stewart*, 86 Fed. Reg. 15,257 (2021); *see also Frederick Blanton, M.D.*, 43 Fed. Reg. 27,616 (1978) (same). As a result, the lack of appropriate state authorization of a practitioner provides grounds for DEA to take action to revoke or suspend a DEA registration, or deny an application for registration. 21 U.S.C. 826(f), 824(a)(3).

Information made available to the DEA Headquarters Registration Section is that your agency has required Nevada practitioners to obtain a DEA Registration application control number, or DEA Registration number, prior to obtaining the required Nevada state controlled substance license. Because these practitioners do not yet have authority to handle controlled substances under state

law, these practitioners are not eligible for a DEA registration at the time of application.

To come into compliance with federal law, your agency/state would need to revise your controlled substance licensing process such that a practitioner was issued all required state authorization(s) prior to obtaining a DEA Registration. Due to procedural process changes that may need to take place by your agency, DEA may allow your agency time to revise said processes or regulations, whether by executive order, or other means, so that full authorization required by the state of Nevada for a practitioner to handle controlled substances is obtained prior to the issuance of a DEA Registration.

To support these changes, DEA's Registration database will be configured to ensure a state license number and/or a state controlled substance license number, if applicable, along with a valid expiration date, has been issued by your state/agency before the applicant can complete the DEA Registration application process. This implementation will be initiated at a future point in time, allowing your agency time to make the appropriate modifications to your procedures, agency website information, and regulations (if applicable). We estimate that a year from the date of this letter would provide sufficient time for your agency/state to institute said changes, unless notification made to us by your agency that additional time is needed.

Please respond to this letter to confirm that you will attempt to revise your controlled substance licensing process as outline above and confirming that it will be completed within the next year. We would appreciate a response within thirty (30) day of this letter. Once we have your state's agreement that you will revise your process to come into compliance with federal law, we can continue to process applications in your state. In the absence of a response, the configurations to DEA's Registration database will take effect thirteen (13) months from the date of this letter.

DEA will continue to work with your agency to ensure your state's practitioners will receive registration application process assistance in service of the medical needs of patients within Nevada. If you have any questions, please do not hesitate to contact the Los Angeles Field Division's Diversion Program Manager, Marlon Whitfield at (571) 387-6535.

Sincerely,

Matthew J. Strait
Deputy Assistant Administrator
Office of Diversion Control Regulatory
Diversion Control Division

19C

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop - October 13, 2022

Explanation – Language in ***blue italics*** is new; language in ***red text*** [~~*omitted material*~~] is language to be omitted, and language in ***green text*** indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 453.221; NRS 639.070; NRS 639.2177

A REGULATION relating to the licensing requirements for facilities for treatment with narcotics; and providing other matters properly relating thereto.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 and 3 of this regulation.

Sec. 2. ***1. Each facility for treatment with narcotics shall apply to the Board for a license to administer opioid agonist treatment medication by submitting an application on a form prescribed by the Board. The Board will issue a license to administer opioid agonist treatment medication if the application for a license is approved and the requisite fee is paid.***

2. An applicant for registration pursuant to subsection 1 must:

(a) Hold a certification from the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services to qualify under 21 U.S.C. 823(g)(1)) to dispense opioid agonist treatment medication pursuant to 42 C.F.R. Part 8;

(b) Hold a license from the Division of Public and Behavioral Health of the Department of Health and Human Services pursuant to NAC 449.154-.15485, inclusive;

(c) Hold a certification from the Division as a Substance Abuse Prevention and Treatment Agency pursuant to NRS 458.025 and NAC 458.103-.138, inclusive; and

(d) Ensure that each practitioner who dispenses opioid agonist treatment medication is registered with the Board and the Drug Enforcement Administration of the U.S. Department of Justice to dispense controlled substances; and

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3. A license granted pursuant to this section is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder.

Sec. 3. ***Each dispensing practitioner practicing at a facility for treatment with narcotics licensed pursuant to Section 2 shall, to the extent required by 42 CFR § 2.36, obtain informed consent to the reporting of information to the database of the computerized program established pursuant to NRS 453.162 from:***

(1) The patient, if the patient is 18 years of age or older or legally emancipated and has the capacity to give such consent;

(2) The parent or guardian of a patient who is less than 18 years of age and not legally emancipated; or

(3) The legal guardian of a patient of any age who has been adjudicated mentally incapacitated.

Sec. 4. 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 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:

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(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. "Executive Secretary" means the Executive Secretary employed by the Board pursuant to NRS 639.040.

7. "Federally-qualified health center" has the meaning ascribed to it in 42 U.S.C. § 1396d(l)(2)(B).

8. "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. "Licensed veterinarian" has the meaning ascribed to it in NRS 638.007.

10. ***"Oncology group practice" means two or more dispensing practitioners who practice oncology in a group practice.***

11. "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.

[11.**]** ***12.*** "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 (c) 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.

[12.**]** ***13.*** "Practitioner" has the meaning ascribed to it in NRS 639.0125.

[13.] *14.* "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.

[14.] *15.* "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. "Reproductive healthcare center" means a health facility owned and operated by a non-profit corporation, or a public health center as defined in NRS 449.260(8), principally engaged in providing family planning services and reproductive healthcare, including the testing, diagnosis, treatment of, or medication to prevent a sexually transmitted infection or other infection of the urogenital system.

17. "Surgical center for ambulatory patients" has the meaning ascribed to it in NRS 449.019.

18. "Facility for treatment with narcotics" has the meaning ascribed to it in NAC 449.1542.

19. "Opioid agonist treatment medication" has the meaning ascribed to it in 42 CFR § 8.2.

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20A

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R087-22

August 8, 2022

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted

AUTHORITY: § 1, NRS 453.221 and 639.070; § 2, NRS 639.070.

A REGULATION relating to controlled substances; authorizing a practitioner to dispense certain controlled substances without a certificate of registration to dispense controlled substances or dangerous drugs at a specific site; requiring such a practitioner to comply with certain labeling, recordkeeping and reporting requirements; 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 registration and control of the dispensing of controlled substances. (NRS 453.221) Existing law requires every practitioner who dispenses a controlled substance to register with the Board. (NRS 453.226) Existing regulations further require a practitioner who dispenses controlled substances or dangerous drugs to obtain a certificate of registration for each site where he or she practices. (NAC 639.742) **Sections 1 and 2** of this regulation authorize a practitioner 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. **Section 1** requires such a practitioner to comply with: (1) certain federal regulations relating to prescribing a controlled substance; and (2) certain regulations concerning labeling, recordkeeping and reporting when a controlled substance is dispensed.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

1. A practitioner who is practicing in a hospital or independent center for emergency medical care may dispense a controlled substance that has been approved by the United States Food and Drug Administration for the treatment of opioid use disorder without registering

pursuant to NAC 639.742 if the practitioner is registered to dispense controlled substances pursuant to NRS 453.226.

2. A practitioner who dispenses a controlled substance that has been approved by the United States Food and Drug Administration for the treatment of opioid use disorder shall comply with:

(a) 21 C.F.R. Parts 1306 and 1307;

(b) Any requirements concerning labeling or recordkeeping that apply to practitioners who are registered pursuant to NAC 639.742; and

(c) The requirements of NAC 639.926 concerning the transmission of information to the Board.

3. A pharmacist who is employed by a hospital or independent center for emergency medical care may assist a practitioner in the dispensing of the controlled substance pursuant to this section.

4. As used in this section, "independent center for emergency medical care" has the meaning ascribed to it in NRS 449.013.

Sec. 2. NAC 639.742 is hereby amended to read as follows:

639.742 1. Except as otherwise provided in NAC 639.7423 ~~[.]~~ *and section 1 of this regulation,* 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, section 3 of LCB File No. R004-19 ***and section 1 of this regulation,*** 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 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, 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.

20B

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R181-22

August 29, 2022

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §§ 1-3, NRS 639.070.

A REGULATION relating to pharmacy; establishing 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 dangerous drugs received at a site of practice; prescribing certain powers and duties of dispensing practitioners of a registered group of practitioners practicing at a reproductive healthcare center; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes an exclusive list of persons, including practitioners, to possess and administer a dangerous drug in this State. (NRS 454.213) Existing law authorizes the State Board of Pharmacy to adopt regulations governing the dispensing of poisons, drugs, chemicals and medicines. (NRS 639.070) Existing regulations require a practitioner who wishes to dispense dangerous drugs to obtain a certificate of registration from the Board and require the practitioner who is registered with the Board to perform certain duties relating to the dispensing dangerous of drugs. (NAC 639.742, 639.745)

Existing regulations authorize an oncology group practice to maintain a single inventory of dangerous drugs received at a site of practice in lieu of maintaining separate inventories for each dispensing practitioner of the oncology group practice if the oncology group practice applies to the Board for a certificate of registration and submits the applicable fee. The certificate: (1) entitles the oncology group practice to maintain a single inventory of dangerous drug at the site of the oncology group practice; and (2) is a revocable privilege. Existing regulations additionally prescribe the procedure for renewing such a certificate and requires an oncology group practice registered with the Board to notify the Board of the addition or removal of a dispensing practitioner of the practice. Existing regulations: (1) authorize a dispensing practitioner of an oncology group practice registered with the Board to maintain a single inventory of dangerous drugs at the site of the oncology group practice; and (2) requires such a dispensing practitioner to maintain separate records of each dangerous drug dispensed by him or her. (Section 1 of Adopted Reg. of the State Bd. of Pharm., LCB File No. R007-21)

Section 3 of this regulation similarly authorizes a group of practitioners practicing at a reproductive healthcare center to obtain a certification of registration authorizing: (1) the group to maintain a single inventory of dangerous drugs received at a site of practice; and (2) a

dispensing practitioner who is a member of the group to dispense any dangerous drug accounted for in the inventory of the group. **Section 3** prescribes: (1) the same procedure for the issuance and renewal of such a certificate as that for a certificate for an oncology group practice; and (2) similar authority and duties for a registered group of practitioners practicing at a reproductive health center as currently apply to an oncology group practice. **Section 1** of this regulation defines the term "reproductive healthcare center."

Finally, existing regulations provide that the dispensing practitioners of an oncology group practice registered with the Board are jointly responsible for ensuring compliance with certain requirements relating to the dispensing of dangerous drugs. (NAC 639.742) **Section 2** of this regulation similarly provides that a group of practitioners practicing at a reproductive healthcare center is jointly responsible for ensuring compliance with such requirements.

Sec. 1. NAC 639.010 is hereby amended to read as follows:

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 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. "Executive Secretary" means the Executive Secretary employed by the Board pursuant to NRS 639.040.

7. "Federally-qualified health center "has the meaning ascribed to it in 42 U.S.C. § 1396d(l)(2)(B).

8. "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. "Licensed veterinarian" has the meaning ascribed to it in NRS 638.007.

10. "Oncology group practice" means two or more dispensing practitioners who practice oncology in a group practice.

11. "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. "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. "Practitioner" has the meaning ascribed to it in NRS 639.0125.

14. "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. "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. ***"Reproductive healthcare center" means a health facility owned and operated by a nonprofit corporation or a public health center, as defined in subsection 8 of NRS 449.260, principally engaged in providing family planning services and reproductive healthcare, including, without limitation, the testing, diagnosis and treatment of, or providing of medication to prevent, a sexually transmitted infection or other infection of the urogenital system.***

17. "Surgical center for ambulatory patients" has the meaning ascribed to it in NRS 449.019.

Sec. 2. 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, 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 *or a group of practitioners practicing at*

a reproductive healthcare center registered pursuant to section 1 of LCB File No. R007-21 are jointly responsible for ensuring that the requirements of subsection 3 are met.

Sec. 3. Section 1 of LCB File No. R007-21 is hereby amended to read as follows:

1. An oncology group practice *or a group of practitioners practicing at a reproductive healthcare center* that wishes 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 *or group of practitioners practicing at a reproductive healthcare center, as applicable,* must apply to the Board on an application provided by the Board for a certificate of registration and submit the fee prescribed in NAC 639.220 for authorization of a practitioner, other than a licensed veterinarian, to dispense dangerous drugs. An oncology group practice *or group of practitioners practicing at a reproductive healthcare center* must submit a separate application and fee for each site of practice at which the oncology group practice *or group of practitioners practicing at a reproductive healthcare center, as applicable,* wishes to maintain a single inventory of dangerous drugs, excluding compounded drug products.

2. Upon receipt of a fee and approval of an application, the Board will issue a certificate of registration to an oncology group practice ~~[.]~~ *or group of practitioners practicing at a reproductive healthcare center, as applicable.*

3. To renew a certificate of registration, an oncology group practice *or group of practitioners practicing at a reproductive healthcare center* must submit to the Board another completed application and the fee prescribed in NAC 639.220 for biennial renewal of authorization of a practitioner, other than a licensed veterinarian, to dispense dangerous drugs.

4. A certificate of registration issued pursuant to this section:

(a) Entitles the oncology group practice *or group of practitioners practicing at a reproductive healthcare center, as applicable,* to maintain a single inventory of dangerous drugs, excluding compounded drug products, at the site of practice for which the oncology group practice *or group of practitioners practicing at a reproductive healthcare center* received certification.

(b) Is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.

5. An oncology group practice *or group of practitioners practicing at a reproductive healthcare center* registered pursuant to this section shall provide written notice to the Board of the addition to or removal of a dispensing practitioner from the oncology group practice *or group of practitioners practicing at a reproductive healthcare center, as applicable,* not later than 15 days after the addition or removal, as applicable.

6. A dispensing practitioner of an oncology group practice *or group of practitioners practicing at a reproductive healthcare center* registered pursuant to this section:

(a) May dispense any dangerous drug accounted for in the single inventory of the oncology group practice ~~.~~ *or group of practitioners practicing at a reproductive healthcare center, as applicable.*

(b) Shall ensure that he or she complies with the requirements prescribed by NAC 639.745, including, without limitation, maintaining separate records of each dangerous drug dispensed by him or her.

7. As used in this section:

(a) "Compounded" has the meaning ascribed to "compound" and "compounding" in NAC 639.6625.

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